efile Public Vi	sual Render Obj	ectId: 202431369349319443 - Subm	ission: 2024-0	5-15	TIN: 86-0103283	
Form <b>990</b>	Return	of Organization Exempt Fr	rom Income	e Tax	OMB No. 1545-0047	
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.					<b>2022</b> Open to Public	
Department of the Treasury Internal Revenue Service					Inspection	
A For the 2022		year beginning 07-01-2022 ,and ending (	06-30-2023			
<ul> <li>B Check if applicable</li> <li>Address change</li> <li>Name change</li> </ul>	<b>C</b> Name of organization Phoenix Christian Unifie	ed Schools		D Employer iden 86-0103283	tification number	
O Initial return	Doing business as					
<ul> <li>Final return/terminate</li> <li>Amended return</li> <li>Application pendir</li> </ul>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone numb	nber	
_		rovince, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	5 7,487,893	
I Tax-exempt status J Website: W	F Name and address		H(b) subor Are al includ 27 If "No	s a group return fo dinates? I subordinates led? ," attach a list. Se o exemption numb	☐ Yes ☑ No ☐ Yes ☐No e instructions.	
<b>K</b> Form of organizatio	n: 🗹 Corporation 🗌 Tru	ist 🗍 Association 🗍 Other 🕨	L Year of forma	ation: 1980 <b>M</b> Sta	te of legal domicile: AZ	
1 Briefly d Phoenix order to	Christian Unified Schools	s mission or most significant activities: , in partnership with the family, equips student acting the world for Christ.	ts to discover and d	evelop their talent	s and spiritual gifts in	
<b>3</b> Number	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b>					
Ð		loyed in calendar year 2022 (Part V, line 2a)	-	-		
	······································					

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Act	0	IOLAI HUMDER OF VOIUNLEERS (ESUMALE II NECESSARY)		0	۷۷
A	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
a,	8	Contributions and grants (Part VIII, line 1h)	1,779,838		1,687,126
Revenue	9	Program service revenue (Part VIII, line 2g)	4,744,467		5,652,035
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	1,714		41,057
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,795		107,675
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,603,814		7,487,893
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )			0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,709,066		4,084,060
Exp enses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)			0
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶287,087			
G	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,713,540		2,896,091
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,422,606		6,980,151
	19	Revenue less expenses. Subtract line 18 from line 12	181,208		507,742
Net Assets or Fund Balances			Beginning of Current Year		End of Year
Bala	20	Total assets (Part X, line 16)	6,150,781		7,014,759
at A	21	Total liabilities (Part X, line 26)	9,276,032		9,630,924
ŽĒ	22	Net assets or fund balances. Subtract line 21 from line 20	-3,125,251		-2,616,165

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Juan	ature of officer a Gonzales Treasurer e or print name and title			2024-05-14 Date	
Paid	,	Print/Type preparer's name	Preparer's signature	Date 2024-05-15	Check if self-employed	PTIN P00136764
Prepare			·	Firm's EIN 🏲 47	7-2450259	
Use Only	y	Firm's address Þ 11811 N Tatum Bl	vd Ste 3031		Phone no. (480)	) 385-8357

,			hown above? See Instructions.			🗌 Yes 🔽 No
or F	aperwork Redu	ction Act Notice, see the s	separate instructions.	Cat. N	o. 11282Y	Form <b>990</b> (2022
			Page 2			
			raye z —			
Form	990 (2022)					Page
Pa	rt III Statem	ent of Program Service	e Accomplishments			
	Check if S	Schedule O contains a respor	nse or note to any line in this Pa	art III		🗆
1	Briefly describe t	he organization's mission:				
			ith the family, equips students t	o discover and develop	their talents and	d spiritual gifts in order to
live a	life of service, inp	pacting the world for Christ.				
2	Did the organizat	tion undertake any significar	nt program services during the	year which were not list	ed on	
2						🗌 Yes 🔽 No
		these new services on Sche				
3			ake significant changes in how it	t conducts, any program	n	
-				· · · · · · ·		🗌 Yes 🛛 No
		e these changes on Schedule				
4		-	accomplishments for each of its	three largest program	services, as mea	sured by expenses.
	Section 501(c)(3	) and 501(c)(4) organization	ns are required to report the am			
	and revenue, if a	any, for each program service	e reported.			
4a	(Code:	) (Expenses \$	4,375,449 including grants of	of \$	) (Revenue \$	)
	Education of presch	nool, elementary junior and high	school students.			
4b	(Code:	) (Expenses \$	including grants o	of \$	) (Revenue \$	)

4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$		)	
4d	Other program se	ervices (Describe in Schedule O.)					
	(Expenses \$	including gr	ants of \$	) (Revenue \$	)		
4e	Total program	service expenses 🏲 🛛	1,375,449				
					ŀ	orm <b>99</b>	<b>0</b> (2022)
			Page 3				
			rage 5				
	990 (2022)						Page 3
Pa	rt IV Checklis	st of Required Schedules				Yes	No
1	Is the organizatio	n described in section 501(c)(3) or	4947(a)(1) (other than a pr	ivate foundation)? If "Yes," complete		Yes	
				••••	1		
2		n required to complete Schedule B,			2	Yes	
3		ion engage in direct or indirect poli If "Yes," complete Schedule C, Part		ehalf of or in opposition to candidates	3		No
4		<b>3) organizations.</b> Did the organiz during the tax year? <i>If "Yes," comp</i>			4		No
5	Is the organization assessments, or s	n a section 501(c)(4), 501(c)(5), o similar amounts as defined in Rev. I	r 501(c)(6) organization tha Proc. 98-19? <i>If "Yes," comple</i>	t receives membership dues, ete Schedule C, Part III	5		No
6		on the distribution or investment of		ccounts for which donors have the right accounts? If "Yes," complete			No
7	Did the organizat	ion receive or hold a conservation e historic land areas, or historic stru			6 7		No
				· , · · · · · ·		•	•

8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🛚 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	

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19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No
		Fo	orm <b>990</b>	(2022)

P	a	a	е	4

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Pa	t 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes,"</i> answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No

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28	was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V		•	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2022)

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Pa	tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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 return2a215			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	R		

8/27/24,	12:37 PM Phoenix Christian Unified Schools Inc - Full Filing- Nonprofit Explorer - ProPublica sponsoring organization have excess business holdings at any time during the year?	1 ~ 1	I
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 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
Ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exces parachute payment(s) during the year?	s <b>15</b>	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
		Form	990 (2022)

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Form 990 (2022)

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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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

36	ction A. Governing Body and Management				Yes	No			
4 -	Enter the number of unting members of the coupring heads of the end of the tourses	4 -	٦		res	NO			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8						
	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	6						
2	2		No						
3	der the direct supervision ?	3		No					
4	Did the organization make any significant changes to its governing documents since the	orm 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organ	n's assets? .	5		No				
6	Did the organization have members or stockholders?	[	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power t members of the governing body?	o elec	t or appoint one or more	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No			
8	Did the organization contemporaneously document the meetings held or written actions u the following:	undert	aken during the year by						
а	The governing body?			8a	Yes				
b	Each committee with authority to act on behalf of the governing body?			8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		No			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
					Vaa	Na			

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12-	Vaa	

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			120	162	
13	Did the o	prganization have a written whistleblower policy?	13	Yes	
14	Did the o	organization have a written document retention and destruction policy?	14	Yes	
15		process for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The orga	nization's CEO, Executive Director, or top management official	15a	Yes	
b	Other of	icers or key employees of the organization	15b	Yes	
	If "Yes" t	o line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	16a		No
b	in joint v	did the organization follow a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt th respect to such arrangements?	16b		
Se	ection C.	Disclosure			
17	List the s	states with which a copy of this Form 990 is required to be filed			
18		5104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section )s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗌 Owr	) website 🛛 Another's website 🗹 Upon request 🗍 Other (explain in Schedule O)			
19		in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest nd financial statements available to the public during the tax year.			
20		e name, address, and telephone number of the person who possesses the organization's books and records: ke 1751 W Indian School Rd Phoenix, AZ 85015 (602) 265-4707			
			Fc	orm <b>99</b>	<b>0</b> (2022)
		Page 7			
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Par		ompensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Empl nd Independent Contractors	oyee	s,	
	С	heck if Schedule O contains a response or note to any line in this Part VII			
Se	ection A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
<b>1a</b> Co	omplete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the	orgar	ization	's tax
		the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amou n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	nt		
	-	he organization's <b>current</b> key employees, if any. See the instructions for definition of "key employee."			
who r	received r	ganization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee eportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more n and any related organizations.		\$100,0	00 from
https://p	rojacto propu	hiss.org/popprofits/organizations/960402392/202424260240240442/full			

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• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	<b>(B)</b> Average hours per week (list	one of	<b>(C)</b> ition (do not ch box, unless pe ficer and a dire	neck ersor	n is	both a		(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(1) Jeff Blake Superintendent	45.00 0.00			х				105,838	0	14,686	
(2) Hallie House Trustee	0.00	х						0	0	0	
(3) Steve Woods Chairman	2.00	х						0	0	0	
(4) Stephanie Brigowatz Vice President	1.00 0.00	х						0	0	0	
(5) Pete Hamstra Trustee	2.00	x						0	0	0	
(6) Anthony Converti Trustee	1.00 0.00	х						0	0	0	
(7) Chip Allison Trustee	2.00	х						0	0	0	
(8) Juan Gonzales Treasurer	1.00	х						0	0	0	

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(9) David Fitzgerald		2.00									
Secretary		0.00	~							0	0 0
		0.00	,								
						+	_				
						$\downarrow$					
											Form <b>990</b> (2022)
Form 990 (2022) Part VII Section A. Office	ers, Directors, Tru	ustees, K		ge 8 /ees		nd Hig	ghe	est Com	pensated	Employees (con	Page <b>8</b> tinued)
(A)	(P)		(C)						(D)	(E)	(F)
(A) Name and title	(B) Average hours per	box, unl	(C) Position (do not check more than one box, unless person is both an officer					Rep comp	ortable ensation	Reportable compensation	Estimated amount of other
	week (list any hours		nd a directo	_		-	_		om the zation (W-	from related organizations	compensation from the
	for related organizations below dotted line)	ndividual tr r director	stitutional ustee;	Officer	Key employee	e o	Former		1099- 1099-NEC)	(Ѿ-2/1099- MISC/1099-NEC)	organization and related organizations
		rustee			-	npensated					
							$\vdash$	<u> </u>			

	Sub-Total						*						
<u>d</u>	Fotal (add lines 1b and 1c) .						Þ		105,838		0		14,686
2	Total number of individuals (in of reportable compensation fro	cluding but not om the organiza	limited tion 🕨 1	to those listed L	abo	ve) v	who re	ceiv	ed more than \$100	),000			
												Yes	No
3	Did the organization list any <b>fc</b> line 1a? If "Yes," complete Sch									mployee on	3		No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								
		4		No					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for								

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mini Frog Building Maintenance, 3326 W Montecito Phoenix, AZ 85017	Maintenance	151,519

No

<b>2</b> Total nu	mber of independent co	ntractors (inclu	udina but not limited	to those listed abo	ve) who receiv	ed more tl	han \$100.000	) of
	sation from the organiza							
								Form <b>990</b> (2022)
				Page 9 ———				
Form 990 (2	022)							Page <b>9</b>
Part VIII	Statement of Re	venue						
	Check if Schedule O	contains a resp	oonse or note to any	/ line in this Part VIII				🗆
				<b>(A)</b> Total revenue	(B) Related o exempt function revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
📄 Federat	ed campaigns	1a						<u>.</u>
Contribution	S,							
and Member	ship dues	1b						
DtherAmt <del>Similar</del>								
Arffio Entedrais	sing events	1c						
41	16,374							
<b>d</b> Related	organizations	1d						
e Governm	ent grants (contributions)	1e						
65	53,451							
<b>f</b> All other and simil above	contributions, gifts, grants, ar amounts not included	1f						
61	17,301							
<b>g</b> Noncash lines 1a -	contributions included in · 1f:\$	1g						
	12,000 dd lines 1a-1f	-						
			1,087,120					
			Business Code	E 264 265	E OC	4 265		
2a Tuitio	on and fees		611600	5,364,265	5,36	4,265		

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-			011000			
<ul> <li>Auxiliary programs</li> <li>Ancillary income</li> <li>Activity accounts</li> </ul>			611600	79,570	79,570	
Ancillary income			611600	58,961	58,961	
			611600	149,239	149,239	
Program						
<b>f</b> All other program						
9 Total. Add lines 2	2a-2f.	🕨	5,652,035			
<b>3</b> Investment income similar amounts) .	(inclu	uding dividends, int	erest, and other	41,057	41,057	
4 Income from invest	ment	of tax-exempt bone	d proceeds 🛛 🕨			
5 Royalties			🕨			
		(i) Real	(ii) Personal			
	ין ו					
6a Gross rents	6a	68,369				
<b>b</b> Less: rental expenses	6b					
c Rental income or (loss)	6c	68,369				
<b>d</b> Net rental income	e or (l	oss)	· · · 🕨	68,369	68,369	
		(i) Securities	(ii) Other	[		
<b>7a</b> Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses	7b					
Gain or (loss)	7c			ļ		
🗧 d Net gain or (loss)	-		· · · 🕨			 
• a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	ے d on lii	416,374 of ne 1c).				

#### Phoenix Christian Unified Schools Inc - Full Filing- Nonprofit Explorer - ProPublica

				5 1 1		_
<b>b</b> Less: direct expenses	8b					
<b>c</b> Net income or (loss) from fundraisin	ig even	ts 🕨				
<ul> <li>9a Gross income from gaming activities. See Part IV, line 19</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming and the set of the</li></ul>	9a 9b ctivities	· · •				
<ul> <li>10aGross sales of inventory, less returns and allowances</li> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sales of in</li> </ul>	10a 10b	39,306	39,306	39,306		
11a		Business Code				
b						
ther <b>f</b> evenue MiscAmt						
d All other revenue e Total. Add lines 11a–11d						
12 Total revenue. See instructions .	•	🕨	7,487,893	5,800,767	C	0
			. /	. ,		Form <b>990</b> (2022)

Page 10

Form 990 (2022) Page 10 **Statement of Functional Expenses** Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX  $% \left( {{\rm{A}}} \right)$  . . (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 1 Crante and other accietance to demostic erganizations and

	Onlinea Schools Inc - Full F	ning- Norpront Explorer - Pr	UF UDIICA	
domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	105,838	65,090	36,196	4,552
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	3,585,772	2,959,263	527,244	99,265
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	104,505	69,965	34,169	371
<b>10</b> Payroll taxes	287,945	235,899	43,948	8,098
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	525		525	
<b>c</b> Accounting	40,968		40,968	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,346	10,152	45,805	34,389
12 Advertising and promotion	71,014	216	69,845	953
<b>13</b> Office expenses	67,702	3,729	61,153	2,820
14 Information technology	113,738	10,972	82,236	20,530
15 Royalties				
<b>16</b> Occupancy	283,063	12,931	270,132	
17 Travel	118,451	110,847	3,722	3,882
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	1	1		
20 Interest	332 621	193 918	125 731	10 970

#### Phoenix Christian Unified Schools Inc - Full Filing- Nonprofit Explorer - ProPublica

	552,021	199,910	12011 01	12,312
<b>1</b> Payments to affiliates				
<b>2</b> Depreciation, depletion, and amortization	209,888	120,266	81,646	7,976
<b>3</b> Insurance	125,456		125,456	
4 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.)				
a Student activities	223,283	199,687	22,921	675
<b>b</b> Supplies	318,589	194,068	72,089	52,432
c Repairs and maintenance	570,864	77,581	491,897	1,386
<b>d</b> Bad debt	75,413	43,212	29,335	2,866
e All other expenses	254,170	67,653	152,597	33,920
5 Total functional expenses. Add lines 1 through 24e	6,980,151	4,375,449	2,317,615	287,087
<ul> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> <li>Check here ► □ if following SOP 98-2 (ASC 958-720).</li> </ul>				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$ .			🗆
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	1,737,869	1	2,614,306
2	Savings and temporary cash investments		2	5,001
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	25,523	4	18,270
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	

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	0	Loans and other receivables from other disqual section $4958(f)(1)$ , and persons described in s				6	
\$	7	Notes and loans receivable, net				7	
Set 6	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			24,684	9	4,299
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,589,979			
	b	Less: accumulated depreciation	10b	4,357,486	4,159,289	10c	4,232,493
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11		203,416	12	140,390
	13	Investments—program-related. See Part IV, line	e11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		6,150,781	16	7,014,759
	17	Accounts payable and accrued expenses			480,244	17	243,725
	18	Grants payable				18	
	19	Deferred revenue			1,904,716	19	2,678,637
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete F	Part IV of Schedule	D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% cont	rolled entity		22	
1	23	Secured mortgages and notes payable to unrela	ted third parties		6,891,072	23	6,705,762
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		hird parties,		25	2,800
	26	Total liabilities. Add lines 17 through 25 .			9,276,032	26	9,630,924
Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck here 🕨 🗹	and			
ala	27	Net assets without donor restrictions			-3,572,182	27	-3,173,982
B	28	Net assets with donor restrictions			446,931	28	557,817
or Func	20	Organizations that do not follow FASB ASC complete lines 29 through 33.		▶ □ and		20	
s o	29	Capital stock or trust principal, or current funds				29	
		THE REPORT OF CALLS AND		•			

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et	50			30	
ISS	31	Retained earnings, endowment, accumulated income, or other funds		31	
st F	32	Total net assets or fund balances	-3,125,251	32	-2,616,165
ž	33	Total liabilities and net assets/fund balances	6,150,781	33	7,014,759

	Page 12				
Form	n 990 (2022)				Page <b>12</b>
Pa	art XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,487,893
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	,980,151
3	Revenue less expenses. Subtract line 2 from line 1	3			507,742
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-3	,125,251
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			1,344
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 32, column (B))	10		-2	,616,165
Pa	art 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 Cash Control Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			

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		1 1		
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm <b>99</b>	<b>0</b> (2022)

Form 990 (2022)

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# **Additional Data**

Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

**Return to Form** 

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SCI	HED	ULE A		Public Charity	Status ar	nd Public Supp	ort		OMB No. 1545-0047
• Departi		) he Treasury le Service		plete if the organization 4947(a)(1 Attach	i is a section 50 l) nonexempt c to Form 990 or	1(c)(3) organization of haritable trust. Form 990-EZ.	r a sectio		<b>2022</b> Open to Public
Interna	i Revenu			Go to <u>www.irs.gov/Form</u>	1990 for Instruc	tions and the latest info	ormatior	1.	Inspection
		he organiza stian Unified Sc					Employ	yer identif	ication number
							86-010	3283	
	rt I			Charity Status (All orga			See insti	ructions.	
The c	organiz	ation is not a	a private foui	dation because it is: (For li	nes 1 through 12	2, check only one box.)			
1		A church, c	onvention of	churches, or association of	churches describ	ed in section 170(b)(1)	(A)(i).		
2		A school de	escribed in <b>se</b>	ction 170(b)(1)(A)(ii). (	Attach Schedule	E (Form 990).)			
3		A hospital of	or a cooperat	ve hospital service organiza	ation described ir	section 170(b)(1)(A)(	iii).		
4		A medical r name, city,		nization operated in conjun	ction with a hosp	ital described in <b>section</b>	170(b)(	1)(A)(iii).	Enter the hospital's
5				d for the benefit of a college mplete Part II.)	e or university ov	vned or operated by a gov	ernmenta	al unit desc	ribed in <b>section</b>
6		A federal, s	state, or local	government or governmen	tal unit described	d in section 170(b)(1)(A	(v).		
7				mally receives a substantia [ <b>vi).</b> (Complete Part II.)	I part of its supp	ort from a governmental ι	init or fro	om the gene	eral public described in
8		A communi	ty trust desc	ibed in <b>section 170(b)(1</b> )	<b>)(A)(vi)</b> . (Comp	lete Part II.)			
9				organization described in <b>1</b> f agriculture. See instructio					
10		from activit investment	ties related to income and	mally receives: (1) more the its exempt functions—subjunrelated business taxable <b>509(a)(2).</b> (Complete Part	ject to certain ex income (less sec	ceptions, and (2) no more	than 33	1/3% of its	support from gross
11		An organiza	ation organiz	ed and operated exclusively	to test for public	c safety. See <b>section 509</b>	(a)(4).		
12		more public	cly supported	ed and operated exclusively organizations described in I that describes the type of	section 509(a)	(1) or section 509(a)(2	). See <b>se</b>	ection 509	(a)(3). Check the box
а		organizatio	n(s) the pow	ganization operated, superver to regularly appoint or el <b>tions A and B.</b>					
b		manageme must com	nt of the sup plete Part I	rganization supervised or c porting organization vested <b>/, Sections A and C.</b>					
	_			··			• •	•• • •	

С				supporting organization ions). <b>You must com</b>				ted with, its
d	functionally	integrated. The or	ganizatio	d. A supporting organi on generally must satist rt IV, Sections A and	y a distributio	n requirement and		
е				ved a written determin integrated supporting		IRS that it is a Ty	ype I, Type II, Type III	functionally
f	-				-			
g				upported organization(				
	(i) Name of supp organization	orted (ii	) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	-							
Tota	al Paperwork Reduct				Cat. No. 112			A (Form 990) 2022
	edule A (Form 990) 2		Organiu		je 2	170/6\/1\/A	(iv) and 170(b)(	Page 2
	(Comple If the or	ete only if you ch ganization failed	ecked tl	zations Described he box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organ	ization failed to qua	
	ection A. Public lendar year	Support	(a) 201	(b) 2010	(a) 2020	) (d) 202	1 (2) 2022	
1 2 3	<b>fiscal year beginn</b> Gifts, grants, contrib membership fees re- include any "unusua Tax revenues levied organization's benef to or expended on it The value of service	outions, and ceived. (Do not I grant.") for the it and either paid is behalf s or facilities		18 (b) 2019	(c) 2020		1 (e) 2022	(f) Total
	furnished by a gover the organization with							
4	Total. Add lines 1 th	nrough 3						
	The portion of total each person (other t							

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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.						
Section B. Total Support						
Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
or fiscal year beginning in) <b>&gt;</b> 7 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.						
• Other income. Do not include gain or loss from the sale of capital assets						
(Explain in Part VI.).						
<b>1 Total support.</b> Add lines 7 through 10						
2 Gross receipts from related activities, e	etc. (see instruc	tions)			12	
<b>3</b> First 5 years. If the Form 990 is for th	ne organization'	s first, second, th	rd, fourth, or fiftl	h tax year as a seo	tion 501(c)(3) or	ganization, chec
this box and <b>stop here</b>					🕨 🗆	
Section C. Computation of Public						
4 Public support percentage for 2022 (lin	e 6, column (f)	divided by line 1	L, column (f))		14	
5 Public support percentage for 2021 Sch	nedule A, Part I	[, line 14			15	
6a 33 1/3% support test—2022. If the o					-	his box

17a	10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,
-	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization
	meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization

b	<b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🗌

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

Schedule A (Form 990) 2022

### 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.)

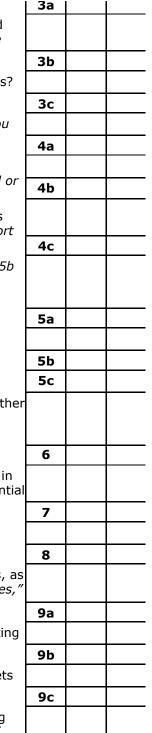
#### **Section A. Public Support** Calendar vear (c) 2020 (d) 2021 (e) 2022 (a) 2018 **(b)** 2019 (f) Total (or fiscal year beginning in) **1** Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are 3 not an unrelated trade or business under section 513 . . . . 4 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 disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. **c** Add lines 7a and 7b. . **Public support.** (Subtract line 7c 8 from line 6.) Section B. Total Support Calendar year (e) 2022 (d) 2021 (b) 2019 (c) 2020 (a) 2018 (f) Total (or fiscal year beginning in) Amounts from line 6. . . 9 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income b (less section 511 taxes) from businesses acquired after June 30,

c Add lines 10a and 10b.

1975.

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11	Net income from unrelated pusiness		Ĩ		
	activities not included on 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				
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,				
13	11, and 12.).				
14		ne organization's first, second, third, fourth, or fifth tax year as a section $501(c)(3)$ or	rganizat	ion, cł	neck
	this box and <b>stop here</b>				
Se	ction C. Computation of Public S				
15	Public support percentage for 2022 (lin	e 8, column (f) divided by line 13, column (f))			
16	Public support percentage from 2021 S	chedule A, Part III, line 15			
Se	ction D. Computation of Investr	ment Income Percentage			
17		<b>22</b> (line 10c, column (f) divided by line 13, column (f)) <b>17</b>			
18	Investment income percentage from 20	<b>021</b> Schedule A, Part III, line 17			
19a	33 1/3% support tests-2022. If the o	organization did not check the box on line 14, and line 15 is more than 33 $_{1/3}$ %, and	line 17 i	is not	
194		<b>stop here.</b> The organization qualifies as a publicly supported organization		_	
b		organization did not check a box on line 14 or line 19a, and line 16 is more than 33			18 is
-	not more than 33 $1/3\%$ , check this box	and <b>stop here.</b> The organization qualifies as a publicly supported organization	🕨	•	
20		on did not check a box on line 14, 19a, or 19b, check this box and see instructions			
	Private roundation. If the organizatio	Schedule A			2022
			(	,	
		Page 4			
Sche	lule A (Form 990) 2022			Р	age <b>4</b>
Par	t IV Supporting Organizations	5			
		box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and			
		ctions A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you	ou checl	ked bo	х
		s A and D, and complete Part V.)			
Se	ction A. All Supporting Organiza	ations			
				Yes	No
1		organizations listed by name in the organization's governing documents?			
	If "No," describe in <b>Part VI</b> how the su describe the designation. If historic and	ipported organizations are designated. If designated by class or purpose,			
		continuing relationship, explain.	1		
2		ed organization that does not have an IRS determination of status under section			
		<b>art VI</b> how the organization determined that the supported organization was			
	described in section $509(a)(1)$ or (2).		2		
3a		organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and	1		
	3c helow.		H		

- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** when and how the organization made the *determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "*Yes*," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes,"* provide detail in **Part VI.**
- **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,"*



Part IV

		/-		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
b				
	answer line 100 below.			

Schedule A (Form 990) 2022

2

Yes

No

Pa	a	е	5

Schedule A (Form 990) 2022

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			

### Section B. Type I Supporting Organizations

Supporting Organizations (continued)

- Yes No
   Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
   Did the organization operate for the benefit of any supported organization other than the supported organization(s) that
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

# Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

### Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing. https://projects.propublica.org/nonprofits/organizations/860103283/202431369349319443/full

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that has most recently med as or the date or notification, and (in) copies or the organizations governing documents in effect on the date of notification, to the extent not previously provided?

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant 3 voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete **line 3** below. b
  - С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- Activities Test. Answer lines 2a and 2b below. 2

			res	0N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

1

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Vee Ne

Page 6

Schedule A (Form 990) 2022

Page 6

#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in **Part VI**). See **instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Saction A - Adjusted Not Income

https://projects.propublica.org/nonprofits/organizations/860103283/202431369349319443/full

(A) Prior Year

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	Jection A - Aujusten Net Income			(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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 <b>Distributable Amount.</b> Subtract line 5 from line 4, temporary reduction (see instructions)	unless subject to emergency	6		
7 Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrated Type III s		2 .
			Sch	nedule A (Form 990) 2022
	———— Page 7 ————			
Schedule A (Form 990) 2022				
Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (	continued)	Page <b>7</b>
Section D - Distributions		organizations (		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish			1	
<b>2</b> Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
<b>4</b> Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5	
6 Other distributions ( <i>describe in Part VI</i> ). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wardetails in <b>Part VI</b> ). See instructions	hich the organization is respon	sive ( <i>provide</i>	8	
<b>9</b> Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2022	ions	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
<ul> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>).</li> <li>See instructions.</li> </ul>				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019 <b>. . . . . . . . . .</b>				

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Schedule A (Form 990) (2022)

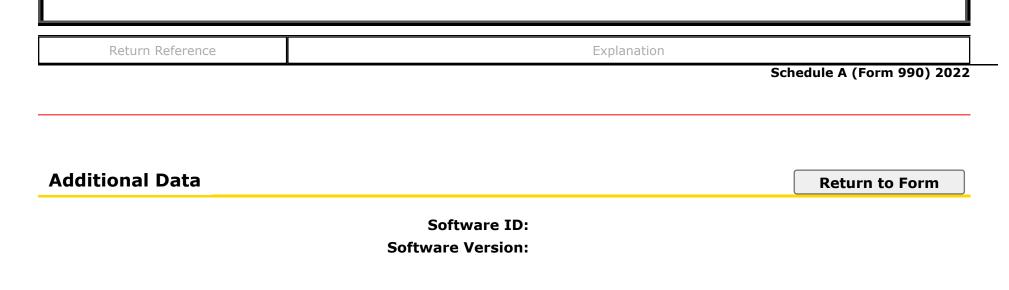
Page 8

Schedule A (Form 990) 2022

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

Facts And Circumstances Test

Page 8



efile Public Visual Rer	nder ObjectId: 202431369349319443 - Submission: 2024-05-15	TIN: 86-0103283
Schedule B	Schedule of Contributors	OMB No. 1545-0047
<b>(Form 990)</b> Department of the Treasury Internal Revenue Service	2022	
Name of the organization Phoenix Christian Unified		loyer identification number
		103283
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	☐ 527 political organization	
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation	
	$\Box$ 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	$\Box$ 501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Redu for Form 990, 990-E	uction Act Notice, see the Instructions Z, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
	Page	2	
Schedule B (Form	n 990) (2022)	Page	2
Name of organizati Phoenix Christian l		<b>Employer id</b> 86-0103283	entification number
Part I Contributors	<b>Contributors</b> (see instructions). Use duplicate copies of Par	t I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
			Payroll
		\$ RESTRICTED	Noncash
	/ /		(Complete Part II for noncash

			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person

	\$ Complete Part II for noncash contributions.)
 ——————————————————————————————————————	Schedule B (Form 990) (2022)

ame of organiza		Employer identification n	number		
Phoenix Christian Unified Schools 86-0103283		86-0103283			
art II Noi	ncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	ed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
. =		\$			
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) lo. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received		
-   <u> </u>		\$			
(a)	(b)	(C)	(d)		

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Part I	Description of noncash	Description of noncash property given			Date received
_				\$	
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given		(C) or estimate) instructions)	(d) Date received
-			·	\$	
					Schedule B (Form 990) (2022)
		———— Page 4 ————			
					_
Schedule Name of or	B (Form 990) (2022)			Employer ident	Page 4
Phoenix Ch	nristian Unified Schools			86-0103283	
Part III	<b>Exclusively</b> religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a e total of <i>exclusively</i> religious structions.)	a) through (e)	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	tion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gi ZIP 4		p of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Descript	tion of how gift is held
-					

	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
· -	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relatio	ship of transferor to transferee	

Schedule B (Form 990) (2022)

 Additional Data
 Return to Form

 Software ID:
 Software ID:

Software Version:

ofi	le Public Visua	Dondor	ObjectId: 20243	1360340210443	2 - Cub	mission: 2024-	05-15		TIN: 86-0103283
		Renuel		1303343313443	- 3ub		03-13		OMB No. 1545-0047
	HEDULE D		Suppleme	ental Financ	ial St	tatements			
(For	m 990)		Complete if the organization answered "Yes," on Form 990,					2022	
			Part IV, line 6, 7, 8, 9						
	tment of the Treasury al Revenue Service	<b>b</b>		Attach to Form		d the letest infe			Open to Public
	me of the organ		o to <u>www.irs.gov/Fo</u>	rm990 for Instruct	cions an	a the latest infor		or ident	Inspection ification number
	penix Christian Unified								incation number
							86-0103		
Pa	_		<b>ntaining Donor Ad</b> anization answered "				r Accou	nts.	
	Comple					ed funds	(b)	Funds a	nd other accounts
1	Total number at	end of year .						,	
2		-	ns to (during year)						
3	Aggregate value								
4		-	·						
5		-	l donors and donor adv	isors in writing that	the asset	ts held in donor ad	vised fund	is are the	2
•			ct to the organization's						Yes 🗌 No
6	Did the organiza	ation inform al	l grantees, donors, and	donor advisors in w	riting that	at grant funds can	be used o	nly for	- 100 - 110
	charitable purpo	oses and not fo	or the benefit of the dor	nor or donor advisor,	or for a	ny other purpose c			sible
	•								🗌 Yes 🗌 No
Ра		vation Ease te if the orga	ements. anization answered "	Yes" on Form 990	, Part I\	V, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the or	ganization (check all	l that app	oly).			
	Preservation	on of land for	public use (e.g., recreat	tion or education)		Preservation of an	historical	ly importa	ant land area
	Protection	of natural hab	itat			Preservation of a c	ertified hi	storic str	ucture
		on of open spa	се						
2	Complete lines 2 easement on the		if the organization held	l a qualified conserva	ation con	tribution in the for			
2			easements				2a	Held at t	he End of the Year
a b			servation easements .				2a 2b		
D C	-	•	nents on a certified hist				20 2c		
d			nents included in (c) ac		. ,		20 2d		
u			National Register	quirea arter July 23,	2000, ai		Zu		
3	Number of cons	ervation easer	nents modified, transfe	rred, released, extin	guished,	or terminated by	the organ	ization du	Iring the

tax year 🕨

8/27/24, <b>4</b>	2:37 PM Phoenix Christian Unified Schools Inc - Full Filing- Nonprofit Explorer - ProPublica Number of states where property subject to conservation easement is located <b>b</b>
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Parl	<b>III</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, nistorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
For P	perwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2022
	Page 2
Scheo	lle D (Form 990) 2022 Page <b>2</b>
Part	
3	Jsing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply):
а	Public exhibition     d     Loan or exchange programs
b	Scholarly research
C	Preservation for future generations

8/27/24, <b>4</b>	12:37 PM Provide a description of the organization's co Part XIII.		an Unified Schools Inc how they further	_	-				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t						🗌 Yes		lo
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		rm 990, Part IV,	line 9, or	r reporte	d an amou	int on Forn	n 990,	Part X
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						🗌 Yes		lo
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:			A	mount		_
с	Beginning balance				1c				
d	Additions during the year				1d				_
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial a	account lia	ability?	🗌 Yes		lo
b	If "Yes," explain the arrangement in Part XIII	I. Check here if the e	xplanation has be	en provide	d in Part )	XIII			
Par	t V Endowment Funds. Complete if the organization answ	wered "Yes" on Fo	rm 990 Part IV	line 10					
		(a) Current year	(b) Prior year		/ears back	(d) Three ye	ears back (e)	) Four yea	ars back
<b>1a</b> E	Beginning of year balance								
<b>b</b> (	Contributions								
c١	Net investment earnings, gains, and losses								
<b>d</b> (	Grants or scholarships								
	Other expenditures for facilities and programs								
f /	Administrative expenses								
g E	End of year balance								
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	-	e (line 1g, column	(a)) held a	as:				
b	Permanent endowment 🕨								
c	Term endowment <b>&gt;</b>								
-	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse organization by:	ssion of the organiza	tion that are held	and admin	istered fo	r the		Yes	No
	(i) Unrelated organizations						3a(i) 3a(ii		
								-	

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . . . . . .

3b

.

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

	-			
Part VI Land, Buildings, a	and Equipment. anization answered "Yes" on	Form 000 Port IV/ lir	ao 11a - Soo Form 000 - Part	V line 10
Description of property		Cost or other basis (other)		(d) Book value
<b>1a</b> Land		353,609		353,609
<b>b</b> Buildings		6,624,079	3,111,508	3,512,571
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,294,109	1,245,978	48,131
e Other		318,182		318,182
Total. Add lines 1a through 1e. (Co	olumn (d) must equal Form 990,	Part X, column (B), line	10(c).) 🕨	4,232,493
		— Page 3 ————		
Schedule D (Form 990) 2022				Page <b>3</b>
Part VII Investments - Ot	her Securities. anization answered "Yes" on	Form 990 Part IV lin	ne 11h See Form 000 Part X	line 12
(a) Description of s		(b) Book value	(c) Method of v	
(including nan			Cost or end-of-year	market value
(1) Financial derivatives				
<ul><li>(2) Closely-held equity interests</li><li>(3) Other</li></ul>				
(A) CD investments		140,390	С	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990	), Part X, col. (B) line 12.)	► 140,390		

Part VIII Investments - Program Related.

----

	(a) Description of investment	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Par	t IV, line 11d. See For	m 990, Part X,	line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col.(B) line 15.)			

Complete if the organization answered 'Yes' on Form 990 Part IV line 11c See Form 990 Part X line 13

. . . ..... ----

# Part X Other Liabilities.

1.	Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 11e o	r 11f.See Forr		
1.	(a) Description of liability			(b	) Book value
-	deral income taxes				
eposi	ts				2,80
otal (	Column (b) must equal Form 990, Part X, col.(B) line 25.)			-	2,80
_	ility for uncertain tax positions. In Part XIII, provide the text of the footnote	to the organizatio	n's financial st	F	
	zation's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	-			
Jigani				-	(Form 990) 202
	Page 4				
chedu	lle D (Form 990) 2022				Page
Part			venue per F	leturn.	
L 7	Complete if the organization answered 'Yes' on Form 990, Particular revenue, gains, and other support per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a ľ	Net unrealized gains (losses) on investments	2a			
a í b í	Net unrealized gains (losses) on investments	2b		-	
a í b í c í	Net unrealized gains (losses) on investments       .       .         Donated services and use of facilities       .       .         Recoveries of prior year grants       .       .	2b 2c			
a [ b [ c f d (	Net unrealized gains (losses) on investments       .       .       .         Donated services and use of facilities       .       .       .       .         Recoveries of prior year grants       .       .       .       .       .         Other (Describe in Part XIII.)       .       .       .       .       .       .	2b			
a f b f c f d () e /	Net unrealized gains (losses) on investments       .       .         Donated services and use of facilities       .       .         Recoveries of prior year grants       .       .         Other (Describe in Part XIII.)       .       .         Add lines <b>2a</b> through <b>2d</b> .       .	2b 2c		2e	
a f b f c f d () e /	Net unrealized gains (losses) on investments       .       .       .         Donated services and use of facilities       .       .       .       .         Recoveries of prior year grants       .       .       .       .       .         Other (Describe in Part XIII.)       .       .       .       .       .       .	2b 2c	· · · ·	2e 3	
a [ b [ c f d ( e / 3 §	Net unrealized gains (losses) on investments       .       .         Donated services and use of facilities       .       .         Recoveries of prior year grants       .       .         Other (Describe in Part XIII.)       .       .         Add lines <b>2a</b> through <b>2d</b> .       .	2b 2c	· · ·	_	

8/27/24,	12:37 PM Phoenix Christian		s Inc - F	ull Filing	I- Nonpr	ofit Explorer - F	ProPublica	a
b	Other (Describe in Part XIII.)	-	4b					
c	Add lines <b>4a</b> and <b>4b</b>	· · 1	15				4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Par	••••				_	5	
	t XII Reconciliation of Expenses per Audited Finance						_	<u> </u>
i dii	Complete if the organization answered 'Yes' on For						Netu	· • • •
1	Total expenses and losses per audited financial statements $\$ .			-		•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities		2a					
b	Prior year adjustments		2b					
С	Other losses		2c					
d	Other (Describe in Part XIII.)		2d					
е	Add lines <b>2a</b> through <b>2d</b>					•	2e	
3	Subtract line <b>2e</b> from line <b>1</b>			•			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l						
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a					
b	Other (Describe in Part XIII.)		4b					
С	Add lines <b>4a</b> and <b>4b</b>						4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Pa	art I, line 18.	).				5	
Par	t XIII Supplemental Information							
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t						t V, line	4; Part X, line 2; Part XI,
	Return Reference				E	xplanation		
							Sche	dule D (Form 990) 2022

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**Additional Data** 

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efi	le Public Visua	al Render	ObjectId: 202431369349319443 - Submission: 2024-0	5-15	TIN: 86	-0103	283
			Schools	-	OMB No.	1545-0	047
(FOII	n 990)		Complete if the organization answered "Yes" on Form 990,		20	22	
	tment of the Treasury al Revenue Service		Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. ► Go to <i>www.irs.gov/Form990EZ</i> for the latest information.			to Pub	
	e of the organizat			Employer identi	ification n	umber	•
Phoei		SCHOOIS		86-0103283			
Pa	nrt I						
					r	YES	NO
1			racially nondiscriminatory policy toward students by statement in its chapter in a resolution of its governing body?		1	Yes	
2	-	logues, and o	e a statement of its racially nondiscriminatory policy toward students in a ther written communications with the public dealing with student admiss	ions,		No.	
3		•				Yes	
5	-	-	ed its racially nondiscriminatory policy on its primary publicly accessible ear in a manner reasonably expected to be noticed by visitors to the hom				
	-		ia during the period of solicitation for students, or during the registration				
			that makes the policy known to all parts of the general community it se	-			

_			
С	Does the organization maintain the following?		
a F	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
<b>)</b> F	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		
b	pasis?	4b	Yes
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing vith student admissions, programs, and scholarships?	4c	Yes
1 (	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes
I	f you answered "No" to any of the above, please explain. If you need more space, use Part II.		

3

Yes

Return Reference	Explanation
Governmental Agency Financial Aid (Questions 6a and 6b)	The school received grant funds from Arizona Department of Economic Security and federal Employee Retention Credits during the fiscal year.
Description of nondiscriminatory policy (Question 3)	The School publishes nondiscrimination policies in all enrollment materials.
	Schedule E (Form 990) (2022)

a Students' rights or privileges?

b	Admissions policies?	5b		No
с	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Nc
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

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

Schedule E (Form 990) (2022)

Part II

8/27/24, 12:37 PM

5

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide

Page 2

Schedule E (Form 990) (2022)

5a

. .

No

#### e E (Form 990) (2022)

Cat. No. 50085D

Phoenix Christian Unified Schools Inc - Full Filing- Nonprofit Explorer - ProPublica Does the organization discriminate by race in any way with respect to:

## **Additional Data**

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Software ID: Software Version:

efi	le Public Visual Ro	ender	ObjectId: 202	43136	934931	9443 - Submission	: 2024-0	5-15	TIN: 86-0103283	
	HEDULE G		Supple	ment		OMB No. 1545-0047				
Depai Intern	rm 990) tment of the Treasury al Revenue Service	mplete if the organizati	<b>Traising or Gaming Activities</b> ation answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the tion entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.					<b>2022</b> Open to Public Inspection		
	e of the organization enix Christian Unified S	Schools						Employer ide 86-0103283	ntification number	
Pa		-	<b>ties.</b> Complete if are not required to	-		answered "Yes" on F part.	orm 990,	Part IV, line 1	7.	
1	Indicate whether the	organiza	tion raised funds th	rough an	y of the f	ollowing activities. Checl	c all that a	pply.		
а	Mail solicitations				e	Solicitation of nor	n-governm	ent grants		
b	Internet and ema	il solicita	tions	f Solicitation of government grants						
с	Phone solicitation	IS		g 🗌 Special fundraising events						
d	In-person solicita	tions								
2a						vidual (including officers on with professional func			es 🗌 No	
b	If "Yes," list the 10 h to be compensated a				idraisers)	pursuant to agreements	under wh			
<b>(i)</b> [	Name and address of in or entity (fundraise		(ii) Activity	fundrai cust cont	) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iiser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
				Yes	No					
-										

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I		I			1
Total			· · · · ·	•			
	perwork Reduction Act Notic	e, see the Instruct	tions for Form 9		<b>0-EZ.</b> Cat. No Ige 2	о. 50083H	Schedule G (Form 990) 2022
Par	than \$15,000 of f	undraising ever	nt contributio			rm 990, Part IV, line 18 m 990-EZ, lines 1 and	
	gross receipts gre		00. (a)Event # OAW	1	(b) Event #2 Gala	(c)Other events	( <b>d</b> ) Total events (add col. ( <b>a</b> ) through col. ( <b>c</b> ))
Revenue			(event type	2)	(event type)	(total number)	
Ř							

	1	Gross receipts	85,386	258,619	52,330	396,335
	2	Less: Contributions	85,836	258,619	52,330	396,785
	3	Gross income (line 1 minus line 2)	-450			-450
	4	Cash prizes				
s	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Spe.	7	Food and beverages				
tz	8	Entertainment				
Direct	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	through 9 in column (d)		🕨	
		<b>1</b> Net income summary. Subtract line 10	) from line 3, column (d)		🕨	-450
Pa	rt I	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
ō	5	Other direct expenses				
	_					
			□ Yes%_	☐ Yes%	☐ Yes%	
		Volunteer labor	☐ Yes%_ ☐ No	☐ Yes%_	□ Tes	

	8 Net gaming income summary. Subtract line 7 from line 1, column (d).	•		
9	Enter the state(s) in which the organization conducts gaming activities:			
а	Is the organization licensed to conduct gaming activities in each of these states?		□ Yes	
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?			
b	If "Yes," explain:			
				orm 990) 2022
	Page 3			
Sche	edule G (Form 990) 2022			Page 3
11	Does the organization conduct gaming activities with nonmembers?	· •	🗌 Yes	
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	
13	Indicate the percentage of gaming activity conducted in:		- 105	- 110
а	The organization's facility	1 <b>3</b> a		%
b	An outside facility	L3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name 🕨			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the			
b	amount of gaming revenue retained by the third party <b>&gt;</b> \$			

	Address 🕨			
16	Gaming manager information:	:		
	Name 🕨			
	Gaming manager compensation	on 🕨 \$		
	Description of services provide	ed 🕨		
	Director/officer	Employee	Independent contractor	
17 a b	retain the state gaming licens Enter the amount of distribution	e?	distributions from the gaming proceeds to	· · 🗋 Yes 🗌 No
Par	t IV Supplemental Info		s ations required by Part I, line 2b, columns pplicable. Also provide any additional information	
	Return Reference		Explanation	
			Schedu	ule G (Form 990) 2022
Ac	lditional Data			Return to Form
		Software V	are ID: ersion:	

T

efile Public Vis	sual Rende	er ObjectIo	d: 202431	369349319	9443 - Sub	mission: 20	24-05	5-15		T.	IN: 86	5-01	03283
Schedule L (Form 990)	► Con	Trar				ed Perso		25-2	25h 2		MB No.		
. ,	► Con		, 28b, or 2	8c, or Form 9	90-EZ, Part	V, line 38a o		25a,	250, 2	0,	20	<b>JZ</b>	2
Department of the Treasur	v	▶Go to <u>www.</u>		ch to Form 9 m990 for ing			nform	ation	۱_		Open	to Pi	ublic
Internal Revenue Service	,	······································	<u></u>						•		Insp		
Name of the orga Phoenix Christian Ur							E	Emplo	oyer ide	entifica	ation n	umb	er
	lineu Schools						8	36-010	03283				
		Transactions	•								).		
		anization answere qualified person				or 25b, or Forn ualified person			art V, lir Descrip		(1	) Cor	rected?
1 (a)		quaimed person	(0)	Relationship	organization		anu	• •	ransact			es	No
<b>2</b> Enter the am	nount of tax i	ncurred by the or	anization r	nanagers or d	isqualified pe	rsons durina th	e vear	unde	r sectio	n			
		if any, on line 2,								\$ \$			
J Enter the an		in any, on line 2,	above, reim	buised by the	organization		• •	•		Ψ			
Com	plete if the o	<b>or From Inte</b> rganization answ unt on Form 990,	ered "Yes" o	n Form 990-E	Z, Part V, line	38a, or Form 9	990, Pa	art IV,	line 26	; or if t	he orga	anizat	ion
(a) Name of	(b)	(c)	(d) Loan	to or from	(e)	(f) Balance	(g)	In	()	h)	(i	i) Wri	tten
interested person	Relationshi with	p Purpose of loan	the org	anization?	Original principal	due	default?			oved ard or			ent?
person	organizatio				amount					nittee?			
			То	From			Yes	No	Yes	No	Yes		No
Total					► \$								
		stance Benefi	-										
(a) Name of intere		organization ar (b) Relationshi			990, Part I		of as	sistan	ce	(e) Pu	rpose c	of assi	istance
		interested pers organiza	on and the					515(01)		(e) ru	i pose t	000	

Paperwork Reduction Act Notice, see the Instructio	ns for Form 990 or 990	<b>D-EZ.</b> Cat. No. 500	56A Schedule L	(Form 99	90) 202:
	Pag	ge 2			
edule L (Form 990) 2022					Page 2
<b>Business Transactions Involvir</b> Complete if the organization answ			, 28b, or 28c.		
(a) Name of interested person	(b) Relationship etween interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
Printwoods LLC Entit Woo	y owned by Trustee ds	26,133	Business services		No
Provide additional information for response	onses to questions on	Schedule L (see instruction	ons).		
Return Reference		Explanation	on		

**Additional Data** 

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Software ID:

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SCHEDUL (Form 990) Department of the Trea Internal Revenue Serv	E O asury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.								99( tions on.	ons on n. Open to Publi									
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Form 990 governing body review Part VI line 11	The School re of trustees.	views	s the Fo	orm 990	0 throu	igh the	e finan	nce co	ommit	tee a	nd bu	isines	ss offi	ice. Th	e fina	ance co	mmitte	e repor	ts to the	board
Conflict of interest policy compliance Part VI line 12c	The business office, in conjunction with the superintendent and the finance committee, regularly and consistently monitors and enforces compliance with the conflict of interest policy by carefully reviewing each new vendor, each new independent contractor, and each new business relationship. If needed, the group consults with the vendor or contractor before hiriing in order to ensure no conflict of interest exists.																			
CEO executive director top management comp Part VI line 15a	Either the superintendent or the executive committee of the board of trustees performs a market survey of other private Christian schools, as well as public schools. The School also consults with the Association of Christian Schools International (ACSI), which is the accrediting body. The executive committee and the superintendent then set the compensation package. The board of trustees approves the compensation packages.																			
Other officer or key employee compensation Part VI line 15b	Either the superintendent or the executive committee of the board of trustees performs a market survey of other private Christian schools, as well as public schools. The School also consults with the Association of Christian Schools International (ACSI), which is the accrediting body. The executive committee and the superintendent then set the compensation package. The board of trustees approves the compensation packages.																			
Governing documents etc available to public Part VI line 19	Governing do requested from									ll doc	umer	nts ree	quire	d to be	e mac	le availa	able to	the put	olic may	be

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**Additional Data** 

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