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996

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service , 2006, and ending For the 2006 calendar year, or tax year beginning , 20 C Name of organization D Employer identification number Please B Check if applicable Walnut Grove Christian School 57 1119849 Address change label or print or Number and street (or P.O box if mail is not delivered to street address) E Telephone number Room/suite Name change 13925 Erwin Rd (704) 583-5499 Initial return Specific City or town, state or country, and ZIP + 4 Final return nstruc-Charlotte, NC 28273 Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ✓ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.walnutgrovechristianschool.com H(c) Are all affiliates included? · 🗌 Yes 🗌 No J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list See instructions) H(d) Is this a separate return filed by an Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Group Exemption Number ▶ Check ▶

If the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds . . . 1a 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$_ noncash \$ 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 6a Gross rents . . 6b Less: rental expenses c Net rental income driffdss). MAD tract Time (Big) from 6с Other investment income (describe ▶ 7 (B) Other 8a Gross amount from sales of assets to their 8a than inventory . 8b **b** Less: cost or other basis and sales expenses, 8c c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ * contributions reported on line 1b) **b** Less: direct expenses other than fundraising expenses 9с c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 477,834 11 11 Other revenue (from Part VII. line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 477.834 12 473.642 13 13 Program services (from line 44, column (B)) . . 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . Total expenses. Add lines 16 and 44, column (A) 17 17 473,642 4,192 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 27,475 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 19 Other changes in net assets or fund balances (attach explanation) 20 20 Š

31,667

Form 990 (2006)

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Par	Functional Expenses organizations and s	ection	1947(a)(1) nonexempt	chantable trusts bu	are required for sect optional for others. (tion 501(c)(3) and (4) See the instructions.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	14	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)					
	(cash \$)	00-				
	If this amount includes foreign grants, check here	22a				
	Other grants and allocations (attach schedule)					
	(cash \$)	22b				
	If this amount includes foreign grants, check here	220				
	Specific assistance to individuals (attach schedule)	23				W- 155
	Benefits paid to or for members (attach					
	schedule)	24				
	Compensation of current officers, directors,			-		
	key employees, etc. listed in Part V-A (attach					
	schedule)	25a				
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach					,
	schedule)	25b				
	Compensation and other distributions, not included above, to					
	disqualified persons (as defined under section 4958(f)(1)) and	05-				
	persons described in section 4958(c)(3)(B) (attach schedule)	25c				· <u>-</u>
	Salaries and wages of employees not included	26	264,200	264,200		
	on lines 25a, b, and c	20	204,200	204,200		
	Pension plan contributions not included on lines 25a, b, and c	27				
	Employee benefits not included on lines					
	25a - 27	28				
	Payroll taxes	29	10,106	10,106		
30	Professional fundraising fees	30				
	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	8,498	8,498		
34	Telephone	34		-		
35	Postage and shipping	35	50.000	50.000		
	Occupancy	36 37	58,200 3.074	58,200 3,074		
	Equipment rental and maintenance	38	4,591	4,591		-
	Printing and publications	39	22,673	22,673		
	Conferences, conventions, and meetings	40	6,283	6,283		
	Interest	41	3,465	3,465		,
	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize):					
а.	Sports Program	43a	7,287	7,287		
-	Textbooks	43b	18,312	18,312		
•	Contract Labor	43c	4,821	4,821		
d.	Utilities	43d	5,754	5,754		
е.	Insurance	43e	50,603	50,603	 	
•		43f 43g	3,395 2,380	3,395		
9 -		-10 9	2,360	2,380	-	
	Total functional expenses. Add lines 22a					ı
	through 43g. (Organizations completing columns (B)–(D), carry these totals to lines					ı
	13–15)	44	473,642	473,642		ı
				;		
Are an	y joint costs from a combined educational campaign	and fu				
Are an	Costs. Check ► ☐ if you are following SOP so y joint costs from a combined educational campaign as," enter (i) the aggregate amount of these joint costs a amount allocated to Management and general \$	and fu	; (ii) the		to Program services	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	- 3····· · · - · · · · · · · · · · · · · · · ·	
W	nat is the organization's primary exempt purpose? Peivate K-12 Christian SChool	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) parizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	We are a special needs school. We are currently meeting the educational, emotional, and spiritual needs of 90 plus students who are learning challenged. We use a specialized curriculum and a teacher to student ratio of one to ten. We are striving to make our program affordable to the community.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	473,642
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	473,642

Pa	rt IV	Balance Sheets (See the instructions.)			
١	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	27,475	45	31,667
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b		47c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	ь	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
Assets		schedule)		[
\ss		Less: allowance for doubtful accounts . [51b]		51c	
٦		Inventories for sale or use		52	
	53			53 54a	
		Investments—publicly-traded securities		54b	
	ļ	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54D	
	55a	Investments—land, buildings, and		*	
	_	equipment basis		:	
	þ	Less: accumulated depreciation (attach		55c	
	EG	schedule)	·	56	
	56	Investments—other (attach schedule)		-	·
	l	Less: accumulated depreciation (attach		ā	
		schedule)		57c	
	58	Other assets, including program-related investments			
	~	(describe ►		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	27,475	59	31,667
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue ,		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
≣		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities. Add lines 60 through 65		66	
	Orga	anizations that follow SFAS 117, check here ▶ ☐ and complete lines		. 4	
es S		67 through 69 and lines 73 and 74.			
Š	67	Unrestricted		67	
믕	68	Temporarily restricted		68 69	
8	69	Permanently restricted		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Œ,	70	complete lines 70 through 74.		70	
S	70 71	Capital stock, trust principal, or current funds.		71	
set	71	Paid-in or capital surplus, or land, building, and equipment fund .	27,475	72	31,667
Ass	72	Retained earnings, endowment, accumulated income, or other funds	21,713		31,001
et	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must			
Z		equal line 21)	27,475	73	31,667
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	27,475		31,667

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	nents	With Rev	enue pe	er Ret	urn (See the	
а	Total rev	enue, gains, and other support per audit	ed financial statements				а		4	177,834
b		included on line a but not on Part I, line		• •			*			
1		alized gains on investments		b1						
2		services and use of facilities		b2						
3		es of prior year grants		b3]·			
4		pecify):]			
				_b4						
	Add lines	b1 through b4					b			
С	Subtract	line b from line a					С			
d	Amounts	included on Part I, line 12, but not on li	ne a:							
1	Investme	nt expenses not included on Part I, line	6b	d1			-2· 4			
2	Other (sp	ecify):					, <u>.</u>			
			• • • • • • • • • • • • • • • • • • • •	d2			4			
_		s d1 and d2					d			
e Da	rt IV-B	venue (Part I, line 12). Add lines c and d								77,834
					<u>-</u>		1 1	eturr		172 642
a	-	penses and losses per audited financial s					a			73,642
b		included on line a but not on Part I, line		64			35 3			
1		services and use of facilities		b1 b2			adji k			
2	•	r adjustments reported on Part I, line 20		b3						
3 4		eported on Part I, line 20					1.			
4		ecify):		b4			W			
		b1 through b4 , , , , , ,					ь			
С		line b from line a					c	_	4	73.642
d		included on Part I, line 17, but not on li				• • •				,
1		nt expenses not included on Part I, line		d1						
2		ecify):					1 '			
_	O (Op			d2			3,2			
	Add lines						d			
е		c d1 and d2	d	· ·	<u> </u>	▶	е		1	73,642
Pa		Current Officers, Directors, Trustees or key employee at any time during the year		compe	ensated.) (S	ee the in	structio	ons.)	director,	trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Co	ompensation paid, enter -0)	benefit pla	tions to en ins & defe sation plar	rred	(E) Expens and other a	
Sha	annon Boy	yd	30					<u></u>		
324	0 Bannoc	k Dr. Fort Mill, SC 29715			31,100					
	i Bis		10							
		Place, Fort Mill, SC 29708			0					
	sy Nix		0							
Ro	ck Hill, Sc				0					

	•									
-	-		 -							
			•							
				<u> </u>						
				<u> </u>						
			I	i					ĺ	

Part V-A	Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
meetin b Are any employ contract	the total number of officers, directors, and trigs y officers, directors, trustees, or key employvees listed in Schedule A, Part I, or hightors listed in Schedule A, Part II-A or aships? If "Yes," attach a statement that ide	/ees listed in Form 99 hest compensated p II-B, related to each	0, Part V-A, or hi professional and other through	ghest compensated other independent family or business	* 75b	. 4	
compe indepe organiz the de If "Yes	y officers, directors, trustees, or key on sated employees listed in Schedule A, ndent contractors listed in Schedule A, rations, whether tax exempt or taxable, that inition of "related organization."," attach a statement that includes the informe organization have a written conflict of in	Part I, or highest or Part II-A or II-B, red at are related to the o	ompensated profeive compensating ganization? See the instructions.	fessional and other ion from any other the instructions for	75c	*	*
Part V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That I	Received Comperary other benefits (difficulties in the appropriary of the second control	nsation or Other Bene escribed below) during	efits (II	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and lowance	othe
			_				

Par	rt VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		1
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1
	If "Yes," attach a conformed copy of the changes.	**		\$, ***
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		* <u>/</u>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt		ş	
	organization?	80a		1
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or nonexempt			
	Enter direct and indirect political expenditures. (See line 81 instructions.)	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	81h		J

Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		*	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	84b	~	l
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		1
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.		d	
С	Dues, assessments, and similar amounts from members		* 7	
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	,	*	£ `
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		✓
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		(7)	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			·
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities	輸	, Ž.,	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		# 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	(\$	√
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		√
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	.¥-		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		√
c	Enter: Amount of tax imposed on the organization managers or disqualified			ž
-	persons during the year under sections 4912, 4955, and 4958	,,	7	*
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	4:	- Ø	* *
	transaction?	89e		<u>√</u>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		_
90a	List the states with which a copy of this return is filed ▶			-
	Number of employees employed in the pay period that includes March 12, 2006 (See			••••
91a	The books are in care of ► Kyle Boyd Located at ► 13925 Erwin Rd, Charlotte, NC ZIP + 4 ► 28273		3-549	9
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		✓
	If "Yes," enter the name of the foreign country >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

art	(2006) · VI Other Information (continued)						Yes	age {
_						010	_	NO
C /	At any time during the calendar year, did the	organization mai	ntain an office	outside of the	United States?	910	L	
	f "Yes," enter the name of the foreign countr Section 4947(a)(1) nonexempt chantable trust							▶ [
2 5	and enter the amount of tax-exempt interest	s illing Form 990 received or accri	in ileu oi rom ied dunna the t	1041—Check	Nere		•	
	VII Analysis of Income-Producing Ac				32			
			usiness income		tion 512, 513, or 514		(E)	
icat	Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)		elated	
	Program service revenue:	Business code	Amount	Exclusion code	Amount		npt fun ncome	
	Program service revenue.		 	 				
a b								
c								
d								
e								
f	Medicare/Medicaid payments							
	Fees and contracts from government agencie	s						
,	Membership dues and assessments							
5	Interest on savings and temporary cash investment	s						
6	Dividends and interest from securities							
7	Net rental income or (loss) from real estate:	h. 20	*** * * *	* * *		<u>`</u>		^
а	debt-financed property							
b	not debt-financed property			<u> </u>				
В	Net rental income or (loss) from personal property	·	ļ <u>.</u>	 				
9	Other investment income	\ <u></u>	 	ļ l		<u> </u>		
	Gain or (loss) from sales of assets other than inventor	у		 		<u> </u>		
	Net income or (loss) from special events .	<u> </u>				├		
	Gross profit or (loss) from sales of inventory			 			477	
3	Other revenue: a Tuition	_		 	·		4//	,834
b		-				 		
C		-	 	+		 -		
d		-		 		 		
е 4	Subtotal (add columns (B), (D), and (E)) .	- · · · · · · · · · · · · · · · · · · ·		* * *, *				
5	Total (add line 104, columns (B), (D), and (E))			>		477	7,834
	Line 105 plus line 1e, Part I, should equal the							,
art \				oses (See th	e instructions.)			
ine l						accor	nplish	ment
▼	of the organization's exempt purposes (of	her than by providi	ing funds for suc	n purposes).			•	
		 			- <u></u>			
art			sregarded Enti	ties (See the i	instructions.)			
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	athitica	(D)	En	(E) d-of-ye	ear
_	partnership, or disregarded entity o	wnership interest	Nature of a	Clivilles	Total income		<u>assets</u>	
		% _						
		%				├		
		%				 		
n ed	Information Regarding Transfers Ass	%	onal Ronofit Co	ntracte (Soc. +	he instructions 1	Щ		
art								
	Did the organization, during the year, receive any funds,					∐ Ye		No
	Did the organization, during the year, pay pre: If "Yes" to (b), file Form 8870 and Form 42			a personal be	nem comract?	¥€	:S ∟	NO

Par	t XI Information Regarding is a controlling organization			Entities. Com	plete only if the o	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a con	trolled entity as	s defined in sec	tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) cription of cansfer	(D Amount of		fer
a 							
b							
С							
	Totals		A 4 .				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer	(D) Amount of		er
а							
b							
С							
	Totals	♣ 4 ≥ ≈ × ¥*	\$, x	4 🔌 🐧			
108	Did the organization have a kinding rents, royalties, and annuities des			7, 2006, coverin	g the interest,	Yes	No
Plea Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, include	ing accompanying s than officer) is base	ed on all information	of which preparer has a	ny knov	vledge vledge.
Paid Prepar	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (S	See Gen	Inst. X)
Use O	I Firm S name for yours k			EIN Phone i	▶ :		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **Employer identification number Walnut Grove Christian School** 57 1119849 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans 8 (c) Compensation account and other than \$50,000 per week devoted to position deterred compensation allowances None Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who perfor ned services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over

\$50,000 for other services

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$		√
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		, ,
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	* ×	A Park Service
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		1
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	1
e	Transfer of any part of its income or assets?		1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		1
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?		✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?		1
d	Enter the total number of donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Pa	rt l'	V Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruc	tions.)
l ce	rtıfy	that the organization is not a priva	te foundation bed	cause it is: (Please check	only ONE ap	plicable box.)	
5		A church, convention of churches	s, or association of	of churches. Section 170	0(b)(1)(A)(i).		
6	Ø	A school. Section 170(b)(1)(A)(ii). ((Also complete Pa	art V.)			
7		A hospital or a cooperative hospital	tal service organi	zation. Section 170(b)(1)((A)(iii).		
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶	•	•		(A)(III). Enter th	e hospital's name, city,
10		An organization operated for the be (Also complete the Support Scheo		or university owned or op	perated by a go	overnmental un	it Section 170(b)(1)(A)(iv).
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from th	e general public. Section
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sci	hedule in Part	IV-A.)	
12		An organization that normally receifrom activities related to its charitation gross investment income arorganization after June 30, 1975.	able, etc., function	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more the tax) from bus	nan 33%% of its support sinesses acquired by the
13		An organization that is not contro requirements of section 509(a)(3)					and otherwise meets the
		☐ Type I ☐ Type II	□Туре	III-Functionally Integrate	ed 🗆	Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizati	ions. (See pag	je 7 of the inst	ructions.)
Na	ame	(a) (s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the se organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support
					Yes	No	
_Nc	ne						
_							
Tota	li ,	<u> </u>	<u> </u>	<u> </u>	· · · · ·	▶	
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 7 of the i	instructions)

Cale	e: You may use the worksheet in the instructions					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28).				<u> </u>	_
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22			 	 	
24	Line 23 minus line 17		 	 -	 	
25 25	Enter 1% of line 23			 	 	,
			L		100	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colur	nn (e), line 24 .	▶ 26	a
Þ	Prepare a list for your records to show the nan governmental unit or publicly supported organize	zation) whose tot	al gifts for 2002 t	hrough 2005 exc	eeded the	* *
	amount shown in line 26a. Do not file this list wi	=			1	
С	Total support for section 509(a)(1) test: Enter lin				► <u>26</u>	
					ــــــا	
	Add: Amounts from column (e) for lines: 18				▶ 26	
d	22					
d	22 Public support (line 26c minus line 26d total)				▶ 26	е
d e f	22	ntor) divided by or amounts include the name of, and	line 26c (denominated in lines 15, total amounts re	ninator))	▶ 26 ▶ 26 were received f	e if
d e f 27	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Foperson," prepare a list for your records to show	or amounts included by the name of, and a sum of such are eved from each peyear, that was most the larger amounts.	dine 26c (denominated in lines 15, total amounts for each (2003) (2003) (2004) (2004) (2005)	ninator)) 16, and 17 that ceived in each ye year: disqualified person of (1) the amount or (2), enter the second control or (2), enter the second control or (2), enter the second control or (2).	were received far from, each "d (2002)(2002)(syline in a list on line 25 for the sum of these differences.	rom a "disqualificitisqualified persor st for your records e year or (2) \$5,00 um. After computing ferences (the exce
d e f 27	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Fo person," prepare a list for your records to show Do not file this list with your return. Enter the (2005) (2004) For any amount included in line 17 that was recenshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15	r amounts incluithe name of, and e sum of such are ved from each peyear, that was most the larger amounts.	dine 26c (denominated in lines 15, total amounts for each (2003)	disqualified person of (1) the amount or (2), enter the s	were received far from, each "d (2002) ns"), prepare a list on line 25 for the sum of these difference (2002)	rom a "disqualific disqualified persor st for your records e year or (2) \$5,000 urn. After computing ferences (the exce
d e f 27 b	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2005) (2004) For any amount included in line 17 that was recenshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15	ramounts included by a ramounts included and a sum of such are ved from each peyear, that was most through 11b, as the larger amounts.	dine 26c (denominated in lines 15, total amounts for each (2003)	disqualified person of (1) the amount or (2), enter the s	were received far from, each "d (2002) ns"), prepare a list on line 25 for the ist with your retream of these differences.	rom a "disqualific disqualified persor st for your records e year or (2) \$5,000 urn. After computing ferences (the exce
d e f 277 b	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2005) (2004) For any amount included in line 17 that was recenshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15 17	ramounts included by a ramounts included a sum of such are ved from each peyear, that was most through 11b, as the larger amount and line 27b total	dine 26c (denominated in lines 15, total amounts remounts for each (2003)	disqualified person of (1) the amount or (2), enter the s	were received far from, each "d (2002) ns"), prepare a lis on line 25 for thist with your retisum of these difference (2002)	rom a "disqualified isqualified persor st for your records e year or (2) \$5,000 um. After computing ferences (the excess of the
d e f 227 b	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Forth person," prepare a list for your records to show the person, and an amount received for each show the name of, and amount received for each (linclude in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15 17	ramounts included by a ramounts included the name of, and a sum of such are ved from each peyear, that was most through 11b, as the larger amount and line 27b totatal).	line 26c (denome ded in lines 15, total amounts for each (2003)	disqualified person of (1) the amount of (2), enter the s	were received far from, each "d (2002) ns"), prepare a lis on line 25 for the ist with your retsum of these diff (2002) 27 27 27	rom a "disqualified isqualified persor st for your records e year or (2) \$5,000 um. After computing ferences (the excess of the
d e f 27 b c d e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Forth person," prepare a list for your records to show the person of the this list with your return. Enter the show the name of, and amount received for each (linclude in the list organizations described in lines of the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15 17 (2004) Add: Line 27a total Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test: Enter a	ramounts included by a ramounts included the name of, and a sum of such are ved from each peyear, that was most through 11b, as the larger amount and line 27b totatal)	dine 26c (denominated in lines 15, total amounts for each (2003)	disqualified person of (1) the amount or (2), enter the s	were received far from, each "d (2002) ns"), prepare a lis on line 25 for the list with your retsum of these difference (2002) 27 27	rom a "disqualified isqualified persor st for your records e year or (2) \$5,000 urn. After computing ferences (the excession of the excession
d e f 227 b	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera Organizations described on line 12: a Forth person," prepare a list for your records to show the person, and an amount received for each show the name of, and amount received for each (linclude in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15 17	ramounts included by a ramounts included the name of, and the sum of such are ved from each peyear, that was most through 11b, as the larger amount and line 27b totatal)	line 26c (denominated in lines 15, total amounts for each (2003)	disqualified person of (1) the amount or (2), enter the series of (2), enter the series of (2).	were received far from, each "d (2002) ns"), prepare a lis on line 25 for the ist with your retsum of these difference (2002) 27 27 27	rom a "disqualified fisqualified persor st for your records e year or (2) \$5,000 urn. After computir ferences (the exce

Part V	Private School Questionnaire (See page 9 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 be completed one) by schools that checked the box on line of it i alt iv)				
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?				
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	· ✓		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	✓ ·	*	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		ų. <i>*</i>	*	
		i,	**	· V	
32	Does the organization maintain the following:	32a	<i>∞</i>	. € ′r	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	1		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	1		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	-	» 12	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	*	,		
33	Does the organization discriminate by race in any way with respect to:	Sing Unit	4n, ^		
а	Students' rights or privileges?	33a		1	
b	Admissions policies?	33b 33c		1	
c d	Scholarships or other financial assistance?	33d	_	1	
e	Educational policies?	33e		1	
f	Use of facilities?	33f		1	
g	Athletic programs?	33g		1	
h	Other extracurricular activities?	33h	-	✓	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	,	*	<i>}</i>	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		· ,	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		✓	
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. 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, covering racial nondiscrimination? If "No," attach an explanation	35	1		

	_
Page	•

Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by an					e instri	uctions.)
Che	ck ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck. ▶ b 🔲 ıf	you checked	"a" aı	nd "limite	d control"	provisions apply
	Limits on Lobbyi	ng Expenditur	es			Affiliate	a) d group	(b) To be completed for all electing
	(The term "expenditures" mea	ns amounts paid or incurred.)				to	tals	organizations
36	6 Total lobbying expenditures to influence public opinion (grassroots lobbying)						None	
37	Total lobbying expenditures to influence a legi-		, 0,		37			
38	Total lobbying expenditures (add lines 36 and	• •			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines				40			
41	Lobbying nontaxable amount. Enter the amount		,		2 *	**		
	If the amount on line 40 is— The I	obbying nontaxa	ble amount is-			,	À.	
	Not over \$500,000 20%	of the amount on	line 40]	•	8		
		000 plus 15% of t	he excess over \$5	500,000	Aju.		4 🎓	* , ; (7)
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,0	000,000 }	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	e excess over \$1,5	500,000	. b	<u>*</u> ~ 4	· 🐞 · •	
	Over \$17,000,000 \$1,00	0,000			لـــمئيييـــــــــــــــــــــــــــــــ	<u> </u>	4 1	· » - \$ 10 s
42	Grassroots nontaxable amount (enter 25% of I	ine 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lir	ne 36		43_			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than III	ne 38		44			
					*	g, - 2	e 30c- lui	
	Caution: If there is an amount on either line 43	eraging Perio			, (i)	* *	- 8: 10	
	(Some organizations that made a section See the instructions f	or lines 45 throug		of the instr	uctio	ns.)		
_	Calendar year (or	(a)	(b)	(c)			d)	(e)
	fiscal year beginning in) ▶	2006	2005 200				003	Total
45	Lobbying nontaxable amount					* -		
		. 4 4 * 8	? · •	· · · · · ·	35			
<u>46</u>	Lobbying ceiling amount (150% of line 45(e))	* * *		* 4	* **		< 4	
<u>47</u> _	Total lobbying expenditures							
48	Grassroot: nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))	* * * * * * * * * * * * * * * * * * *	4 4	* *), «	r '	A > /	
50	Grassroots lobbying expenditures							
Pa	Lobbying Activity by Nonelect (For reporting only by organization)			Port V/LAV	(200	nogo i	12 of the	instructions \
						<u> </u>	13 01 111	instructions.)
	ng the year, did the organization attempt to influ				ling a	ny Y	es No	Amount
	npt to influence public opinion on a legislative n	natter or referend	um, through the	use or:		 		e e e e
	Volunteers					· -		
þ	Paid staff or management (Include compensati	•	•	c through h.		· -		
ر 2						· -	+	
d	Mailings to members, legislators, or the public					·	\dashv	
e	Publications, or published or broadcast statem					· -	-	
T -	Grants to other organizations for lobbying purp					· -	-	
9	Direct contact with legislators, their staffs, gov		_	•		·	+	
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through					·		
•	If "Yes" to any of the above, also attach a stat	ement giving a d	etailed description	n of the lob	 bvina	activitie		

rai	L VI			ransters to and trans ee page 13 of the instructi	sactions and Helationships with Noncha ions.)	aritable
51		the reporting orga	anization directly or	indirectly engage in any of th	ne following with any other organization described in ction 527, relating to political organizations?	n section
а				to a noncharitable exempt or		es No
u		Cash	orting organization	to a nonchantable exempt of	51a(i)	1
		Other assets			a(ii)	1
ь		er transactions:			· · · · · · · · · · · · · · · · · · ·	+ *
	(i)		use of accore with a	noncharitable exempt organiz	zation b(i)	1
	(ii)			ritable exempt organization .		1
	(iii)			her assets	b(iii)	
	· :				b(iv)	1
	(iv)				b(v)	1
						- `
_				ship or fundraising solicitations	- · · · · · · · · · · 	+ 7
٦ C				sts, other assets, or paid emp	ile. Column (b) should always show the fair market vali	
u	goo	ds, other assets, c	or services given by	the reporting organization. If	the organization received less than fair market valueds, other assets, or services received:	ue of the ie in any
(á	1)	(b) Amount involved	Nome of con-	(c)	(d)	
LITTE	110	Amount mvoived	None	charitable exempt organization	Description of transfers, transactions, and sharing arrange	ements
			None			
						-
						_
	des	ribed in section 5	ectly or indirectly 01(c) of the Code (following schedule	other than section 501(c)(3)) or	one or more tax-exempt organizations r in section 527? ▶ ☐ Yes	☐ No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relationship	
-	-					
						*
						
				·	-	
			· · · · · · · · · · · · · · · · · · ·			<u> </u>