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Form **990**

932001 02-04-10

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the 2	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	<u>JUN 30, 2010</u>	
		heck if pplicable	Please C Name of organization	D Employer identific	ation number
	a		use IRS KING'S RIDGE CHRISTIAN SCHOOL, INC.		
		Address change	label or (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)		
		Name change	type Doing Business As	58-20	600863
		Initial return		te E Telephone number	
	- 🗀	Termin- ated	Specific 2765 BETHANY BEND	770-	754-5738
		Amended	City or town, state or country, and ZIP + 4	G Gross receipts \$	11,826,004.
	L	Applica- tion pending	ALPHARETTA, GA 30004	H(a) Is this a group re	
		pending	F Name and address of principal officer:C . DAVID RHODES III	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates incl	
	1.7	ax-exem	ipt status. ▼ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		list. (see instructions)
			WWW.KINGSRIDGECS.ORG Transparation X Corporation Trust Association Other ► Lye	H(c) Group exemption	number State of legal domicile GA
			rganization X Corporation Trust Association Other ► L Ye	ar of formation 2001 M	i State of legal domicile GA
			refly describe the organization's mission or most significant activities: PROVIDES	A COLLEGE PRI	EPATORY
	JCe	E	DUCATION TO CHILDREN FROM KINDERGARTEN THROU	IGH 12TH GRADI	E
	naı	_	heck this box If the organization discontinued its operations or disposed of mo		
	ove		umber of voting members of the governing body (Part VI, line 1a)	3	14
	Ö		umber of independent voting members of the governing body (Part VI, line 1b)	4	14
	es &		otal number of employees (Part V, line 2a)	5	147
	Viţi.	6 To	otal number of volunteers (estimate if necessary)	6	450
	Activities & Governance	7a To	otal gross unrelated business revenue from Part VIII, column (OR) te (DEIVED	7a	0.
	_	b Ne	et unrelated business taxable income from Form 990-T, Ine 34	7ь	0.
			entributions and grants (Part VIII, line 1h)	Prior Year	Current Year
40	e		on the state of the trin, into the	735,504.	2,254,233.
	Revenue				9,349,616.
	Re		vestment income (Part VIII, column (A), lines 3, 4, and 79) OGDEN, UT	9,880. 92,637.	1,394. 88,493.
2			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,734,223.	11,693,736.
SCANNED			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)	141,970.	390,950.
			enefits paid to or for members (Part IX, column (A), line 4)	111/5/00	3307330.
NUC	Ş		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,787,443.	5,938,286.
<i>∠</i>	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		· · · · · · · · · · · · · · · · · · ·
69	cbe		otal fundraising expenses (Part IX, column (D), line 25) > 307,320.		
	Ü	17 01	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,090,724.	5,298,852.
2011		18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,020,137.	11,628,088.
-		19 Re	evenue less expenses. Subtract line 18 from line 12	<1,285,914.	> 65,648.
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
	sset	20 To	otal assets (Part X, line 16)	36,829,148.	-37 ,512,332.
	et A		otal liabilities (Part X, line 26)	25,477,838.	26,728,906.
			et assets or fund balances. Subtract line 21 from line 20	11,351,310.	10,783,426.
	100		Signature Block Index penalties of partury. I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my knowledge	e and belief, it is true, correct.
		a	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge	,
	Sign	, I	(Harl & Redes TIT	5/14/1	/
	Her		Signature of fficer	Date	
			C. DAVID RHODES III, HEADMASTER		
			Type or print name and title		
	Paid		Toparol 3		r's identifying number tructions)
	_	S Carorie	ignature Value 7. 10000 5.15.11	employed 🕨 🔛 📗	
	•	Only y	ours if OONED AND ROLL	EIN ►	
		s a	elf-employed), and PIEDMONT CTR, STE 100	a. • /	1011262 7022
			ATLANTA, GA 30305	Phone no	$\frac{404)262-7920}{X}$ Yes \square No
	May	the IHS	discuss this return with the preparer shown above? (see instructions)		LA_I Tes LI No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Page 3

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863 Form 990 (2009) (FORMERLY FR Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)? 1		•		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage and interest political campaign activities on behalf of or in opposition to candidates for public office? **Pres**, complete Schedule C, Part II I Section 501(c)(4), 501(c)(4), 501(c)), and 501(c)(4), and 501(c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), and 501 (c)(8) organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), and 501 (c)(8) organizations, is the organization subject to the section 8033(e) notice and reporting requirement and proxy tax III "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instance land areas, or historic stricutures? If "Yes," complete Schedule D, Part III Did the organization receive an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for fall, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part XII. Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part XII. Did the organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part XII. Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XII. Did the organization obtain separa		If "Yes," complete Schedule A	1		
section 501(e)(3) organizations. Dot the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(e)(4), 501(e)(6), and 501(e)(6) organizations. Is the organization subject to the section 8033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Did the organization manism any donor adversed funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization manism cubiscions of works of art, instoncial treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part VII Did the organization report an amount for the following questions "Yes"? If so, complete Schedule D, Part VI, VIII, IX, or X as applicable Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII Did the organization report an amount for the 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 X Did the organization is separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the org	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
Section \$01(p(l3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedulc C, Part II Section \$01(p(l), \$01(p(l)), and \$01(p(l)) organizations. Is the organization subject to the section \$03(p(l)) notice and reporting requirement and procy tax? If "Yes," complete Schedulc C, Part III by the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedulc D, Part III by the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedulc D, Part III by the organization maintain ucilisctions of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedulc D, Part IV by the organization interest in the part X, inc. 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV by the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. by the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. by the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XII. by the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XII. by the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part XII. by the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X. by the organization separate or consolidated, independent audited financial statements for the tax year? If "Yes," com	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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exporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land raisea, or historic structures? If "Yes," complete Schedule D, Part III Cid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for leafled organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VIII, IX, or X as applicable Did the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities 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. 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 X. 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 X. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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The definition of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custosation for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part VI Did the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other liabilities 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. Did the organization organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, X. Did the organization have aggregate revenues or expenses of more	6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 3 Did the organization manifer in the properties of the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, and disease in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V, or as applicable. 11 Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 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 VIII. 14 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 VIII. 15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, V. 16 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activates outside the United States? If "Yes," complete Schedule F, Part II 17 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and programs service activates outside the United States? If		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
E Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endoments? If "Yes," complete Schedule D, Part VI 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 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. 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 18 If "Yes," complete Schedule D, Part VIII. 15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 17 Did the organization and in a section 170(b)(I)(A)(I) If "Yes," complete Schedule E, Part II 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of organization assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 18 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V II is the organization services? If "Yes," complete Schedule D, Part V, II, VIII, IX, or X as applicable Did the organization server to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 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 VIII. Did the organization report an amount for other assets 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. 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. Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization is liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII. A X 112		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization decity or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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. Did the organization report an amount for other liabilities 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 X. Did the organization is bablity for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXII, and XIII. Did the organization in an office, employees, or agents outside of the United States? If "Yes," complete Schedule E, Part II Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report anotal states? If "Yes," complete Schedule F, Part II Did the organization re	ខ	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Ì	Ì
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19				
		•			
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_	000 /	<u> </u>

Form 990 (2009) (FORMERLY FREEMANY Part IV Checklist of Required Schedules (continued)

B 944	of the Chieckinst of Nequired Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Х	
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	02	х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	х	
b		24b		Х
	Did the organization mivest any proceeds of tax exempt borids beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			***************************************
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	1		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?	١		v
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
20	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3/		- 22
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2009)

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	2							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	147							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	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.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited								
	Tax Shelter Transaction?	5c	ļ						
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity	t							
	any contributions that were not tax deductible?	6a	ļ	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b	ļ	ļ					
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			l					
	provided to the payor?	7a	ļ	X					
	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	ļ	X					
	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			v					
	benefit contract?	7e		X					
Ţ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	X					
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	X					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	<u> </u>					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holding	ì							
	at any time during the year?	8	İ	1					
9	Sponsoring organizations maintaining donor advised funds.	-	 	 					
a	Did the organization make any taxable distributions under section 4966?	9a		1					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	†	\vdash					
10	Section 501(c)(7) organizations. Enter:		-	 					
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	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		-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
		Forr	. 000	(2009)					

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

58-2600863

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						T	
		1.1		1.4		Yes	No	
	Enter the number of voting members of the governing body	1a		14				
_	Enter the number of voting members that are independent	1b		14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other		_		v	
_	officer, director, trustee, or key employee?			-	2		X	
_ 3 	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision	-	_			
	of officers, directors or trustees, or key employees to a management company or other person?	000		}-	3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo		was filed?	}-	4		X	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?		-	5		X	
6	Does the organization have members or stockholders?		- 4 A L -	-	6	-		
/a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers o	or the	ļ	7-		 X	
	governing body?	2		-	7a 7b		X	
_	 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 3 Did the organization contemporaneously document the meetings held or written actions undertaken during the year 							
8	·	i during t	ne year					
_	by the following: The generaling body?					X	ĺ	
	The governing body?			}	8a 8b	$\frac{x}{x}$		
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	aabad at	•ha	-	00	Λ		
9		acneu at	me		9		x	
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal F	Pavanua	Codo)					
<u> Jec</u>	uon B. Foncies (This Section B requests information about policies not required by the internal r	16Veriue	Code.)		-	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?			Г	10a	163	X	
	If "Yes," does the organization have written policies and procedures governing the activities of such	chanter	e affiliatee	h	100			
•	and branches to ensure their operations are consistent with those of the organization?	chapter	s, armates,		10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing the	form?		11	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiiig tiic	1011111	-	•••••			
	a Does the organization have a written conflict of interest policy? If "No," go to line 13						1	
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					<u> </u>	\vdash	
•	to conflicts?	ola givo	1100		12ь	Х	1	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes." d	escribe	F			<u> </u>	
_	In Schedule O how this is done				12c	Х	ĺ	
13	Does the organization have a written whistleblower policy?			F	13	Х	\Box	
14	Does the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by ind	ependent	ľ				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•					
а	The organization's CEO, Executive Director, or top management official				15a	Х		
	Other officers or key employees of the organization				15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	ha					
	taxable entity during the year?			Ĺ	16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate its	participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızatıo	n's					
	exempt status with respect to such arrangements?				16b			
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶GA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)	(3)s only) avail	able f	or			
	public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict c	f interest polic	y, and	d fina	ncıal		
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books a	and reco	ds of the orga	ınızatı	on: 🕨	·		
	MR. GUY PRICE - 770-754-5738							
	2765 BETHANY BEND, ALPHARETTA, GA 30004							

Form 990 (2009)

Form 990 (2009) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustae or director	Officer Key employee Employee Employee Former Institutional fusite Institutional fusitational fusite Institutional fusite Institutional fusite Institutional fusite Institutional fusite Institutional fusite In		Ė	from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
DARREN DEVORE	4 00	,,						^			
DIRECTOR	4.00	X				ļ		0.	0.	0.	
ANNE MARIE CARLISI, PH.D. DIRECTOR	4.00	х						0.	0.	0.	
WILLIAM E. CARPENTER						Ī		_	_	_	
DIRECTOR	4.00	X			<u> </u>	ļ		0.	0.	0.	
PENN HODGE											
DIRECTOR	4.00	X	_			ļ	_	0.	0.	0.	
MICHAEL C. KENDRICK									_	_	
DIRECTOR	4.00	X	<u> </u>		_	<u> </u>	_	0.	0.	0.	
LESLIE M. KURTZ								_	_	_	
DIRECTOR	4.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.	
PHILIP J. MAZZILLI							1		_	_	
TREASURER	4.00	X		Х		_	<u> </u>	0.	0.	0.	
BARBARA MCGRAW											
DIRECTOR	4.00	X	<u> </u>		_	_	ļ	0.	0.	0.	
C. DAVID RHODES, III			i	l				061 045			
HEADMASTER	64.00	X	_	X		<u> </u>	<u> </u>	261,945.	0.	22,031.	
JOHN A. SMOLTZ	4 00		1		ļ						
CHAIRMAN	4.00	X	<u> </u>	X	<u> </u>	ऻ_	Ļ _	0.	0.	0.	
CHRIS WINKLE	4 00	١.,									
DIRECTOR	4.00	X	-	-	-	<u> </u>	1	0.	0.	0.	
LORETTA Y. WALKER	1 4 00	1,7								_	
DIRECTOR	4.00	X	-	-		-	-	0.	0.	0.	
BETSY C. WELCH	4 00	J	ļ				ŀ	0.	0.	_	
DIRECTOR	4.00	X	-	_	├	-	├	0.	0.	0.	
RICHARD C. WERNICK	4.00	X						0.	0.	0.	
DIRECTOR	+ +.00	₽	├	\vdash	 -	\vdash	-	1		<u> </u>	
BILLY HASTY	4.00	X			1			0.	0.	0.	
DIRECTOR	4.00	^	\vdash	 	\vdash	+	\vdash	 	<u> </u>		
GUY PRICE CFO	60.00			X				124,739.	0.	29.	
								124,700.		27.	

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

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- 2	συ	vc	o	J	Page o

Pa	VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)			
	· (A)	(B)			(0	C))		(D)	(E)		(F)	
	Name and title	Average	ì		Pos				Reportable	Reportable	Es	stimate	ed
		hours	(c	heck	(all	that	арр	ly)	compensation	compensation	ar	nount	
		per week	acto						from the	from related organizations	COM	other pensa	
		Week	5	R			Sated		organization	(W-2/1099-MISC)	1	rom th	
			SE PE	122		B	Gens		(W-2/1099-MISC)	,,	I	janizat	
			Individual trustae or director	Institutional trustee	_	Key employee	3 30	<u> </u>			ı	d relat	
_			<u>ğ</u> .	- <u>f</u>	₹	- Ke	Highest compens employee	- Ē			orga	anızatı	ons-
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				-	 	 						1	
					<u> </u>	<u></u>	Ļ	L	206 604			<u> </u>	
	Total						<u> </u>		386,684.	0.	2	2,0	60.
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed al	DOV	e) wh	no re	eceived more than \$100	,000 in reportable			2
	compensation from the organization									<u> </u>		Yes	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v em	יסומי	vee.	or h	ighest compensated en	nolovee on	[103	110
	line 1a? If "Yes," complete Schedule J for si			,	,	,6.0	,,	O	ngmoot compensated of	npioyoc on	3	•	Х
4	For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	ation	and	d oth	ner compensation from	the organization			
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4	Х	
5	Did any person listed on line 1a receive or a				rom	any	unr	elate	ed organization for serv	ices rendered to			
	the organization? If "Yes," complete Schede	ule J for such	pers	on							5	<u> </u>	X
Sec	tion B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD OF GEORGIA	MEDICAL INSURANCE	
P.O. BOX 100376, ATLANTA, GA 30384	SERVICES	463,330.
SAGE DINING SERVICES, INC		· · · · · · · · · · · · · · · · · · ·
222 BOSLEY AVE, STE B7, TOWSON, MD 21204	FOOD SERVICES	452,399.
SAWNEE EMC		
P.O. BOX 100002, CUMMING, GA 30028	ELECTRICITY SERVICE	197,466.
MAINTENANCE SERVICES OF GEORGIA		
661 LIBERTY HILL RD., CANTON, GA 30115	MAINTENANCE	166,480.
EQUIP-IT, LLC		
3908 GUERNEVILLE ROAD, SANTA ROSA, CA 954	01EQUIPMENT	113,245.
2 Total number of independent contractors (including but not limited to those	isted above) who received more than	
\$100,000 in compensation from the organization > 5		
		Farry 000 (00

Form **990** (2009)

Form	<u> 99</u>	0 (2			EMANVILL	E CHRISTIA	N SCHOOL)	58-2600	863 Page 9
Pa	nt \	/111	Statement of Reve	nue					
	`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, grfts, gran similar amounts not included abo Noncash contributions included in lines	nts, and ove 1f 2,	254,233.				
Program Service Revenue	2	a b c d e f	FINE ARTS INCOMAFTER SCHOOL CA	E COME ME ARE	Business Code 611710 611710 611710 611710 611710 900099		253,701. 97,798. 76,263. 70,329.		
	3 4 5		Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties	x-exempt bond p	est, and proceeds	1,394.			1,394.
		d	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(ii) Personal				
e	8	c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	ng events (not	>				
Other Revenue	•	c	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a 1c). See a b draising events	121,525. 67,310.	54,215.			54,215.
		b c	Gross income from gaming and Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	a b ning activities	64 050	34,278.			34,278.
-		b	and allowances Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	a b es of inventory					
	11	b c d	All other revenue Total. Add lines 11a-11d		•				
93200 02-04	12 9 -10	-	Total revenue. See instructions		>	11693736.	9,349,616.	0.	89,887. Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	200 050	200 050		
	the U.S. See Part IV, line 22	390,950.	390,950.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			······································	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 202	70 252	100 625	140 505
	trustees, and key employees	409,392.	70,252.	198,635.	140,505.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 602 062	4 250 241	224,265.	108,357.
7	Other salaries and wages	4,682,863.	4,350,241.	224,200.	100,337.
8	Pension plan contributions (include section 401(k)	01 402	57 604	12 512	10 266
_	and section 403(b) employer contributions)	81,482. 407,981.	57,604. 332,808.	13,512.	10,366.
9	Other employee benefits				1,194. 15,444.
10	Payroll taxes	356,568.	309,493.	31,631.	15,444.
11	Fees for services (non-employees):				
a	Management	58,485.	52,636.	4,679.	1 170
b	Legal	25,250.	22,725.	2,020.	1,170. 505.
C	Accounting	25,250.	22,725.	2,020.	505.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			·	
f	Investment management fees	16,642.	11,799.	2,048.	2,795.
9	Other	33,940.	6,489.	27,451.	2,193.
12	Advertising and promotion	215,940.	191,276.	9,722.	14,942.
13	Office expenses	103,826.	102,813.	1,013.	17,372.
14	Information technology	103,020.	102,013.	1,013.	
15	Royalties				
16	Occupancy	17,603.	12,589.	3,651.	1,363.
17	Travel	17,003.	12,505.	3,031.	1,303.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	223.			223.
19	Conferences, conventions, and meetings	1,024,536.	1,014,291.	10,245.	225
20	Interest	1,024,550.	1,014,271.	10,243.	
21	Payments to affiliates	1,742,307.	1,724,884.	17,423.	
22	Depreciation, depletion, and amortization	88,116.	79,305.	7,049.	1,762.
23	Insurance	00,110.	131303.	7,033.	1,702.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			***************************************	
_	expenses shown on line 25 below) DINING SERVICES	532,571.	527,245.	5,326.	
a	REPAIRS AND MAINTENANCE	393,470.	389,565.	3,905.	
b	UTILITIES UTILITIES	219,052.	216,861.	2,191.	
4	PARENT CLUB	180,641.	180,641.	2/1710	
d	ATHLETIC ASSOCIATION	156,967.	156,967.		
e f	All other expenses	489,283.	467,473.	13,116.	8,694.
25	Total functional expenses. Add lines 1 through 24f	11,628,088.	10,668,907.	651,861.	307,320.
<u>25</u> 26	Joint costs. Check here If following			002,002.	227,020.
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	0.02.04.10		**	-	Form 990 (2009)

932010 02-04-10

58-2600863 Page 11

Form 990 (2009)

Part X Balance Sheet (A) Beginning of year End of year 544,981. 172,842. 1 Cash - non-interest-bearing 1,024,186. 2,125,558. 2 2 Savings and temporary cash investments 307,338. 1,571,663. 3 3 Pledges and grants receivable, net 178,612. 264,167. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net **Assets** Inventories for sale or use 8 81,098. 44,130. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 37,528,987. 10a basis. Complete Part VI of Schedule D 4,505,615. 34,343,846. 10b 10c 33,023,372. **b** Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 349,087. 310,600. 15 15 Other assets. See Part IV, line 11 37,512,332. 36,829,148. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,494,606. 3,232,746. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 4,983,232. 5,316,160. 19 Deferred revenue 19 17,000,000. 17,000,000. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 1,180,000. 1,000,000. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25,477,838. 26,728,906. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 11,121,399. 229,911. 27 9,553,063. 27 Unrestricted net assets 1,230,363. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 11,351,310. 10,783,426. 33 Total net assets or fund balances 33

37,512,332. Form **990** (2009)

Total liabilities and net assets/fund balances

36,829,148.

34

Form 990 (2009)	(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-	-2600863	Pa	ge 12
Part XI Financi	ial Statements and Reporting			
			Yes	No
1 Accounting met	thod used to prepare the Form 990: Cash X Accrual Other			
· · · · · · · · · · · · · · · · · · ·	ion changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
	ization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organi	ization's financial statements audited by an independent accountant?	2b	Х	
c If "Yes" to line 2	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	.,		
review, or comp	pilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization	ion changed either its oversight process or selection process during the tax year, explain in Schedule C	o.		
d If "Yes" to line 2	2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
consolidated ba	asis, separate basis, or both:			
X Separate	basis Consolidated basis Both consolidated and separate basis			
3a As a result of a f	federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	ıdıt		
Act and OMB C	Dircular A-133?	3a		X
b If "Yes," did the	e organization undergo the required audit or audits? If the organization did not undergo the required au	dit		
or audita, avalai	in why in Schodula O and decarbo any stone taken to undergo such guidte	26	1	1

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

KING'S RIDGE CHRISTIAN SCHOOL, INC.

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58–2600863

Pε	ırt I	Reason	for Public Char	ity Status (All organia	zations mu	st complet	te this part	:.) See inst	tructions.					
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	\mathbf{X}	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.)									
3		A hospital or	a cooperative hospit	tal service organization	described	ın section	170(b)(1)((A)(iii).						
4		A medical res	search organization o	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's nan	ne,		
		city, and stat	e:	,										
5		An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in			
		section 170	(b)(1)(A)(iv). (Comple	ele Parl II.)										
6		A federal, sta	ate, or local governme	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).						
7		An organizati	on that normally rec	erves a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	oublic described	ın		
		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross receipts	from		
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross invest	tment		
		income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization a	fter June 30, 197	75.		
			509(a)(2). (Complete											
10		An organizati	on organized and or	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	l).					
11		An organizati	on organized and op	perated exclusively for the	he benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one	or		
				ations described in secti										
		describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.							
	a Type I b Type II c Type III - Functionally integrated d Type III						Type III - Other							
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified per foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sec If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III						persons other tha	an							
						section 509(a)(2).								
						II, or Type	e III							
		supporting o	rganization, check th	nis box										
9	ı	Since Augus	t 17, 2006, has the c	organization accepted ai	ny gift or co	ontribution	from any	of the folk	owing pers					
		(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons d	lescribed i	n (II) and (III) below,	Yes	No		
		the gove	erning body of the si	upported organization?							11g(i)			
		(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)			
		(iii) A 35%	controlled entity of a	person described in (i)	or (II) above	97					11g(iii)			
h	1	Provide the f	ollowing information	about the supported or	ganızatıon	(s).								
					gamzanon(e).									
(I) Name of supports		of supported	(ii) EIN	(iv) is the organization (v) Did you notify the (vi) is				(vii) Amount of						
			[` `	(iii) Type of organization (described on lines 1-9		sted in your	organization in col		lorganization in col !		(VII) Amount of support			
				above or IRC section	governing	document?	(i) of your support?		(i) organized in the US?					
				(see instructions))	Yes	No	Yes	Yes No		No				
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Tot	al		<u></u>		1,									

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. 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 IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III Support Schedule for O	rganizations	Described in	Section 509(a	//~/ (Complete only	rif you checked the bo	ox on line 9 of Part
Section A. Public Support	(=) 000=	(h) 0000	(-) 0007	(4) 0000	(6) 0000	(6 T-4-1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
<i>'</i> ' }					<u> </u>	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is_related_to the		 			 	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
					 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					 	
5 The value of services or facilities					1	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				 	<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		ļ				
c Add lines 7a and 7b		1				-
8 Public support (Subtract line 7c from line 6) Section B. Total Support		1	, ,	1		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	/9 Total
9 Amounts from line 6	(a) 2003	(6) 2000	(6) 2007	(u) 2008	(e) 2009	(f) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				-		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					 	
11 Net income from unrelated business				 	 	
activities not included in line 10b,					1	
whether or not the business is regularly carried on						
12 Other income. Do not include gain		 				
or loss from the sale of capital						
assets (Explain in Part IV)					 	
13 Total support (Add lines 9, 10c, 11, and 12) L 14 First five years. If the Form 990 is for	the organization	'e firet eecond thir	d fourth or fifth t	av vear as a secti	on 501(c)/3) organia	ration
check this box and stop here	the organization	s ilist, second, tilli	a, louren, or men a	ax year as a secur	on sor(c)(s) organiz	ation,
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2009 (li			column (fl)		15	
16 Public support percentage from 2008			201011111 (17)		16	
Section D. Computation of Inves					110	
17 Investment income percentage for 200					17	
			16 13, COMMIT (1))		18	
•			on line 14 and had	a 15 is more than		
19a 33 1/3% support tests - 2009. If the						r is not ▶□
more than 33 1/3%, check this box an	-	•				▶ L
b 33 1/3% support tests - 2008. If the	-					a.i∪ ▶ □
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						
20 Private foundation. If the organization		1 hay an lina 44 40	a ar 10h abaal-1	hin hav and :-	etaioticas	P

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

KING'S RIDGE CHRISTIAN SCHOOL, INC.
(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58-2600863

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🟲 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes R Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? Yes In Part XIV, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not 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, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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Schedule D (Form 990) 2009

		LY FREEMAN	_							Page 2
Par	t 期 `Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures,	or Othe	<u>er Simila</u>	ar Asse	ts (contin	nued)
3 .	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a si	gnificant i	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	c	· 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	e	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further tl	he organizat	ion's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina	table:						
_	, , , , , , , , , , , , , , , , , , ,								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d	-		
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV									
	t V Endowment Funds. Complete		swered	"Yes" to Fo	rm 990. Part	IV. line 1	0.			
<u> </u>		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	(a) comone your	(2)	1101 7041	107 700	- July	10/ 111100 /		107.001	70010 0001
.u	Contributions				• · · · · · · · · · · · · · · · · · · ·	`		! 1,!!+	[
•	Net investment earnings, gains, and losses				······			~~~~~	 	
d	Grants or scholarships		·-		 			*************	· · · · · · · · · · · · · · · · · · ·	
	Other expenditures for facilities								 	······
е	and programs									
f	Administrative expenses		 	•			·····		 	***************************************
-	End of year balance						**********	************	 	
9 2	Provide the estimated percentage of the year	r and balance hold :			I	<u>-</u>		••••••	<u> </u>	
	Board designated or quasi-endowment	ir eno balance nelo a	15. %							
a	Permanent endowment	 %	— ⁷⁰							
b										
2-		.**	ation the	at ara hald a	- d - administr					
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are nelo a	no aoministi	ered for tr	ne organiz	ation	Γ.	Yes No
	by:									Tes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	- 1:-4	Caba	dula Do					3a(ii)	
	If "Yes" to 3a(ii), are the related organization: Describe in Part XIV the intended uses of the								3b	
Do.	t VI Investments - Land, Building				Part Y line	10				
[F 43									(d) Deals	
	Description of investment	(a) Cost or o		1 ' '	or other (other)	l ''.	ccumulate preciation	eu	(d) Book	value
1a	Land			14,04	9,775.			1	4,049	775.
	Buildings				4,093.	2,3	314,8			,237.
	Leasehold improvements	<u> </u>	•			·	·			
	Equipment			5,04	5,119.	2,	190,7	59.	2,854	,360.
	Other			1	-		•		-	
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10(c).)			▶ 3	3,023	3,372.

KING'S RIDGE CHRISTIAN SCHOOL, INC.

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863 Page 3

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value Financial derivatives Closely-held equity interests Closely-held equity interests Cloter Total. (Col (b) must equal Form 990, Part X, col (8) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Book value (d) Book value (e) B	
Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book (b) Book Total. (Col (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col (B) line 15.)	
Other	
Total. (Col (b) must equal Form 990, Part X, col (8) line 12) Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (8) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (6) line 15) Part X Other Liabilities. See Form 990, Part X, line 25.	
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Part Viii Investments - Program Related. See Form 990, Part X, line 13.	
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Part Viii Investments - Program Related. See Form 990, Part X, line 13.	
Part Viii Investments - Program Related. See Form 990, Part X, line 13.	
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Part X Other Liabilities. See Form 990, Part X, line 25.	
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Part X Other Liabilities. See Form 990, Part X, line 25.	
Part X Other Liabilities. See Form 990, Part X, line 25.	
Part X Other Liabilities. See Form 990, Part X, line 25.	
Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Department of liability (b) Amount	

Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863 Page 4 Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 11,693,736. 1 . Total revenue (Form 990, Part VIII, column (A), line 12) 11,628,088. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 65,648. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses Prior period adjustments 7 <633,532. 8 Other (Describe in Part XIV.) <633,532.> 9 Total adjustments (net). Add lines 4 through 8 <567,884.> 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 11,192,472. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2ь b Donated services and use of facilities c Recoveries of prior year grants 2c <501,264. 2d d Other (Describe in Part XIV.) <501,264.> e Add lines 2a through 2d 11,693,736. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 11,760,356. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 132,268. d Other (Describe in Part XIV.) 2d 132,268.e Add lines 2a through 2d 11,628,088. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2 X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF SPECIAL EVENTS: 67310. UNREALIZED LOSS ON INTEREST RATE SWAP: -633532. COST OF GAMING EVENTS: 64958.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS: 67310.

Schedule D (Form 990) 2009

Part XIV Su	1pple	menta	al Info	rmatic	n (contii	nued)					
COST OF	GAN	ING	EVEN	ITS:	6495	8.					
				•							
JNREALIZ	ED	LOSS	ON	INTE	REST	RATE	SWAP:	(633,531)			
										-	•
											
		_									
								· · · · · · · · · · · · · · · · · · ·			
											
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						_	,		 		
							 				

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

Open to Buhl

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58-2600863

			TES	NO
1	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?	1	_X	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	ļ
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	ļ		
	if you need more space, use Schedule O (Form 990)	3	X	ļ
	SEE SCHEDULE O			
4	Does the organization maintain the following?		,	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	├
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		v	1
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	4d	X	ļ
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	<u>5a</u>	<u> </u>	X
b		_5b	ļ	X
C	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d	ļ	X
е	Educational policies?	5e	-	X
f	Use of facilities?	<u>5f</u>		X
_	Athletic programs?	5g	-	X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of			
	Pay Prog. 75-50 1075-2 C.R. 597 governo regist productrimination? If "No." evolute on Schodulo O (Form 900)	 -	X	1

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

Schedule E (Form 990 or 990-EZ) 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

iaming Activities 2009

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

OMB No 1545-0047

Name of the organization

KING'S RIDGE CHRISTIAN SCHOOL, INC.

Employer identification number

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part Viii) or entity in connection with professional fundraising services? ___ Yes ⊥i No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions' No Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

	edu irt			ILLE CHRISTI				
P	IFE :	*Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with	=		t IV, line 18, or reported	more than \$15	,000	
		on Form 990-62, line oa. List events with	(a) Event #1	(b) Event #2	(c) Other events	(d) Total e		
			FUN RUN	GOLF (event type)	(total number)	col. (c))	
en e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	79,715.	41,810.		121	,525.	
	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	79,715.	41,810.		121	,525.	
-	4	Cash prizes						
S	5	Noncash prizes					<u> </u>	
Direct Expenses	6	Rent/facility costs		30,335.		30	,335.	
Direct	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	35,431.	1,544.		36	,975.	
	10	Direct expense summary. Add lines 4 through	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	>	(67	,310,	
	11	Net income summary. Combine line 3, colum	• •		•	54	,215.	
P	irt l			990, Part IV, line 19, or i	reported more than	•		
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gam col (a) through		
	1	Gross revenue			99,236.	99	,236.	
ses	2	Cash prizes			25,000.	25	,000.	
Expenses	3	Noncash prizes			38,046.	38	,046.	
Direct	4	Rent/facility costs				-		
	5	Other direct expenses			1,912.	1	,912.	
	Ť		Yes %	Yes %	Yes %		<u> </u>	
	6	Volunteer labor	No No	□ No	X No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Combine line 1	I, column (d), and line 7		<u> </u>		,278.	
	_					['es No	
	ls t	ter the state(s) in which the organization opera he organization licensed to operate gaming ac No," explain:		states?		9a	X	
	_							
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended or te	erminated during the tax	year?	10a	Х	
	_							
11 12		es the organization operate gaming activities view organization a grantor, beneficiary or truste		r of a partnership or othe	r entity formed to	11	X	

administer charitable gaming?

13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a	a	x
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	a	X
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	а	X
Name ►	ia	X
Address ►	a	X
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 1. b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 2. c If "Yes," enter name and address of the third party: Name ▶	a	X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶	ia	X
of gaming revenue retained by the third party ▶\$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶		
© if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶	***************************************	
Name ► Address ► Gaming manager information: Name ►		
Address Gaming manager information: Name		
16 Gaming manager information: Name ▶		1
Name ►		
Gaming manager compensation ▶ \$		
Description of services provided ▶		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	a L	X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE				Con otocy.	Other Accietance	Grante and Other Accietance to Organizations		- - -	OMB No	OMB No 1545-0047
(Form 990)	<u> </u>			Governments	s, and Individuals	Governments, and Individuals in the United States	ies		20(900
Department o internal Rever	Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.	n answered "Yes" on Fo ➤ Attach to Form 990.	on Form 990, Par m 990.	t IV, line 21 or 22.		Open	Open to Public Inspection
Name of ti	Name of the organization	KING'S RIDGE CHRISTIAN (FORMERLY FREEMANVILLE	DGE CHRISTIAN FREEMANVILLE	TIAN SCHOOL, IN	INC.	L)			Employer identification number 58-2600863	Jentification number 58-2600863
Parti	General Inforn	General Information on Grants and Assistance	nd Assistance	1 1						
1 Doe	s the organization	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		[
crite	ana used to award	criteria used to award the grants or assistance?	tance?		•				X Yes	Ž
2 Des	cribe in Part IV th	ne organization's proc	cedures for montte	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	funds in the United	d States.				
Partil	Grants and Ot	ther Assistance to G	Sovernments and	Organizations in the	United States. C	complete if the orga	anization answered "Yo	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	
	recipient that re	eceived more than \$	5,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	Irt IV and Schedule I-1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed	A
1 (a) 1	Name and address of or government	1 (a) Name and address of organization or government	(p)	(c) iRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ıf grant nce
2 Ente	r total number of	Enter total number of section 501(c)(3) and government organizations	nd government org	janizations					A	
3 Ente	ar total number of	Enter total number of other organizations							^	
LHA For	r Privacy Act and	d Paperwork Reduc	tion Act Notice,	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.				Schedule I (Form 990) 2009	rm 990) 2009

58-2600863 (Form 990) 2009 (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, In e 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants and Othe

Page 2

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	ce is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND FINANCIAL AID	72	86,457.	304,493.	PMV	
					·
					— ;
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e the information	required in Part I, i	ne 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: PARENT	PARENTS/GUARDIANS	ARE	REQUIRED TO	APPLY FOR	
FINANCIAL AID BY SUBMITTING THE PAI	PARENT'S F	FINANCIAL S'	LATEMENT FO	STATEMENT FORM THROUGH	
THE SCHOOL AND STUDENT SERVICE FOR	FINANCIAL	AL AID (SSS)		OF THE NATIONAL	
ASSOCIATION OF INDEPENDENT SCHOOLS.	. A COPY OF	THE	PARENT'S FIN	FINANCIAL	
STATEMENT FORM, INCOME TAX STATEMENT,	NT, W-2'S	AND A	VER LETTER	COVER LETTER DESCRIBING	
THE SPECIFIC REASONS FOR SEEKING AS	ASSISTANCE	ARE	SUBMITTED TO T	THE SCHOOL'S	
BUSINESS MANAGER. SSS PROVIDES THE	SCHOOL !	SCHOOL AND PARENT THEIR	THEIR ANA	ANALYSIS OF THE	
PARENT'S FINANCIAL STATEMENT ALONG	WITH	THEIR RECOMM	RECOMMENDATION ON	N THE AMOUNT	
THE PARENTS ARE ABLE TO PAY TOWARD	TUITION				
932102 02-02-10		40			Schedule I (Form 990) 2009

THE FINANCIAL AID COMMITTEE REVIEWS THE INFORMATION PROVIDED BY THE PARENTS
AND SSS. EACH APPLICATION IS DISCUSSED AND INITIAL FINANCIAL AID AMOUNTS
ARE DETERMINED. THE COMMITTEE GIVES PRIORITY TO FUNDING HIGH SCHOOL
STUDENTS FINANCIAL AID NEEDS FOLLOWED BY MIDDLE SCHOOL STUDENTS FINANCIAL
AID NEEDS AND FINALLY LOWER SCHOOL STUDENTS FINANCIAL AID NEEDS. THE
COMMITTEE REVIEWS THE INITIAL FINANCIAL AID AMOUNTS AND MAKES MODIFICATIONS
BASED ON TOTAL FUNDING AVAILABLE AND TO ENSURE FINANCIAL AID AMOUNTS ARE
CONSISTENT FOR STUDENTS WITH SIMILAR FINANCIAL SITUATION WITHIN THE SAME
SCHOOL LEVELS. (LOWER SCHOOL, MIDDLE SCHOOL, AND HIGH SCHOOL). THE
COMMITTEE ALSO ENSURES THAT ALL AAAIS (ATLANTA AREA ASSOCIATION OF
INDEPENDENT SCHOOLS) GUIDELINES ARE FOLLOWED.
ALL APPLICANTS ARE NOTIFIED OF THE DECISION OF THE FINANCIAL AID COMMITEE.
ALL APPLICANTS THAT ARE AWARDED FINANCIAL AID ARE GIVEN TWO WEEKS TO ACCEPT
OR REJECT THE OFFER. UPON ACCEPTANCE BY THE APPLICANT, THE FINANCIAL AID
AWARD IS COMMUNICATED TO THE SCHOOL ACCOUNTANT WHO ENSURES THE FINANCIAL
AID IS APPLIED TO THE APPLICANTS ACCOUNT.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

OMB No 1545-0047

Öpen to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990. See separate instructions.

KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58-2600863

P	art I Questions Regarding Compensation		,	
		p	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form.990,	~ ~ .	-	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	,		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	,		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		<u> </u>	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.	1 !		
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		į	
а	Receive a severance payment or change-of-control payment?	4a	ĺ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VIII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	0	Q	(3)	6
				-	Retirement and	Nontaxaʻole	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(D)	reported in prior Form 990 or
								73-086 HJ0-
	Ξ	225,94		36,000.	16,000.	6,031.	283,976.	0
C. DAVID RHODES, III	(E)	0	0	0	0.	0	0	0.
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Schedule J (Form 990) 2009

Employer identification number OMB No 1545-0047 2009 Open to Public Inspection 58-2600863 (g) Defeased Yes ŝ × Yes ŝ 17000000. PF ACQUISITION AND FINANCED THE COST (f) Description of purpose ٥ Yes Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions. ŝ O C SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS Yes (e) Issue price ŝ 8 8 CHRISTIAN SCHOOL) (d) Date Issued 05/04/06 Yes KING'S RIDGE CHRISTIAN SCHOOL, INC. 17,000,000. ŝ × × (c) CUSIP # NONE Yes × FORMERLY FREEMANVILLE 56-0939887 (b) Issuer EIN Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? Capital expenditures from proceeds Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Total proceeds of Issue Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K A BB&T Issne (Form 990) Part II Parti 6 9 7 ო 4 Ŋ N 8 ပ 9 42 ш F

ш

(h) On behalf

of issuer

ŝ

Yes

×

Schedule K (Form 990) 2009

932121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for For H 990.

Are there any lease arrangements with respect to the financed

Q

property which may result in private business use?

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Yes

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Yes

å

Yes

Was the organization a partner in a partnership, or a member

of an LLC, which owned property financed by tax-exempt

×

×

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(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Page 2 Schedule K (Form 990) 2009 8 % % ŝ ž Yes Yes % ፠ 8 ŝ ŝ ۵ Yes Yes 58-2600863 % % 8 ĝ ŝ C O Yes Yes ፠ % % ŝ ŝ Yes Yes 10.0000000 % % % 2 × ž × × × × × × Yes Yes × × BB&T business use as a result of unrelated trade or business activity d Was the regulatory safe harbor for establishing the fair market to the financed property which may result in private business 3a Are there any management or service contracts with respect financed property which may result in private business use? other outside counsel to review any management or service Enter the percentage of financed property used in a private Enter the percentage of financed property used in a private Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect contracts or research agreements relating to the financed Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its 3a Has the organization or the governmental issuer identified carried on by your organization, another section 501(c)(3) a hedge with respect to the bond issue on its books and Does the organization routinely engage bond counsel or Were any gross proceeds invested beyond an available b Are there any research agreements with respect to the 6 Did the bond issue qualify for an exception to rebate? business use by entities other than a section 501(c)(3) organization, or a state or local government organization or a state or local government 4a Were gross proceeds invested in a GIC? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? tax-exempt bond liabilities? value of the GIC satisfied? Schedule K (Form 990) 2009 Total of lines 4 and 5 to the bond issue? temporary period? b Name of provider b Name of provider Part IV Arbitrage c Term of hedge c Term of GIC property? records? o 7 5 Ŋ စ 4

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

(c)

Revenues reported on

Form 990, Part VIII, line 1g

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Types of Property

Part I

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

(b)

Number of

contributions-

Inspection

Name of the organization KING'S RIDGE CHRISTIAN SCHOOL, INC.

(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

(a)

Check if

applicable-

Employer identification number 58-2600863

(d)

Method of determining

revenues

			1						
1	Art - Works of art								
2	Art - Historical treasures		-						
3	Art - Fractional interests					-			
4	Books and publications	ļ	 						
5	Clothing and household goods		ļ						
6	Cars and other vehicles	ļ							
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded				· · · · · · · · · · · · · · · · · · ·				
10	Securities · Closely held stock								
11	Securities · Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	1	1,000,	000.	FMV			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy							•	
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			<u> </u>					
25	Other ()								
26	Other () Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82				29				
	,	,						Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rec	oorted in Part I, line	es 1.28 th	at it must hold for			
	at least three years from the date of the initial								
	the entire holding period?		,				30a	[X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	rd contrib	utions?	31	X	
	Does the organization hire or use third parties						<u> </u>		
	contributions?		garnzanono to con	o, p. 00000, 0. 00.			32a		X
ь	If "Yes," describe in Part II.						<u> </u>		- -
33	If the organization did not report revenues in o	column (c) fo	r a type of property	y for which column	(a) is cha	ecked			
	describe in Part II.		1/PO 51 P10PO(1)	, .5	. ,4, 15 0116				
LHA	For Privacy Act and Paperwork Reduction	Act Notice	see the Instructi	ons for Form 990	· · · · · · · · · · · · · · · · · · ·	Schedule	M (Ear-	n 000	2000
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

KING'S RIDGE CHRISTIAN SCHOOL, INC.
(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58-2600863

FORM 990, PART VI, SECTION B, LINE 11: AFTER A DRAFT VERSION OF THE FORM
990 HAS BEEN PREPARED, THE DRAFT IS SENT TO THE FINANCE COMMITTEE MEMBERS
AND BOARD OF DIRECTORS. MEMBERS AND DIRECTORS DISCUSS ANY ISSUES OR
CONCERNS THAT THEY MAY HAVE WITH THE DRAFT FORM 990. ONCE APPROVED, THE
PREPARER IS NOTIFIED AND AUTHORIZED TO PREPARE THE FINAL VERSION OF THE
FORM 990. THE FINAL FORM 990 IS SIGNED BY AN OFFICER AND FILED WITH THE
IRS.

FORM 990, PART VI, SECTION B, LINE 12C: UPON HIRING A KEY EMPLOYEE OR

ELECTION OF A PERSON AS A MEMBER OF THE BOARD, THE ORGANIZATION'S CONFLICT

OF INTEREST POLICY MUST BE SIGNED ACKNOWLEDGING THAT NO CONFLICTS OF

INTEREST EXIST. ANNUALLY, KEY EMPLOYEES AND BOARD MEMBERS REAFFIRM THAT NO

CONFLICTS OF INTEREST EXIST BY SIGNING AN UPDATE FORM. THE ORGANIZATION

ACTS APPROPRIATELY WHEN A CONFLICT IS IDENTIFIED BY ANY MEMBER OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE HEADMASTER IS
RECOMMENDED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD MEMBERS
ANNUALLY. COMPENSATION FOR OTHER KEY EMPLOYEES OTHERS THAN THE HEADMASTER
IS DETERMINED BY THE HEADMASTER. COMPENSATION OF KEY EMPLOYEES AT OTHER
ORGANIZATIONS OF SIMILAR SIZE AND ACTIVITIES IS USED IN DETERMINING THE
ANNUAL COMPENSATION. PERFORMANCE OF THESE KEY EMPLOYEES IS ALSO CONSIDERED
IN DETERMINING ANNUAL COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2009

932211

92-03-10

SCHEDULE O (Form 990)

Internal Revenue Service

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

KING'S RIDGE CHRISTIAN SCHOOL, INC.
(FORMERLY FREEMANVILLE CHRISTIAN SCHOOL)

Employer identification number 58-2600863

AVAILABLE TO THE PUBLIC UPON REQUEST.
SCHEDULE E, LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
THE NOTICE OF NONDISCRIMATORY POLICY IS PUBLISHED IN THE
ATLANTA JOURNAL AND CONSTITUTION. THE FREEMANVILLE CHRISTIAN
SCHOOL, INC., WHICH OPERATES KING'S RIDGE CHRISTIAN SCHOOL,
ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC
ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY
ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL IT DOES NOT
DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN
ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES,
SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED
PROGRAMS
SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: BB&T
(F) DESCRIPTION OF PURPOSE:
FINANCED THE COST OF ACQUISITION AND CONSTRUCTION AND REPAYMENT OF DEBT

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) File by the extended due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) Number, street, and room or suite no. If a P.O. box, see instructions. 2 765 BETHANY BEND City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
Name of exempt organization Name of exempt organization KING'S RIDGE CHRISTIAN SCHOOL, INC.
Name of exempt organization KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) Number, street, and room or suite no. If a P.O. box, see instructions. 2765 BETHANY BEND City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
Type or print File by the extended due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004 KING'S RIDGE CHRISTIAN SCHOOL, INC. (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) 58-2600863 58-2600863 City, town or post office, state, and ZIP code. For a foreign address, see instructions.
print (FORMERLY FREEMANVILLE CHRISTIAN SCHOOL) Number, street, and room or suite no. If a P.O. box, see instructions. 2765 BETHANY BEND City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
File by the extended due date for filing your return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
extended due date for filing your return See instructions. ALPHARETTA, GA 30004
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALPHARETTA, GA 30004
ALPHAREITA, GA 50004
Enter the Return code for the return that this application is for (file a separate application for each return)
Application Return Application Return
Is For Code Is For Code
Form 990 01 00 Form 1041 A 09
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09
Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10
Form 990-P
Form 990-T (trust other than above) 06 Form 8870 12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
• The books are in the care of MR. GUY PRICE - 2765 BETHANY BEND - ALPHARETTA, GA 30004
Telephone No. ► 770-754-5738 FAX No. ► 770-754-5741
• If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this.
box > If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for.
4 I request an additional 3-month extension of time until MAY 15, 2010 .
5 For calendar year, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
Change in accounting period
7 State in detail why you need the extension
TAXPAYER IS AWAITING ADDITIONAL THIRD PARTY INFORMATION TO PREPARE A
COMPLETE AND ACCURATE RETURN.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
nonrefundable credits. See instructions. 8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0 •
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0.
EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ U • Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,
it is true, correct, and complete, and that I am authorized to prepare this form
Signature ► Title ► CPA
Form 8868 (Rev. 1-2011