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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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 7/1/2011, and ending 6/30/2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization WINDSOR ACADEMY, INC.
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
4150 JONES ROAD
 City or town, state or country, and ZIP + 4
MACON GA 31216-6537

D Employer identification number 58-1088998
E Telephone number (478) 781-1621
G Gross receipts \$ 1,851,013

F Name and address of principal officer
J C CRANFORD 4150 JONES ROAD, MACON, GA 31216
 H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
J Website: WWW.WINDSORACADEMYKNIGHTS.COM
K Form of organization Corporation Trust Association Other ▶
L Year of formation 2007 **M** State of legal domicile GA
H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>EDUCATIONAL SERVICES</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,205
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-19,422	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,641	83,970
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,801,469	1,756,954
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	5
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,336	10,084
	12		1,824,446	1,851,013
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	203,600	340,000
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	980,743	999,196
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11e-24e)	550,135	661,710
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,734,478	2,000,906	
19	Revenue less expenses. Subtract line 18 from line 12	89,968	-149,893	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,004,205	912,450
	22	Net assets or fund balances Subtract line 21 from line 20	862,316	920,454
			141,889	-8,004

820
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 MAY 20 2013
 IRS-OSC
 CODY, UT

Part II Signature Block

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

Sign Here
 Signature of officer: J.C. Cranford
 Date: 5/15/2013
 Type or print name and title: J.C. CRANFORD HEADMASTER

Paid Preparer Use Only
 Print/Type preparer's name: TOMMY THOMPSON, CPA
 Preparer's signature: [Signature]
 Date: 5/15/2013
 Check if self-employed
 PTIN: P00128049
 Firm's name: TOMMY J. THOMPSON, P.C.
 Firm's EIN: 58-1376365
 Firm's address: 328 LOKCHAPEE DRIVE, MACON, GA 31210-4209
 Phone no: (478) 474-4551

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUN 17 2013

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

EDUCATIONAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,851,013 including grants of \$ 0) (Revenue \$ 0)

PROVIDE EDUCATIONAL SERVICES TO APPROXIMATELY 231 STUDENTS IN GRADES KINDERGARTEN THROUGH TWELF GRADES.

4b (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 1,851,013

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 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 credit 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c 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
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2		X
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a	X	
12b		X
13	X	
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13b			
c	Enter the amount of reserves on hand.		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶
WANDA GRUBBS (478) 781-1621
4150 JONES ROAD, MACON, GA 31216-6537

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WALT SCONYERS CHAIRMAN	3.00	X					0	0	0	
(2) CHUCK BROOKS DIRECTOR	3.00	X					0	0	0	
(3) TOMMY BUSBEE DIRECTOR	3.00	X					0	0	0	
(4) RICKY COLEMAN DIRECTOR	3.00	X					0	0	0	
(5) JOHN FILLMORE DIRECTOR	3.00	X					0	0	0	
(6) GARY GILES DIRECTOR	3.00	X					0	0	0	
(7) ANGELA HARDY DIRECTOR	3.00	X					0	0	0	
(8) JOHN MORSE DIRECTOR	3.00	X					0	0	0	
(9) CRAIG O'QUINN DIRECTOR	3.00	X					0	0	0	
(10) DONNIE WEICHE DIRECTOR	3.00	X					0	0	0	
(11) J.C. CRANFORD HEADMASTER	50.00			X	X	X	85,000	0	0	
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							85,000	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							85,000	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	12,582				
	c	Fundraising events	1c	47,888				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,500				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f		83,970				
	Program Service Revenue				Business Code			
2a		TUITION INCOME		1,440,963	144,963			
b		OTHER FEES		63,290	63,290			
c		ATHLETIC INCOME		69,329	69,329			
d		YEARBOOK PUBLICATION	541800	38,512	31,307	7,205		
e		LUNCHROOM FEES		144,860	144,860			
f		All other program service revenue		0				
g		Total. Add lines 2a-2f		1,756,954				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5			5	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses	0	0				
c	Gain or (loss)	0	0					
d	Net gain or (loss)			0				
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a		0				
		b	Less: direct expenses	0				
		c	Net income or (loss) from fundraising events			0		
9a	Gross income from gaming activities. See Part IV, line 19	a		0				
		b	Less: direct expenses	0				
		c	Net income or (loss) from gaming activities			0		
10a	Gross sales of inventory, less returns and allowances	a		0				
		b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue				Business Code				
11a	SCHOOL BUS RECEIPTS			10,084	10,084			
		b			0			
		c			0			
		d	All other revenue			0		
		e	Total. Add lines 11a-11d			10,084		
12	Total revenue. See instructions			1,851,013	463,833	7,205	5	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	340,000	340,000		
5 Compensation of current officers, directors, trustees, and key employees	85,000		85,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	784,223	695,519	88,704	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	63,922	51,150	12,772	
10 Payroll taxes	66,051	52,854	13,197	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	6,871	5,498	1,373	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	1,311	1,311		
12 Advertising and promotion	19,793	19,793		
13 Office expenses	15,152	12,125	3,027	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	221,092	221,092		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	26,459	26,459		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	62,465	62,465	0	0
23 Insurance	24,143	24,143		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	4,327	3,462	865	
b ATHLETIC EXPENSES	97,708	97,708		
c ACADEMIC EXPENSES	41,951	41,951		
d PUBLICATIONS	45,152	45,152		
e All other expenses	95,286	95,286		
25 Total functional expenses. Add lines 1 through 24e	2,000,906	1,795,968	204,938	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	68,474	1	31,508	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	87,056	4	74,824	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,582	9	3,311	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,264,166		
	b	Less accumulated depreciation	10b	1,461,359	10c	802,807
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities. See Part IV, line 11	0	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,004,205	16	912,450		
Liabilities	17	Accounts payable and accrued expenses	183,779	17	194,804	
	18	Grants payable		18		
	19	Deferred revenue	185,779	19	258,852	
	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 of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	492,758	23	466,798	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	862,316	26	920,454	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	141,889	27	-8,004	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	141,889	33	-8,004		
34	Total liabilities and net assets/fund balances	1,004,205	34	912,450		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,851,013
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,000,906
3	Revenue less expenses. Subtract line 2 from line 1	3	-149,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,889
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-8,004

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

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.

Name of the organization

WINDSOR ACADEMY, INC.

Employer identification number

58-1088998

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 00%

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

WINDSOR ACADEMY, INC.

58-1088998

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 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 No
- 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

- If the organization elected, as permitted under SFAS 116 (ASC 958), 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
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
- 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

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
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,851,013
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,000,906
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-149,893
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-149,893

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,851,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,851,013
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)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,851,013

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,000,906
2	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	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,000,906
4	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	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,000,906

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 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 XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

WINDSOR ACADEMY, INC

58-1088998

Part I

- 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?
- 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?
- 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. If you need more space, use Part II
THE ORGANIZATION PUBLICIZES ITS NONDISCRIMINATORY POLICY THROUGH NEWSPAPER AND BROADCAST MEDIA
.....
.....
- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. If you need more space, use Part II.
.....
.....
- 5 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.
.....
.....
- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- 6b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BOOSTER (event type)	(event type)	Text (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	47,888	0	0	47,888
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	47,888	0	0	47,888
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	0	0	0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(0)
11	Net income summary. Combine line 3, column (d), and line 10 ▶				47,888	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

2011

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

WINDSOR ACADEMY, INC

58-1088998

Part I Questions Regarding Compensation

		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		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
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.		
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?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	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:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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:		
a	The organization?		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X
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:		
a	The organization?		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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 VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	J.C. CRANFORD	(i) 85,000 (ii) 0	0 0	0 0	0 0	85,000 0	0 0	
2		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
3		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
4		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
5		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
6		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
7		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
8		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
9		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
10		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
11		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
12		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
13		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
14		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
15		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	
16		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

WINDSOR ACADEMY, INC

Employer identification number

58-1088998

Form 990 Part VI Section B Line 11 THE HEADMASTER REVIEWS THE RETURN, SIGNS IT AND SUBMITS IT
TO THE TAXING AUTHORITIES

Form 990 Part VI Section C Line 19 ALL INFORMATION IS READILY AVAILABLE TO THE GOVERNING
BOARD, ALL OTHER PARTIES NEED TO SUBMIT IN WRITING THE REQUEST TO THE HEADMASTER

Name of the organization

WINDSOR ACADEMY, INC.

Employer identification number

58-1088998

Area with horizontal dashed lines for supplemental information.

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return WINDSOR ACADEMY, INC. Identifying number 58-1088998

Business or activity to which this form relates

All Business Activities

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,630

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	53,584
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,999	5.0	HY	200DB	400
c 7-year property		17,180	7.0	HY	150DB	1,866
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	3,985
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations--see instructions	22	62,465
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information-(Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property used more than 50% in a qualified business use:											
94 Gray	Ford Club	Wagon Van									
	8/24/95	100.00%	11,500	11,500	5.0	150DBHY					
See Schedule		%	59,784	59,784			3,985				
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28	3,985	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Part V: Depreciation of Automobiles and Other Listed Property

Asset	(a) Property Description	(b) Date In Service	(c) Bus Pct	(d) Tax Cost	(e) Tax - Basis for Depr	(f) Tax Period	(g) Tax-Meth Conv	(h) Tax Depr Deduction	(i) Tax Sec 179 Exp
<u>Property Used More than 50%</u>									
264	2008 Ford E350 Van	8/28/08	100.00	19,042	19,042	5.0	150DBHY	1,875	0
265	2008 Ford E350 Van	8/28/08	100 00	17,342	17,342	5 0	150DBHY	1,875	0
266	2003 Dodge Stratus SE	6/21/10	100 00	1,225	1,225	5.0	200DBHY	235	0
263	2000 Blue Chevrolet Express Van	8/24/00	100 00	22,175	22,175	5 0	150DBHY	0	0
				<u>59,784</u>	<u>59,784</u>			<u>3,985</u>	<u>0</u>

Part V - Section B. Information Regarding Use of Vehicles

Asset	Property Description	Business Miles	Commute Miles	Personal Miles	Total Miles	Personal Use	Use by > 5% Owner	Another Veh Use
263	2000 Blue Chevrolet Express Van	0	0	0	0			

Section 168(k) Class Elections

Election not to apply first-year bonus depreciation:

- MACRS 3-yr
- MACRS 5-yr
- MACRS 7-yr
- MACRS 10-yr
- MACRS 15-yr
- MACRS 20-yr
- MACRS 25-yr
- MACRS 27-yr
- MACRS 39-yr
- Computer Software (167)

Tax Asset Detail 7/01/11 - 6/30/12

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: BUILDINGS & IMPROVEMENTS												
45	Elementary School	9/14/70	83,250	0	0	83,250	0	83,250	0	S/L	40 0	
46	50 % Bldg #2 After 1985 Fire	12/01/73	55,000	0	0	51,677	1,375	53,052	1,948	S/L	40 0	
47	Walkway Awnings	6/26/75	4,900	0	0	4,900	0	4,900	0	S/L	20 0	
48	50% 6 Classroom Complex 1985 F	6/17/76	48,250	0	0	42,219	1,206	43,425	4,825	S/L	40 0	
49	Lunchroom Tile	6/17/76	19,500	0	0	1,706	49	1,755	195	S/L	40 0	
50	Paving	1/15/79	19,500	0	0	19,500	0	19,500	0	S/L	20 0	
51	Field Archway	4/03/81	2,500	0	0	2,500	0	2,500	0	S/L	15,0000	
52	6 Toilets & 3 Sinks	8/04/83	4,150	0	0	4,150	0	4,150	0	S/L	15,0000	
53	Gym, Lunchroom & 6 Classroom C	7/25/86	199,726	0	0	199,726	0	199,726	0	PRE	19 0	
54	Main Electrical Cable	3/24/87	8,100	0	0	4,919	203	5,122	2,978	S/L	40 0000	
55	Track	6/30/89	15,200	0	0	15,200	0	15,200	0	150DB	20 0000	
56	Field House	10/15/90	40,000	0	0	20,708	1,000	21,708	18,292	S/L	40 0000	
57	Field Poles and Lights	5/11/92	24,000	0	0	23,465	535	24,000	0	150DB	20 0000	
58	Practice Gym & Science Lab	2/15/93	200,000	0	0	91,875	5,000	96,875	103,125	S/L	40 0000	
59	Cafeteria Enlarged & Walkway Cov	5/16/94	37,000	0	0	15,841	925	16,766	20,234	S/L	40 0000	
60	Concession Stand Roof	6/08/95	850	0	0	717	38	755	95	150DB	20 0000	
61	Announcer's Booth Roof	7/24/95	850	0	0	659	42	701	149	S/L	20 0000	
62	Football Field Bleachers	9/29/95	11,600	0	0	11,600	0	11,600	0	150DB	15 0000	
63	Outfield Fencing	1/29/96	1,777	0	0	1,420	80	1,500	277	150DB	20 0000	
64	Sealcoat & Stripe Side Parking Lot	8/09/96	3,284	0	0	2,478	147	2,625	659	150DB	20 0000	
65	Septic Tank System	9/02/99	14,640	0	0	11,614	865	12,479	2,161	150DB	15 0	
66	Kitchen Ceiling Tile	7/07/00	2,300	0	0	646	59	705	1,395	S/L	39 0	
67	Weight & Dressing Rooms Renovat	7/15/00	21,000	0	0	5,901	538	6,439	14,561	S/L	39 0	
68	Coaches' Offices, Locker Rooms, S	8/04/00	13,600	0	0	3,792	349	4,141	9,459	S/L	39 0	
69	Football Field Concrete Sidewalks	8/17/00	4,650	0	0	3,414	275	3,689	961	150DB	15 0	
70	Football Field Fence	8/17/00	12,212	0	0	8,967	721	9,688	2,524	150DB	15 0	
71	PVC Water Drainage Pipe	8/30/00	1,862	0	0	1,367	110	1,477	385	150DB	15 0	
72	Chain Link & Vinyl Fence	8/30/00	1,600	0	0	1,175	94	1,269	331	150DB	15 0	
73	Tile Locker Rooms, Office, Kitchen	9/01/00	25,185	0	0	6,969	646	7,615	17,570	S/L	39 0	
74	Baseball Fence	9/25/00	6,898	0	0	5,065	407	5,472	1,426	150DB	15 0	
75	Gym Air Conditioning	9/28/00	11,106	0	0	3,073	285	3,358	7,748	S/L	39 0	
76	Landscaping	10/09/00	758	0	0	557	44	601	157	150DB	15 0	
77	Building #2 Plumbing	10/16/00	3,016	0	0	828	77	905	2,111	S/L	39 0	
78	Flooring	10/25/00	42,000	0	0	11,532	1,077	12,609	29,391	S/L	39 0	
79	Architectural Services	12/18/00	4,500	0	0	1,216	116	1,332	3,168	S/L	39 0	
80	Gate & Fencing	2/23/01	2,800	0	0	2,056	165	2,221	579	150DB	15 0	
81	Hall Ceiling Tile Next To Gym	3/06/01	2,450	0	0	647	62	709	1,741	S/L	39 0	
82	Hall Lights	3/06/01	1,250	0	0	330	32	362	888	S/L	39 0	
83	Carpet High School Hall	4/03/01	1,210	0	0	1,210	0	1,210	0	150DB	7 0	
84	Tile High School Hall	4/26/01	3,475	0	0	910	89	999	2,476	S/L	39 0	
85	Football Field Retention Pond	5/01/01	1,470	0	0	1,079	87	1,166	304	150DB	15 0	
86	Steel Lighting Platforms	6/06/01	5,000	0	0	1,287	129	1,416	3,584	S/L	39 0	
87	Classroom Grid & Ceiling Tile	7/19/01	10,500	0	0	2,681	269	2,950	7,550	S/L	39 0	
88	Athletic Field Light Posts	8/09/01	1,425	0	0	962	84	1,046	379	150DB	15 0	
89	Building #1 Renovation	10/31/01	516,824	0	0	128,654	13,252	141,906	374,918	S/L	39 0	
90	Sprinkler System Front of School	11/15/01	1,865	0	0	1,259	110	1,369	496	150DB	15 0	
91	Handicapped Accessible Bathroom	4/11/02	6,800	0	0	1,606	174	1,780	5,020	S/L	39 0	
92	Landscaping	5/08/02	3,088	0	0	2,085	182	2,267	821	150DB	15 0	
93	Memorial	5/17/02	9,675	0	0	6,533	571	7,104	2,571	150DB	15 0	

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr.	Tax Net Book Value	Tax Method	Tax Period	
Group: BUILDINGS & IMPROVEMENTS (continued)												
94	Irrigation Heads	5/23/02	4,425	0	0	2,988	261	3,249	1,176	150DB	150	
95	65 Foot Backstop	8/02/02	3,000	0	0	1,849	177	2,026	974	150DB	150	
96	Dugout Fence & 150' Field Fence	8/02/02	1,800	0	0	1,109	106	1,215	585	150DB	150	
97	Well Pump	6/12/03	2,350	0	0	1,448	139	1,587	763	150DB	150	
98	Baseball Backstop Poles	2/12/04	728	0	0	138	18	156	572	S/L	390	
99	Softball Dugout	2/13/04	4,612	0	0	2,569	273	2,842	1,770	150DB	150	
100	Field Sign	6/30/04	969	0	0	969	0	969	0	150DB	70	
101	Break-Away Sign	11/08/04	825	0	0	774	51	825	0	150DB	70	
102	Fence	1/14/05	2,495	0	0	1,243	147	1,390	1,105	150DB	150	
103	Building Front Sign	2/28/05	897	0	0	842	55	897	0	150DB	70	
104	8' X 8' White Awmings	11/11/05	2,120	0	0	1,730	260	1,990	130	150DB	70	
105	Dug-out Bricks & Mortar	12/12/05	12,518	0	0	5,496	739	6,235	6,283	150DB	150	
106	Football Field Irrigation System	3/24/06	750	0	0	329	45	374	376	150DB	150	
107	Practice Field Irrigation System	3/24/06	3,675	0	0	1,613	217	1,830	1,845	150DB	150	
108	Softball Backstop & Dugout	6/05/06	18,788	0	0	8,249	1,109	9,358	9,430	150DB	150	
109	Weight Room Designs	9/04/06	500	0	0	61	13	74	426	S/L	390	
110	Sewer Tie	11/06/06	5,000	0	0	1,884	311	2,195	2,805	150DB	150	
111	Softball/Baseball Bleachers	11/06/06	10,000	0	0	3,767	623	4,390	5,610	150DB	150	
112	Softball/Baseball Dugouts	11/06/06	15,000	0	0	5,651	935	6,586	8,414	150DB	150	
113	ADT Fire Alarm System	2/20/07	16,072	0	0	11,150	1,969	13,119	2,953	150DB	70	
114	Fencing for Girls' Softball Field	6/04/07	5,500	0	0	2,072	343	2,415	3,085	150DB	150	
115	Stage	6/05/08	1,513	0	0	118	39	157	1,356	S/L	390	
116	Track	6/05/08	3,000	0	0	922	208	1,130	1,870	150DB	150	
117	Girls' Softball Dugout	8/31/08	2,670	0	0	615	206	821	1,849	150DB	150	
118	Parking Lot	7/28/09	5,566	0	0	807	476	1,283	4,283	150DB	150	
119	Softball Field Fencing	7/31/09	2,681	0	0	389	229	618	2,063	150DB	150	
120	Coca-Cola Sign	10/01/09	3,500	0	0	1,418	624	2,042	1,458	150DB	50	
121	Polar Express Carpet	7/21/11	1,999	0c	0	0	400	400	1,599	200DB	50	
			1,627,999	0c	0	876,125	41,442	917,567	710,432			
GROUP: BUILDINGS & IMPROVEMENTS												

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr.	Tax Net Book Value	Tax Method	Tax Period	
Group: EQUIPMENT												
122	2 Georgia Power Freezers	4/03/75	600	0	0	600	0	600	0	S/L	30	
123	Tractor	2/11/76	2,500	0	0	2,500	0	2,500	0	S/L	70	
124	Lockers	8/12/76	4,000	0	0	4,000	0	4,000	0	S/L	50	
125	Desks	1/28/86	14,007	0	0	14,007	0	14,007	0	S/L	80000	
126	Air Conditioner	1/29/86	773	0	0	773	0	773	0	S/L	80000	
127	Lunchroom Tables	4/08/86	8,254	0	0	8,254	0	8,254	0	S/L	50	
128	Oven	4/16/86	1,609	0	0	1,609	0	1,609	0	S/L	80000	
129	Gibson Chest Freezer	4/16/86	1,136	0	0	1,136	0	1,136	0	S/L	80000	
130	Boy's Locker Room Air Conditioner	6/18/89	1,100	0	0	1,100	0	1,100	0	150DB	100000	
131	Batting Cage	7/18/89	651	0	0	651	0	651	0	150DB	100000	
132	Baseball Backstop	2/08/90	978	0	0	978	0	978	0	150DB	150000	
133	Copier	10/15/90	7,000	0	0	7,000	0	7,000	0	150DB	100000	
134	25 Helmets	8/05/94	1,929	0	0	1,929	0	1,929	0	150DB	100000	
135	14 Folding Tables	9/19/94	934	0	0	934	0	934	0	150DB	100000	
136	Shoulder Pads & Helmets	9/18/95	1,086	0	0	1,086	0	1,086	0	150DB	100000	
137	Timer Master Clock	4/15/96	731	0	0	731	0	731	0	150DB	100000	

Tax Asset Detail 7/01/11 - 6/30/12

WA2012 WINDSOR ACADEMY, INC.
58-1088998
FYE: 6/30/2012

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: EQUIPMENT (continued)												
138	Lawnmower	5/20/96	7,975	0	0	7,975	0	7,975	0	150DB	10,0000	
139	50 Student Desks	11/11/96	3,003	0	0	3,003	0	3,003	0	150DB	10,0000	
140	18 Computers & Magnavox 15" Mo	5/09/97	34,448	0	0	34,448	0	34,448	0	150DB	5,0000	
141	Computer Lab Electrical System	8/04/97	2,195	0	0	761	55	816	1,379	S/L	40,0000	
142	Jayder Line Printer	8/20/97	2,007	0	0	2,007	0	2,007	0	150DB	5,0000	
143	Air Conditioner	8/13/98	527	0	0	527	0	527	0	150DB	10,0000	
144	Chemical Lab Hood	12/03/98	668	0	0	668	0	668	0	150DB	10,0000	
145	Playground Boundaries	1/11/99	518	0	0	518	0	518	0	150DB	7,0	
146	Field House Carpet	5/20/99	4,044	0	0	4,044	0	4,044	0	150DB	7,0	
147	Kitchen Floor	9/20/99	3,500	0	0	3,500	0	3,500	0	150DB	7,0	
148	Wrestling Mat	10/21/99	3,450	0	0	3,450	0	3,450	0	150DB	7,0	
149	2 Air Conditioning Units (Weight &	12/09/99	6,755	0	0	6,755	0	6,755	0	150DB	7,0	
150	Shoulder Pads	12/10/99	579	0	0	579	0	579	0	150DB	7,0	
151	Metal Partitions for Girl's Restroom	1/10/00	2,435	0	0	2,435	0	2,435	0	150DB	7,0	
152	Chemical Lab Hood	1/10/00	668	0	0	668	0	668	0	150DB	7,0	
153	Lighting Outside Building #3	1/17/00	1,250	0	0	1,250	0	1,250	0	150DB	7,0	
154	Gym Handrails	1/26/00	4,648	0	0	4,648	0	4,648	0	150DB	7,0	
155	4 Marker Boards	4/13/00	2,100	0	0	2,100	0	2,100	0	150DB	7,0	
156	Gym Equipment	5/12/00	7,000	0	0	7,000	0	7,000	0	150DB	7,0	
157	Compressor	5/26/00	1,750	0	0	1,750	0	1,750	0	150DB	7,0	
158	Weight Equipment	6/29/00	9,168	0	0	9,168	0	9,168	0	150DB	7,0	
159	2 Tables	8/04/00	3,065	0	0	3,065	0	3,065	0	150DB	7,0	
160	Weight Equipment	8/28/00	2,168	0	0	2,168	0	2,168	0	150DB	7,0	
161	Football Helmets	9/14/00	1,275	0	0	1,275	0	1,275	0	150DB	7,0	
162	Weights	9/28/00	6,999	0	0	6,999	0	6,999	0	150DB	7,0	
163	Lawn Mower	9/28/00	2,800	0	0	2,800	0	2,800	0	150DB	7,0	
164	Baseball Pitching Machine	10/26/00	1,993	0	0	1,993	0	1,993	0	150DB	7,0	
165	Kawasaki Mule	11/17/00	5,067	0	0	5,067	0	5,067	0	150DB	7,0	
166	Science Lab Equipment	11/27/00	4,184	0	0	4,184	0	4,184	0	150DB	7,0	
167	Lights & Cages (Equinox Contribut	1/15/01	25,000	0	0	25,000	0	25,000	0	150DB	7,0	
168	Camera	3/15/01	898	0	0	898	0	898	0	150DB	7,0	
169	Black Baseball Fence Slats	3/20/01	500	0	0	500	0	500	0	150DB	7,0	
170	64 Lights	3/29/01	12,160	0	0	12,160	0	12,160	0	150DB	7,0	
171	4 Lighting Cages	3/29/01	4,748	0	0	4,748	0	4,748	0	150DB	7,0	
172	Football Field Lamps & Lights	4/27/01	12,160	0	0	12,160	0	12,160	0	150DB	7,0	
173	Camelot Room Furnishings	7/19/01	10,000	0	0	10,000	0	10,000	0	150DB	7,0	
174	Football Lighting	8/03/01	2,205	0	0	2,205	0	2,205	0	150DB	7,0	
175	Hon Mahogany Desk, Side Table, 1	8/07/01	5,691	0	0	5,691	0	5,691	0	150DB	7,0	
176	4 Blue Side Chairs	8/21/01	675	0	0	675	0	675	0	150DB	7,0	
177	Warming Cabinet	9/05/01	1,070	0	0	1,070	0	1,070	0	150DB	7,0	
178	Two Man Service Football Sled	10/01/01	1,570	0	0	1,570	0	1,570	0	150DB	7,0	
179	3 Water Coolers	10/31/01	671	0	0	671	0	671	0	150DB	7,0	
180	25' Frigidaire Chest Freezer	11/08/01	535	0	0	535	0	535	0	150DB	7,0	
181	Cork Strip Map Readers	1/23/02	895	0	0	895	0	895	0	150DB	7,0	
182	Locker's	1/23/02	1,995	0	0	1,995	0	1,995	0	150DB	7,0	
183	20 X 12 Metal Building	4/11/02	1,200	0	0	1,200	0	1,200	0	150DB	7,0	
184	Water Heater	4/15/02	1,324	0	0	1,324	0	1,324	0	150DB	7,0	
185	Unit, Coil & Filter Drier	4/26/02	1,960	0	0	1,960	0	1,960	0	150DB	7,0	
186	Kawasaki Mower	5/02/02	7,785	0	0	7,785	0	7,785	0	150DB	7,0	

Tax Asset Detail 7/01/11 - 6/30/12

WA2012 WINDSOR ACADEMY, INC.
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FYE: 6/30/2012

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: EQUIPMENT (continued)												
236	Wrestling Mat & Training Dummy	12/10/08	1,200	0	0	539	147	686	514	150DB	7 0	
237	10' X 14' Football Storage Unit	1/28/09	1,850	0	0	830	227	1,057	793	150DB	7 0	
238	Basketball Chairs	3/02/09	3,200	0	0	1,436	392	1,828	1,372	150DB	7 0	
239	Weights	3/02/09	1,500	0	0	673	184	857	643	150DB	7 0	
240	145 High School Desks	4/24/09	14,500	0	0	6,508	1,776	8,284	6,216	150DB	7 0	
241	Field Lights	5/29/09	905	0	0	406	111	517	388	150DB	7 0	
242	40 Two Piece Desks	6/10/09	3,234	0	0	1,451	397	1,848	1,388	150DB	7 0	
243	Desk	7/08/09	1,234	0	0	478	216	694	540	200DB	7 0	
244	Weight Room Stereo System	8/07/09	5,249	0	0	2,035	919	2,954	2,295	200DB	7 0	
245	Baseball/Softball Sound System	3/01/10	622	0	0	241	109	350	272	200DB	7 0	
246	Junior Hack Attack Softball Pitchin.	7/01/10	1,978	0	0	283	484	767	1,211	200DB	7 0	
247	Advantage 1200 Scantron	8/31/10	795	0	0	114	194	308	487	200DB	7 0	
248	Weights	11/23/10	2,000	0	0	214	383	597	1,403	150DB	7 0	
249	9 Computer Tables	6/09/11	2,868	0	0	307	549	856	2,012	150DB	7 0	
250	8 OPEN FRONT DESKS & BLUE	7/07/11	713	0c	0	0	102	102	611	200DB	7 0	
251	Kubota RTV500-H	8/02/11	8,390	0c	0	0	899	899	7,491	150DB	7 0	
252	Kubota ZG227L-60	8/02/11	8,077	0c	0	0	865	865	7,212	150DB	7 0	
EQUIPMENT												
			448,152	0c	0	386,629	14,933	401,562	46,590			
Group: INTANGIBLE												
253	Accelerated Reader Software	8/28/02	522	0	0	522	0	522	0	Amort	3 0	
254	Paintshop Software	6/30/03	566	0	0	566	0	566	0	Amort	3 0	
255	Microsoft Office	6/30/03	968	0	0	968	0	968	0	Amort	3 0	
256	Vision for Windows	6/30/04	592	0	0	592	0	592	0	Amort	3 0	
257	Microsoft XP	10/01/06	1,215	0	0	1,215	0	1,215	0	Amort	3 0	
258	Report Card & Transcripts Software	11/02/06	931	0	0	931	0	931	0	Amort	3 0	
259	Web Page	11/09/07	3,113	0	0	3,113	0	3,113	0	Amort	3 0	
INTANGIBLE												
			7,907	0c	0	7,907	0	7,907	0			
Group: LAND												
260	28 12 Acres 4150 Jones Road	5/11/70	28,120	0	0	0	0	0	28,120	Land	0 0	
LAND												
			28,120	0c	0	0	0	0	28,120			
Group: VEHICLES												
261	94 Gray Ford Club Wagon Van	8/24/95	11,500	0	0	11,500	0	11,500	0	150DB	5 0000	
262	1976 MCI Crusader MC8 Bus	8/02/00	12,000	0	0	12,000	0	12,000	0	150DB	5 0	
263	2000 Blue Chevrolet Express Van	8/24/00	22,175	0	0	22,175	0	22,175	0	150DB	5 0	
264	2008 Ford E350 Van	8/28/08	19,042	0	0	10,762	1,875	12,637	6,405	150DB	5 0	
265	2008 Ford E350 Van	8/28/08	17,342	0	0	10,074	1,875	11,949	5,393	150DB	5 0	
266	2003 Dodge Stratus SE	6/21/10	1,225	0	0	637	235	872	353	200DB	5 0	
267	94 Ford Bus	2/16/11	2,400	0	0	360	612	972	1,428	150DB	5 0	
VEHICLES												
			85,684	0c	0	67,508	4,597	72,105	13,579			

Tax Asset Detail 7/01/11 - 6/30/12

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
	Grand Total		2,272,073	0c	0	1,406,801	62,465	1,469,266	802,807		

Tax Current Year Additions

FYE: 6/30/2012

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>
Group: BUILDINGS & IMPROVEMENTS			
121	Polar Express Carpet	7/21/11	1,999
	BUILDINGS & IMPROVEMENTS		<u>1,999</u>
Group: EQUIPMENT			
250	8 OPEN FRONT DESKS & BLUE POLY CHA	7/07/11	713
251	Kubota RTV500-H	8/02/11	8,390
252	Kubota ZG227L-60	8/02/11	8,077
	EQUIPMENT		<u>17,180</u>
	Grand Total		<u>19,179</u>

***** NO ASSETS MEET THIS REPORT'S PRINT CRITERIA *****
Please check the print options for this report.

Note: By default, assets that are in a Misc activity are not included in reports.
To include Misc activity assets either change the report's print options or reassign the assets to another activity
For more information, see Help > Additional Resources > Frequently Asked Questions.

Assets selected:

All associations included

Asset presentation:

First Sort: Group	Subtitle YES Case sensitive. NO	Subtotal YES Sort None	Page break NO
Second Sort: None	Subtitle NO Case sensitive. NO	Subtotal NO Sort None	Page break NO
Third Sort: None	Subtitle. NO Case sensitive. NO	Subtotal NO Sort None	Page break NO

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print <small>File by the due date for filing your return. See instructions</small>	Name of exempt organization or other filer, see instructions WINDSOR ACADEMY, INC.	<small>Enter filer's identifying number, see instructions</small> Employer identification number (EIN) or <input checked="" type="checkbox"/> 58-1088998
	Number, street, and room or suite no. If a P.O. box, see instructions. 4150 JONES ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MACON GA 31216-6537	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ WANDA GRUBBS
- Telephone No. ▶ (478) 781-1621 FAX No ▶ _____
- 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2013 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or

▶ tax year beginning 7/1/2011, and ending 6/30/2012

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	
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.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization WINDSOR ACADEMY, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 58-1088998
	Number, street, and room or suite no. If a P O box, see instructions. 4150 JONES ROAD	Social security number (SSN) <input type="checkbox"/>
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions MACON GA 31216-6537	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
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 **WANDA GRUBBS**
Telephone No **(478) 781-1621** FAX No. _____
- 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.

- I request an additional 3-month extension of time until 5/15/2013
- For calendar year _____, or other tax year beginning 7/1/2011, and ending 6/30/2012
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension CPA IS CONDUCTING AN AUDIT AND WILL DO THE RETURNS AFTER THE AUDIT IS COMPLETE. THIS REDUCES ERRORS AND OMISSIONS BEING MADE ON THE RETURNS

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	\$	
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	\$	
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

Signature and Verification must be completed for Part II only.

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 **C.P.A** Date **12/15/2012**