

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



	200	SI SI	990 190 190 1114 Treas	Return of O Under section 501(c), 52	rganization Exempt From II 7, or 4947(a)(1) of the Internal Revenue C benefit trust or private foundation) ive to use a copy of this return to satisfy sta	ode (except bla	ck lung	OMB No. 1545-0047 2012 Open to Public Inspection	
* 1				2012 calendar year, or tax year beginning , and ending					
*\(\frac{1}{2}\)	20	<b>CO.</b>	фрисаків:	1			D Emplo	yer identification number	
3	$\mathbb{Q}_{\mathscr{G}}$	Addes	change		ove Christian School	· · · · · · · · · · · · · · · · · · ·		,	
;	<b>₹</b>	le de d	ange	Doing Business As		<del></del>		57-1119849	
`	一市	Instal ren		Number and street (or P O box if mail is not delivered to street address)  1036 Maxwell Mill Road		Room/suite	E Telephone number 803-835-2001		
12	95	- 11							
<u>iĝ</u>		Termina		City, town or post office state, and ZIP code					
Ō	<u>a</u>	Amende	i return	Fort Mill	Fort Mill SC 29708  F Name and address of principal officer		G Gross rec	epts 1,341,52	
eu		Application	on pending	Kyle Boyd			roup return for	affiliates? Yes X N	
пb	pa G	_,[-],[-]	,	3240 Bannock Drive		H(b) Are all aft	fdiates include	d? ☐ Yes ☐ N	
Delinquent Origina	Ryle Boyd  3240 Bannock Drive  Fort Mill  SC 29715							. (see instructions)	
ä	ਹੋ,		mpt status		(insert no.) 4947(a)(1) or 527	7			
	<del>ست.</del> ســــــــــــــــــــــــــــــــــــ	Website		ww.walnutgrovechrist		H(c) Group exemption number		er 🕨	
	ĸ		organization	X Corporation Trust Association		Year of formation 2003 Mr State of legal domicile SC			
=	rast i Summary								
ahaari i Laran i		1	Bnefly describe the organization's mission or most significant activities:						
1	8	l	K-12	Non-profit religious in:	stitute				
:	nau	-				•			
C)	Governance	_	2 Check this box ▶ ☐ 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)						
, -,		1							
• ;	රේ ආ	ſ		of voting members of the governing body ( of independent voting members of the gove			3	2	
NO	Activities	J		nber of individuals employed in calendar ye	• • • • • • • • • • • • • • • • • • • •		5	20	
l⊊,	출	1		I number of volunteers (estimate if necessary)			6	45	
()	<	i		elated business revenue from Part VIII, co	lumn (C), line 12	••	7a	(	
<b>\</b> _)		1		ated business taxable income from Form 9	990-T. line 34		7b		
£:3					STATUTE UNIT	Prior Yea	ır	Current Year	
د آره درگه	ě	8		ons and grants (Fait VIII, line III)			740	795,356	
•	Revenue	9 F	Program	ram service revenue (Part VIII, line 2g)			4,748	535,981	
	ě			nt income (Part VIII, column (A), lines 3, 4, and 7d) 0 7 1 3 2016 renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<del> </del>		10,185	
<b>43</b>		12	Culci lev Total revi	enue – add lines 8 through 11 (must equal	Part VIII molyme (A), line 12)	44	4,748	1,341,522	
encej ek		13	Grants ar	d similar amounts paid (Part IX, column (	A), lines 1-3000			(	
<u></u>		14	Grants and similar amounts paid (Part IX, column (A), lines 1-OGDEN  Benefits paid to or for members (Part IX, column (A), line 4)						
No statut	Si.	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		29'	7,658	353,754	
o St	Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)					
Ž	쫎	p.		fundraising expenses (Part IX, column (D), line 25) ► 3,884				· · · · · · · · · · · · · · · · · · ·	
	w	18 Total exp		enses (Part IX, column (A), lines 11a-11d		7,270	<u>198,981</u>		
				enses Add lines 13–17 (must equal Part IX, column (A), line 25)			1,928	552,735	
	-	19	Revenue	evenue less expenses. Subtract line 18 from line 12			rent Year_	788,787 End of Year	
	\$	20	Total ass	ets (Part X, line 16)			233	1,743,581	
	¥.	22.59		lities (Part X, line 26)	• • • • • • • • • • • • • • • • • • • •		0	804,561	
	2	22	Net asset	s or fund balances Subtract line 21 from I	ine 20	150	0,233	939,020	
		art 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 ritue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								owledge and belief, it is	
		ue, com	BCI, ZING C	implete. Declaration of prepares (office than one	cery is based on an information of which prepared	Ties any Knowledg	<del>- 7</del>		
	Sig	7.0	<u>s</u>	gnature of officer			Date	<del></del>	
	u		Kyle Boyd Headmaster Type or print name and title						
2016	?								
7	í —		Print/Type	preparer's name	Preparer's signature	Date	Check	# PTIN	
7			David	M. Knoble	David M. Knoble	08/09	/13 self-em		
0		parer	Firm's nar	Furnia name David Knoble, CPA			irm's EIN	27-1475456	
Ļ	- Us )	e Only		114 E Main St Ste 101		ì		002.224.000	
ر			Firm's add		29730-5195		hone no	803-324-8880	
C	) Ma		ne IRS discuss this return with the preparer shown above? (see instructions) perwork Reduction Act Notice, see the separate instructions.					X Yes No Form 990 (2012	
Ä	1 EN		······································	nk reduction act notice, see the separate instructions.				<b>~</b> `\	
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COMME	5								
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Form **990** (2012)