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SCANNED MAY 20 2014

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| A F | or the | 2012 calendar year, or tax year beginning $\mathrm{JUL}1$, 2012 $$ | JUN 30, 201 | 3 | | | |
|-----------------------------|--------------------------------------|---|--------------------------|---------------------------------|--|--|--|
| B c | heck if pplicable | C Name of organization | D Employer ident | ification number | | | |
| | Address change Name change | King's Ridge Christian School Doing Business As | 58- | 2600863 | | | |
| | Initial return Termin- ated | Number and street (or P 0 box if mail is not delivered to street address) Room/s 2765 Bethany Bend | | E Telephone number 770-754-5738 | | | |
| | Amender | City, town, or post office, state, and zir code | | G Gross receipts \$ 12,497,675. | | | |
| | Applica- tion | Alpharetta, GA 30004 | H(a) Is this a group | | | | |
| | pending | F Name and address of principal officer:C. David Rhodes, III | for affiliates? | Yes X No | | | |
| | | same as C above | H(b) Are all affiliates | | | | |
| | | | | a list. (see instructions) | | | |
| | | www.kingsridgecs.org | H(c) Group exempt | | | | |
| | | | ear of formation 2001 | M State of legal domicile GA | | | |
| Pε | rt I | Summary | 2 2211222 2 | | | | |
| ě | 1 B | riefly describe the organization's mission or most significant activities: Provides | a correge p | repatory | | | |
| Activities & Governance | | ducation to children from kindergarten thro | | | | | |
| Jer. | | heck this box If the organization discontinued its operations or disposed of r | I . | . 1 1 2 | | | |
| 30 | ŧ. | umber of voting members of the governing body (Part VI, line 1a) | | 10 | | | |
| 8 | ŀ | umber of independent voting members of the governing body (Part VI, line 1b) | _ | 105 | | | |
| ties | • | otal number of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 185 6 450 | | | |
| Ę | 6 1 | otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 2 CEIVED |] | | | | |
| Ą | 7a 1 | et unrelated business revenue from Part VIII, column (C), line 123 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 1 | b 0. | | | |
| | B N | et unrelated business taxable income from Form 990-t une 34 | Prior Year | Current Year | | | |
| | ١., | ontributions and grants (Part VIII, line 1h) | 5,050,522 | | | | |
| Revenue | l | ontributions and grants (Part VIII, line 1h) | 10,738,458 | | | | |
| Ver | 1 | rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and Zd) OGDEN, UT | 8,486 | | | | |
| æ | | ther revenue (Part VIII, column (A), lines 5, 4, and 30, and 11e) | 0 | | | | |
| | 1 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,797,466 | . 12,423,960. | | | |
| | | rants and similar amounts paid (Part IX, column (A), lines 1-3) | 343,554 | | | | |
| | | enefits paid to or for members (Part IX, column (A), line 4) | 0 | | | | |
| s | 1 | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 6,823,397 | 7,515,463. | | | |
| Expenses | 1 | rofessional fundraising fees (Part IX, column (A), line 11e) | Ô | . 0. | | | |
| фe | | otal fundraising expenses (Part IX, column (D), line 25) > 507,255. | | | | | |
| ŵ | | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,781,645 | | | | |
| | 18 T | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,948,596 | | | | |
| | 19 R | evenue less expenses. Subtract line 18 from line 12 | 2,848,870 | . <1,301,746. | | | |
| Net Assets or Fund Balances | | | Beginning of Current Yea | | | | |
| sets | 20 T | otal assets (Part X, line 16) | 44,333,598 | | | | |
| d As | 21 T | otal liabilities (Part X, line 26) | 27,615,460 | | | | |
| Ž | 22 N | et assets or fund balances. Subtract line 21 from line 20 | 16,718,138 | . 15,571,299. | | | |
| | art II | Signature Block | | | | | |
| | | les of perjury, I declare that I have examined this return, including accompanying schedules and st | | my knowleage and belief, it is | | | |
| true | , correct, | and complete Declaration of preparer (other than officer) is based on all information of which pre | parer has any knowledge | 1 | | | |
| | | Signature of officer | Date Date | 14 | | | |
| Sig | | C. David Rhodes, III, Headmaster | 54,0 | | | | |
| Her | e | Type or print name and title | | | | | |
| _ | | Print/Type preparer's name Preparer's signature | Date Check | PTIN | | | |
| Paid | | aura H. Heller Jana H. Helle | 3-17-14 self-em | | | | |
| Prep | parer | Firm's name JONES AND KOLB | Firm's EIN | 58-1763570 | | | |
| | | Firm's address 3475 PIEDMONT ROAD, SUITE 1500 | | | | | |
| | | ATLANTA, GA 30305 | Phone no | (404)262-7920 | | | |
| Ma | the IR | S discuss this return with the preparer shown above? (see instructions) | | X Yes No | | | |

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

Form **990** (2012)

| | | | Yes | No |
|----------|--|------|-------|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 1 1 1 | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | 3 | | X |
| 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 | 4 | | X |
| 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 | 5 | | X |
| 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 | 6 | | Х |
| 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 | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | ĺ |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 1 |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | ĺ |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | ĺ |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | ĺ |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | · | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ^ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 444 | х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Α_ | |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | <u> </u> |
| U | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | 15 | | X |
| 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 | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 1 | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | ļ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 1 |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| | | Form | 990 | (2012) |

| | | | 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? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | ŀ |
| | column (A), line 2º If "Yes," complete Schedule I, Parts I and III | 22 | 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? If "Yes," complete | | | |
| | Schedule J | 23 | Χ_ | |
| 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? If "Yes," answer lines 24b through 24d and complete | | | ļ |
| | Schedule K If "No", go to line 25 | 24a | Х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | ., |
| | any tax-exempt bonds? | 24c | | X_ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X_ |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | - | 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? If "Yes," complete | 054 | | х |
| •• | Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | 26 | | х |
| 07 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 20 | | |
| 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? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | Instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | | | | |
| • | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | <u>X</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | 1 |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | <u> </u> | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36_ | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | . |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Х | |
| | Note. All Form 990 filers are required to complete Schedule O | | | (2012) |
| | | 1 71111 | ~~~ | |

Form 990 (2012)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

King's Ridge Christian School 58-2600863 Form 990 (2012) 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 No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 12 **b** 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 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Х 8a a The governing body? X 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b 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? 11a **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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? Х 15a a The organization's CEO, Executive Director, or top management official Х 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). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 16b 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 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. X Upon request Other (explain in Schedule O) ____ Another's website Own website 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Mr. Guy Price - 770-754-5738

232006

Form 990 (2012)

30004

2765 Bethany Bend, Alpharetta, GA

Form 990 (2012) 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.

| (A) Name and Title | (B) Average hours per week | box | not c | ss pe | ition more rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---|--|--------------------------------|----------------------|---------|-----------------------|---------------------------------|------------|----------------------------------|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustæ | Officer | Key employee | Highest compensated employee | Former | the | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) C. Christian "Chris" Winkle | 4.00 | | | | | | | | • | • |
| Chair | 4 00 | X | | Х | | <u> </u> | ļ <u>.</u> | 0. | 0. | 0. |
| (2) Dr. Daniel Garabadian | 4.00 | \ \ \ | | | | | | | <u> </u> | ^ |
| Vice-Chair | 4 00 | X | <u> </u> | X | | _ | | 0. | 0. | 0. |
| (3) Jean-Michel Ares | 4.00 | J | | | | ĺ | l | 0. | 0. | 0. |
| Trustee | 4.00 | X | <u> </u> | - | | | ⊢ | 0. | 0. | |
| (4) Leslie M. Kurtz | 4.00 | X | | | | | l | 0. | 0. | 0. |
| Trustee | 4.00 | ^ | - | | | | | - 0. | | |
| (5) Michael C. Kendrick Trustee | 4.00 | X | | | | | | 0. | 0. | 0. |
| (6) Doug Lay | 4.00 | - | - | | | | | | | |
| Trustee | 1.00 | X | | | | | ļ | 0. | 0. | 0. |
| (7) Jeff Lamkin | 4.00 | | \vdash | | | | | | | |
| Trustee | | X | | | | | | 0. | 0. | 0. |
| (8) Barbara McGraw | 4.00 | | | | | | | | | |
| Trustee | | X | | | | | | 0. | 0. | 0 . |
| (9) Reverend Dr. Michael T. McQueen | 4.00 | | | | | | | | | |
| Trustee | | X | | | | | | 0. | 0. | 0 |
| (10) C. David Rhodes, III | 64.00 | | | | | | | | | |
| Headmaster | | X | | X | | | | 288,187. | 0. | 26,507 |
| (11) Betsy C. Welch | 4.00 | | 1 | | | | ŀ | | | _ |
| Trustee | | X | | | | L | | 0. | 0. | 0. |
| (12) Richard C. Wernick | 4.00 | | | | | | | | | |
| Trustee | 4-00 | X | | | | | L | 0. | 0. | 0. |
| (13) Abel De La Rosa | 4.00 | | | | | | | | | 0 |
| Trustee | 60.00 | X | _ | | | _ | ļ | 0. | 0. | 0. |
| (14) Guy Price | 60.00 | 1 | | v | | ĺ | | 125 074 | 0 | 12 070 |
| CFO Yes | 60.00 | \vdash | | Х | | | - | 135,974. | 0. | 12,878. |
| (15) Lowrie McCown | 00.00 | 1 | | | | X | | 118,509. | 0. | 6,672 |
| Associate Headmaster | 60.00 | | | | | ^ | ļ | 110,303. | 0. | 0,012 |
| (16) Laura Lloyd Director of Advancement | 00.00 | 1 | | | | X | | 101,139. | 0. | 14,637 |
| DITECTOL OF MUNAUCEMENT | | \vdash | 1 | - | | * | \vdash | 101/137 | | 11,007 |
| | | 1 | l | i l | | l | l | 1 | | |

Form 990 (2012)

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | iH t | ghes | st C | ompensated Employed | es (continued) | | | |
|--|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--------------------|--|------------------|
| , (A) | (B) | | | (C |) | | | (D) | (E) | | (F) | - |
| Name and title | Average hours per week (list any | box, | not cl unles | s per | more | than one both | n an | Reportable compensation from | Reportable compensation from related organizations | am | timate lount other | of |
| | hours for related organizations below line) | Individual frustee or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | fro orga and | pensa om the anizati d relate inizatie | e Ion ed |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | ı | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | > | | 643,809. | 0. | 6(| 0,6 | 94. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 0. | | | $\frac{0.}{0.4}$ |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but n | | | linka | ما مام | | <u> </u> | | 643,809. | | | 0,6 | 94. |
| compensation from the organization | ot ilitilited to th | ose | IISLE | u al | JOVE | 2) WI | 10 16 | ceived more man \$100 | ,000 of reportable | | | 4 |
| Compensation norwing organization - | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | stee | , ke | у еп | nplo | yee, | or h | nighest compensated er | nployee on | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | ie co | mpe | ensa | ition | anc | oth | ner compensation from t | he organization | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | te S | Sche | edule | J fo | or such individual | | _4 | X | |
| 5 Did any person listed on line 1a receive or a | • | | | | | | elate | ed organization or indivi | dual for services | | | 17 |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | ich į | oers | on | | | | 5 | 1 | X |

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 |
|---|----------------------------------|------------------------|
| Choate Construction Company, 8200 Roberts | | |
| Drive, Suite 600, Atlanta, GA 30350 | Construction | <u>6,</u> 998,708. |
| Sage Dining Services, Inc., 1402 York | | |
| Road, Suite 100, Lutherville, MD 21093 | Food Service | 614,769. |
| Go2Guy Building Services, Inc. | | |
| 14910 Hopewell Road, Alpharetta, GA 30004 | Building Maintenance | 198,042. |
| Maintenance Services of Georgia, Inc. | | |
| 661 Liberty Hill Road, Canton, GA 30115 | Janitorial Services | 182,788. |
| Chapman, Griffin, Lanier, Sussenbach Archit | Architectural | |
| 2500 Cumberland Parkway, Suite 350, Atlanta | | 151,031. |
| 2 Total number of independent contractors (including but not limited to those liste | ed above) who received more than | |
| \$100,000 of compensation from the organization > 6 | | |
| | | Form 990 (2012) |

| | • | | Check if Schedule O conta | ains a respons | e to any question in | this Part VIII | | | |
|--|----------|----------|---|-----------------|----------------------|----------------------|--|--|---|
| 1 | | • | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts | 1 | а | Federated campaigns | 1a | | | | | |
| ra C | l | | Membership dues | 1b | | | | | |
| D E | ŀ | | Fundraising events | 1c | 92,477. | | | | Į |
| iifts ar / | l | | Related organizations | 1d | 1 | | | | ; Į |
| S,E | 1 | | Government grants (contribute | ons) 1e | | | | | İ |
| Sign | l | | All other contributions, gifts, grant | | | | | | |
| but | | | similar amounts not included above | 1 1 | 662,705. | | | | |
| d di | | g | Noncash contributions included in lines | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | Į. | _ | Total. Add lines 1a-1f | | > | 755,182. | | *** | |
| | | | | | Business Code | | | | 1 |
| e | 2 | а | Tuition and fees | | 611710 | 11,107,641. | 11,107,641. | | |
| Program Service Revenue | | b | Athletic income | | 611710 | 218,672. | 218,672. | | <u>. </u> |
| Sun | | С | Parent Club income | | 611710 | 172,609. | 172,609. | | ļ |
| ran lev | | d | Fine arts income | | 611710 | 58,626. | 58,626. | | |
| <u>6</u> | | е | After school care | | 611710 | 56,113. | 56,113. | ···· | |
| ā | | f | All other program service reve | nue | 900099 | 44,422. | 44,422. | | |
| | | 9 | Total. Add lines 2a-2f | | > | 11,658,083. | | | |
| - | 3 | | Investment income (including | dividends, inte | erest, and | | | | |
| | | | other sımılar amounts) | | ▶ | 9,645. | | | 9,645. |
| | 4 | | Income from investment of tax | k-exempt bond | d proceeds | | | | |
| | 5 | | Royalties | ı == | > | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | | (i) Real | (II) Personal | | | | |
| | 6 | а | Gross rents | | | | | | |
| | | b | Less: rental expenses | | | | | | |
| | | C | Rental income or (loss) | L | | | | | |
| | | d | Net rental income or (loss) | | > | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | | assets other than inventory | | 1,050. | | | | |
| | | þ | Less: cost or other basis | | | | | | |
| | | | and sales expenses | | - 0. | | | | 1 |
| | | | Gain or (loss) | | 1,050. | | | | |
| | | | Net gain or (loss) | | P | 1,050. | | | 1,050. |
| e | 8 | а | Gross income from fundraising | g events (not | | | | | |
| | | | including \$92 | | | | | | |
| Other Reven | | | contributions reported on line | 1c). See | | | | | |
| ē | | | Part IV, line 18 | | a 73,715. | | | | |
| ᅙ | 1 | | Less: direct expenses | | b 73,715. | | | | |
| | 1 | | Net income or (loss) from fund | - | • - | <u>0.</u> | ļ | | |
| | 9 | а | Gross income from gaming ac | tivities. See | | | | | |
| | | _ | Part IV, line 19 | | a | | | | |
| | | | Less: direct expenses | | b | | | | |
| | | | Net income or (loss) from gam | | | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | |
| | | | and allowances | | a | | | | |
| | | | Less cost of goods sold | | b | | | | |
| | \vdash | С | Net income or (loss) from sale | | | | | | |
| | - | _ | Miscellaneous Revenu | | Business Code | | | | |
| | 11 | | | | - | | | | |
| | | b | | | - | - | | | |
| | | <u>ت</u> | All other revenue | | - | | - | | |
| | | d | Total. Add lines 11a-11d | | | | | | 7 |
| | 12 | | Total revenue. See instructions | | | 12,423,960. | 11,658,083. | 0. | 10,695. |
| 23200 | | _ | . C.E. TOTOLIEG. CON MISTIGOTIONS | | | | | | Form 990 (2012) |

| 1 2 3 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | expenses | general expenses | expenses |
|-------|--|-------------|---------------------------------------|------------------|--|
| 3 | organizations in the United States See Part IV, line 21 | | | | |
| 3 | | | | | |
| 3 | Grants and other assistance to individuals in | | | | |
| 4 | the United States See Part IV, line 22 | 338,386. | 338,386. | | |
| 4 | Grants and other assistance to governments, | | | | |
| 4 | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | innelemelemente Heste |
| 5 | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 424,412. | | 138,093. | 286,319 |
| | trustees, and key employees | 424,412. | · · · · · · · · · · · · · · · · · · · | | 200/015 |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | 5,823,348. | 5,237,935. | 430,217. | 155,196 |
| | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 107,529. | 100,000. | 7,529. | |
| | Other employee benefits | 711,047. | 686,539. | 16,372. | 8,136 33,776 |
| | Payroll taxes | 449,127. | 371,875. | 43,476. | 33,776 |
| | Fees for services (non-employees): | | | | |
| | Management | | | | |
| b | Legal | 14,463. | 12,293. | 1,736. | 434 |
| С | Accounting | 30,000. | | 30,000. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| - | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O) | 90,563. | 28,211. | 62,352. | |
| | Advertising and promotion | 439,089. | 397,198. | 25,022. | 16,869 |
| | Office expenses | 127,593. | 125,041. | 2,552. | 10,009 |
| | Information technology | 127,393. | 125,041. | 2,332. | |
| | Royalties | 612,287. | 600,041. | 12,246. | |
| | Occupancy | 10,879. | 8,802. | 864. | 1,213 |
| | Travel Payments of travel or entertainment expenses | 20,0,30 | | | |
| | for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | | | | |
| | Interest | 764,590. | 749,298. | 15,292. | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 1,738,457. | 1,703,688. | 34,769. | |
| | Insurance | 119,460. | 101,541. | 14,335. | 3,584 |
| 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 0) | | | | •. • · · · · · · · · · · · · · · · · · · |
| | Dining services | 593,330. | 581,463. | 11,867. | |
| _ | Athletics | 334,292. | 334,292. | | |
| - | Repairs and maintenance | 252,213. | 247,169. | 5,044. | |
| d | Parent Club | 153,692. | 153,692. | 10 405 | 1 700 |
| | All other expenses | 590,949. | 570,796. | 18,425. | 1,728 |
| | Total functional expenses Add lines 1 through 24e | 13,725,706. | 12,348,260. | 870,191. | 507,255 |
| | Joint costs. Complete this line only if the organization | ļ | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720) | 1 | | | |

| Par | τX | Balance Sheet | | | |
|-----------------------------|----|--|---|-----|------------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 790,724. | 1_ | 451,623. |
| | 2 | Savings and temporary cash investments | 7,729,666. | 2 | 2,158,684. |
| | 3 | Pledges and grants receivable, net | 2,231,021. | 3_ | 839,165. |
| | 4 | Accounts receivable, net | 161,699. | 4 | 93,282. |
| | 5 | Loans and other receivables from current and former officers, directors, | 1 | | |
| | | trustees, key employees, and highest compensated employees Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | • | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| Assets | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | 1 | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | 69,993. | 9 | 140,236. |
| | _ | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 47,502,378 | 3. | | |
| | ь | basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 47,502,378 10b 9,643,876 | 32,063,095. | 10c | 37,858,502. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13_ | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1,287,400. | 15 | 801,920. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 44,333,598. | 16 | 42,343,412. |
| | 17 | Accounts payable and accrued expenses | 1,019,580. | 17 | 621,135. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 6,701,469. | 19 | 7,045,699. |
| | 20 | Tax-exempt bond liabilities | 17,000,000. | 20 | 17,000,000. |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| jab | | 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 | 250,000. | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 0 644 411 | | 2 105 270 |
| | | Schedule D | 2,644,411. | 25 | 2,105,279. |
| | 26 | Total liabilities. Add lines 17 through 25 | 27,615,460. | 26 | 26,772,113. |
| | i | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| ès | İ | complete lines 27 through 29, and lines 33 and 34. | 7,948,722. | | 13,826,380. |
| auc | 27 | Unrestricted net assets | 8,769,416. | 27 | 1,744,919. |
| Bal | 28 | Temporarily restricted net assets | 0,709,410. | 28 | 1,144,313. |
| 5 | 29 | Permanently restricted net assets | | 29 | |
| Ŧ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | | | |
| ō | | and complete lines 30 through 34. | | | |
| sets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 16,718,138. | 32 | 15,571,299. |
| ~ | 33 | Total net assets or fund balances | 44,333,598. | | 42,343,412. |
| | 34 | Total liabilities and net assets/fund balances | 44,333,330. | 34 | |
| | | | | | Form 990 (2012) |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

King's Ridge Christian School

Employer identification number 58-2600863

| Pa | rt I | Reason | for Public Char | i ty Status (All organiz | ations mus | st complet | e this part | .) See inst | ructions. | | | |
|------|-----------|---|------------------------------|--|----------------|---------------------------|-------------------------|--------------|------------------------|--------------------|-----------------------------------|--|
| The | organi | zation is not a | private foundation | because it is (For lines 1 | through 1 | 11, check | only one b | ox.) | | | | |
| 1 | | | | s, or association of churc | | | | | | | | |
| 2 | X | A school desc | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | |
| 3 | | | | tal service organization of | | n section | 170(b)(1) | A)(iii). | | | | |
| 4 | \equiv | | | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter | the hospital's name. | |
| * | | | | operated in conjunction | ······· a 1105 | pital doool | 1000 111 00 | | (~)(-)(-, | - , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| _ | | city, and state | | benefit of a college or ur | alvoroity or | wood or or | varated by | o governr | mentaluni | t describ | and in | |
| 5 | | = | • | | iiversity Ov | WII O U OI OF | belated by | a governi | nentai uni | (describ | | |
| _ | | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 6 | \vdash | | | | | | | | | | | |
| 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(I | b)(1)(A)(vi). (Comple | te Part II.) | | | | | | | | |
| 8 | \square | • | | ection 170(b)(1)(A)(vi). (| | | | | | | | |
| 9 | | | | eives (1) more than 33 1 | | | | | | | | |
| | | | | nctions - subject to certa | | | | | | | | |
| | | income and u | inrelated business to | axable income (less sect | ion 511 ta | x) from bu | sinesses a | cquired b | y the orga | nızatıon | after June 30, 1975. | |
| | | See section ! | 509(a)(2) . (Complete | Part III.) | | | | | | | | |
| 10 | | An organization | on organized and or | perated exclusively to te | st for publi | c safety S | See <mark>sectio</mark> | n 509(a)(4 | l) . | | | |
| 11 | | An organization | on organized and or | perated exclusively for th | ne benefit d | of, to perfo | orm the fur | nctions of, | or to carr | y 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 | | | ype III · Fui | | | d | I 🔙 Тур | e III - No | n-functionally integrated | |
| е | | | | t the organization is not | - | | | | more disc | qualified | persons other than | |
| | | | | han one or more publicly | | | | | | | | |
| f | | | - | ten determination from t | | | | | | | | |
| • | | | rganization, check th | | | | ,,,,,,, | ,, , , | | | | |
| ~ | , | · · · · · · | - | rganization accepted ar | y aft or co | ontribution | from any | of the follo | nwing per | sons? | | |
| g | , | | | rectly controls, either al | | | | | | | Yes No | |
| | | | • | - | one or tog | ettier with | persons c | iescribed i | ii (ii) and (| iii) Delow | 11g(i) | |
| | | | | upported organization? | | | | | | | | |
| | | | • | n described in (i) above? | | • | | | | | 11g(ii) | |
| | | • • | • | person described in (i) o | | | | | | | 11g(iii) | |
| h | | Provide the fo | ollowing information | about the supported or | ganization | (S) | | | | | | |
| | | | | | Τ | | r : | | 1 (3) | AL - | | |
| (ı) | Name | of supported | (ii) EIN | (iii) Type of organization | | rganization | | | (vi) Is organizatio | s tne on in col | (vii) Amount of monetary | |
| | orga | inization | | (described on lines 1-9 above or IRC section | | sted in your document? | | support? | (i) organiz U S | ed in the | support | |
| | | | | (see instructions)) | | r | | | | T | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | - | | | | 1 | | | |
| Tota | al | | | | | | | | | | | |

232021 12-04-12

Form 990 or 990-EZ.

1 2

2012.05060 King's Ridge Christian Scho 306655_1

Schedule A (Form 990 or 990-EZ) 2012

07390314 751928 306655

LHA For Paperwork Reduction Act Notice, see the Instructions for

| • | | | | | | |
|---|--------------------|------------------------|------------------------|----------------------|-------------|-----------|
| Schedule A (Form 990 or 990-EZ) 2012 Part II Support Schedule for (Complete only if you checke falls to qualify under the tests | d the box on line | 5, 7, or 8 of Part I o | or if the organization | | | |
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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 | | | | | | |
| Section B. Total Support | , | | | | η | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 Amounts from line 4 | | | | - | | |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| 9 Net income from unrelated business | | | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on | | | | | | |
| 10 Other income Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV) | | | ļ | | | |
| 11 Total support. Add lines 7 through 10 | -4- / | 1 | <u> </u> | 1 | 10 | |
| 12 Gross receipts from related activities | • | • | | | 12 | |
| 13 First five years. If the Form 990 is fo | r the organization | s iirst, second, thi | ra, τουπη, or τιπη τ | ax year as a section | n 501(c)(3) | , |

organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2011 Schedule A, Part II, line 14

16 %

16a 33 1/3% support test - 2012. 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

b 33 1/3% support test - 2011. 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

17a 10% -facts-and-circumstances test - 2012. 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.

b 10% -facts-and-circumstances test - 2011. 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
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990·EZ) 2012 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 | ation fails to |
|---|----------------|
| qualify under the tests listed below, please complete Part II.) | |

| Sec1 | tion A. Public Support | | | | | , | |
|-------|--|---------------------------------------|-----------------------|---------------------------------------|----------------------|----------------------|------------|
| Calen | dar year (or fiscal year beginning in) 🖊 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | |] | | | | |
| | membership fees received (Do not | | | | | | |
| - | include any "unusual grants ") | | | | | <u> </u> | |
| 1 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | 71-7 | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| 1 | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| 1 | zation's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 1 | furnished by a governmental unit to | | | | | | |
| 1 | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | |
| | Public support (Subtract line 7c from line 6) tion B. Total Support | | <u> </u> | £ | 1 | 1 | |
| | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2006 | (0) 2009 | (0) 2010 | (0) 2011 | (e) 2012 | (i) Total |
| 10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 1-444 | | |
| | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | the organization | 's first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | ation, |
| | check this box and stop here | o organization | c., ccconc, tim | _,, 51 11101 1 | | (-/(-/ -/ 9-//- | ▶□ |
| | tion C. Computation of Publi | c Support Pe | ercentage | | | | |
| | Public support percentage for 2012 (I | | | column (fl) | | 15 | |
| | Public support percentage from 2011 | | | | | 16 | |
| | tion D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | |
| | Investment income percentage from 2 | • | • | 10, 001011111 (1)/ | | 18 | • |
| | 33 1/3% support tests - 2012. If the | | | on line 14, and line | e 15 is more than : | | 7 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶ |
| | 33 1/3% support tests - 2011. If the | | | | | | and |
| | 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che | | | | | | |
| | | | | | | | 5 = |
| 20 | Private foundation. If the organization | n ala not check a | LUCK OF THE 14, 18 | a, or 190, check t | | nedule A (Form 99 | |

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

King's Ridge Christian School

Employer identification number

| D- | king's kidge chiis | | 30-2000003 |
|----|--|---|--|
| Pa | | | is or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | | 0.5 |
| | | (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 adv | ised funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can b | e used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpos | e conferring |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of an h | istorically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struc | ture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | ne organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ear | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | | f |
| | violations, and enforcement of the conservation easements if | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements | during the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements durin | g the year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 17 | O(h)(4)(B)(l) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expens | se statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describe | s the organization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections o | f Art, Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8 | · |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue state | ement and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in further | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue stateme | nt and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of p | ublic service, provide the following amounts |
| | relating to these items | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financi | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |
| | | | |

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

| Schedule D (Form 990) 2012 King's Ridge | | | 30- | 2000003 Page 3 |
|--|-------------------------|---------------------------------------|--------------------|----------------------|
| Part VII Investments - Other Securities. See | | (a) Math and of value | tions Coot or and | f year market value |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua | tion. Cost or end- | or-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | · | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (1) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII Investments - Program Related. Se | e Form 990, Part X, lin | ne 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valua | tion: Cost or end- | of year market value |
| | | · · · · · · · · · · · · · · · · · · · | | |
| (1) | | | | |
| (2) | 14.1 | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| | | | | |
| (8) | ··· | | | |
| (9) | | | | |
| (10) | | | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ | | | | |
| Part IX Other Assets. See Form 990, Part X, line | | | | /h) Deek value |
| (a) L | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | ÷ 15.) | | <u>▶</u> | |
| Part X Other Liabilities. See Form 990, Part X, II | ine 25 | | | |
| (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) Interest rate swap, at fa. | ir value | 2,039,504. | | |
| (3) Capital lease obligation | | 65,775. | | |
| (4) | | · · · · · · | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2,105,279. 2. FIN 48 (ASC 740) Footnote in Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

all positions are more likely-than-not to be sustained upon examination.

| Fait Aiii Supplemental Information (continued) |
|--|
| Generally, the School's tax returns are subject to examination by the U.S. |
| Federal, state and local authorities for three years after the returns are |
| filed. Currently, the 2009, 2010, 2011 and 2012 tax years are open and |
| subject to examination. However, the School is not currently under |
| examination, nor has the School been contacted by the Internal Revenue |
| Service. |
| |
| Part XI, Line 2d - Other Adjustments: |
| Expenses of fundraising events 73,715. |
| Unrealized gain on interest rate swap 604,907. |
| Unrealized loss on land - held for sale -450,000. |
| Total to Schedule D, Part XI, Line 2d 228,622. |
| Part XII, Line 2d - Other Adjustments: |
| Expenses of fundraising events 73,715. |
| |
| |
| |
| |
| |
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| |
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| |

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

King's Ridge Christian School

Employer identification number 58-2600863

| Par | | | YES | NO |
|-----|---|----|-----|------------|
| | | | 160 | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | v | ĺ |
| | other governing instrument, or in a resolution of its governing body? | 1 | X | ********** |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | _ | v | İ |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | ĺ |
| | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes | | | 1 |
| | the policy known to all parts of the general community it serves? If "Yes," please describe if "No," please explain. | | ,, | 1 |
| | If you need more space, use Part II | 3 | X | |
| | See Part II | | | |
| | | | | l |
| | | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | ĺ |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | <u> </u> |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | - |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | 1 |
| | admissions, programs, and scholarships? | 4c | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | 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 | | | |
| а | Students' rights or privileges? | 5a | | X |
| b | Admissions policies? | 5b | | Х |
| c | Employment of faculty or administrative staff? | 5c | | Х |
| d | Scholarships or other financial assistance? | 5d | | Х |
| е | Educational policies? | 5e | | X |
| f | Use of facilities? | 5f | | X |
| a | Athletic programs? | 5g | | X |
| h | Other extracurricular activities? | 5h | | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | , , , , , , , , , , , , , , , , , , , | | 1 | |
| | | | | |
| | | | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | | X |
| | Has the organization's right to such aid ever been revoked or suspended? | 6b | | X |
| | If you answered "Yes" to either line 6a or line 6b, explain on Part II | | | |
| 7 | Does the organization certify that it has compiled 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 | 7 | Х | |
| | For Parameter Reduction Act Notice, see the instructions for Form 990 or Form 990-F7 | ۰. | | 12012 |

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2012

Open To Public Inspection

| Name of the organization | idge Christian So | hoo | 1 | | | Employer ide 58-2600 | ntification number |
|--|--|--|--|--|----------|--|---|
| Part Fundraising Activities. C | omplete if the organization answer | | | Form 990, Part IV, I | ne 17 | | |
| required to complete this part. 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or o key employees listed in Form 990, Part b If "Yes," list the ten highest paid individe | funds through any of the following Solicita f Solicita g Special Stral agreement with any individual VII) or entity in connection with p | ng acti tion of tion of fundra I (include profess | vities. non-g gover alsing ding o | Check all that apply overnment grants nment grants events fficers, directors, trusundraising services? | stees | or Yes | ☐ No |
| (i) Name and address of individual or entity (fundraiser) | ganization. (ii) Activity | (iii) fundi have c or cor contrib | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | to (c | Amount paid ir retained by) fundraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | N-3-11 | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | • | | | | |
| 3 List all states in which the organization is or licensing. | registered or licensed to solicit | contrib | utions | or has been notified | d it is | exempt from re | egistration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| LHA Paperwork Reduction Act Notice, see | the Instructions for Form 990 | or 990 | -EZ. | | <u> </u> | chedule G (Forn | n 990 or 990-EZ) 2012 |

| | | • | | | | |
|-----------------|-----|--|-----------------------------|--|---------------------------------------|--|
| Sch | edu | ule G (Form 990 or 990-EZ) 2012 King's | | | | 2600863 Page 2 |
| Pa | irt | | _ | | | |
| | • | of fundraising event contributions and gr | | | | ts greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Barn Bash & | | • | (add col. (a) through |
| | | | Boil | County Fair | 1 | col. (c)) |
| e ' | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 68,599. | 49,823. | 47,770. | 166,192. |
| _ | 2 | Less. Contributions | 51,424. | 26,250. | 14,803. | 92,477. |
| | | | | 22 572 | 22 067 | |
| | 3 | Gross income (line 1 minus line 2) | 17,175. | 23,573. | 32,967. | 73,715. |
| : | 4 | Cash prizes | | | · · · · · · · · · · · · · · · · · · · | |
| S | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 2,500. | | 22,035. | 24,535. |
| Irect E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 14,675. | 23,573. | 10,932. | 49,180. |
| | 10 | · | | | > | (73,715) |
| | | Net income summary. Combine line 3, colum | | | • | 0. |
| Pa | | | | 990, Part IV, line 19, or re | ported more than | |
| | | \$15,000 on Form 990-EZ, line 6a | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | | | | | | |
| | 1 | Gross revenue | | | | |
| S | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| | | | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | • | () |
| | 8 | Net gaming income summary. Combine line | , column d, and line 7 | | > _ | |
| а | ls | ter the state(s) in which the organization opera the organization licensed to operate gaming ac 'No," explain. | tivities in each of these s | states? | | Yes No |
| | | ere any of the organization's gaming licenses re | • | - • | ear? | Yes No |

232082 01-07-13

| Sch- | edule G (Form 990 or 990-EZ) 2012 King's Ridge Christian School 5 | <u>8-260</u> | 0863 | Page 3 |
|-------|--|--------------|----------|-----------|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | _ | |
| | to administer charitable gaming? | , L | Yes | L No |
| 13 | Indicate the percentage of gaming activity operated in: | ł | | |
| а | The organization's facility | 138 | | % |
| | An outside facility | 131 | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ▶ | | | |
| | Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | |] Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ | | | |
| С | If "Yes," enter name and address of the third party | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions. | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | 1 | |
| | retain the state gaming license? | | Yes | ∟ No |
| D | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | 1e | | |
| Pa | TIV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column | s (III) and | (v), and | Part III, |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform | | | |
| | | | | |
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| | | | <u>.</u> | |
| 23208 | Schedule G (| Form 990 | or 990 | -EZ) 2012 |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2012 Open to Public

Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Schedule I (Form 990) (2012) **2** Employer identification number 58-2600863 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table King's Ridge Christian School (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part ! General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part 1

King's Ridge Christian School Schedule I (Form 990) (2012)

Page 2

58-2600863

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(f) Description of non-cash assistance Reduction in tuition, Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SSS provides the school and parent their analysis of the parent's financial statement along with their recommendation on the amount W-2's and a cover letter describing the specific reasons for seeking assistance are submitted to the school's financial aid by submitting the parent's financial statement form through Schedule I, Part I, Line 2: Parents/guardians are required to apply for the National A copy of the parent's financial 316 774 FMV (d) Amount of non-cash assistance the school and student service for financial aid (SSS) of 21,612. (c) Amount of cash grant 70 (b) Number of recipients statement form, income tax statement, Association of Independent Schools. (a) Type of grant or assistance Scholarships and financial aid business manager.

the parents are able to pay toward tuition.

232102 12-18-12

58-2600863 Page 2

Part IV Supplemental Information

The financial aid committee reviews the information provided by the parents and SSS. Each application is discussed and initial financial aid amounts are determined. The committee gives priority to funding high school students financial aid needs followed by middle school students financial aid needs and finally lower school students financial aid needs. The committee reviews the initial financial aid amounts and makes modifications based on total funding available and to ensure financial aid amounts are consistent for students with similar financial situation within the same school levels. (lower school, middle school, and high school). The committee also ensures that all AAAIS (Atlanta Area Association of Independent Schools) guidelines are followed. All applicants are notified of the decision of the financial aid committee. All applicants that are awarded financial aid are given two weeks to accept or reject the offer. Upon acceptance by the applicant, the financial aid award is communicated to the school accountant who ensures the financial aid is applied to the applicants account.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

2012

Open to Public Inspection

Name of the organization

Department of the Treasury

King's Ridge Christian School

Employer identification number 58-2600863

| Pa | R I Questions Regarding Compensation | | | |
|----|--|----|-----|----------|
| | | n | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X | <u> </u> |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X | |
| 3 | Indicate which, if any, of the following the 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, but explain in Part III | | | |
| | Compensation committee X Written employment contract | | | |
| - | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | The state of the significant of the state of | | | |
| 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| ¢ | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 1 |
| | contingent on the revenues of | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | if "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| þ | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | L | <u>L</u> |

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

Schedule J (Form 990) 2012

King's Ridge Christian School

Schedule J (Form 990) 2012

Part If 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.

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-------------------------|------|--------------------------|--|-------------------------------------|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (Q)-(i)(g) | reported as deferred In prior Form 990 |
| (1) C. David Rhodes III | (3) | 242,264. | 0 | 45,923. | 17,200. | 9,307. | 314,694. | 0 |
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| 22212 | | | | • | | | Sched | Schedule J (Form 990) 2012 |

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232112 12-12-12

232113 12-10-12

SCHEDULE K

OMB No 1545-0047

Schedule K (Form 990) 2012 (g) Defeased (h) On behalf (i) Pooled Yes No financing Employer identification number × 2012 Open to Public ŝ ž Inspection 58-2600863 ž × of Issuer Yes Yes Yes ŝ × Yes ŝ ŝ Financed the cost α O (f) Description of purpose 17000000.of acquisition Yes Yes Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ŝ ŝ ▶ See separate instructions. $\mathbf{\omega}$ Yes Yes Continuations (e) Issue price 17,000,000 × × X ŝ ŝ 05/04/06 ⋖ (d) Date issued Yes Yes × × 42 (Į) for Column 222121 12-17-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Ridge Christian School (c) CUSIP# None Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, 56-0939887 ► Attach to Form 990. See Part VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds King's Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service A BB&T (Form 990) Part II Parti 16 Ŋ 9 æ 0 5 얼 4 15 က 13 8 O

| e 42,23 e | Yes | ä | | 8 | , | O | | D |
|--|------|---------|-----|----------|---------|----|-----|------|
| Are there any management or service contracts that may result in private business use of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. | | | | | } | | | |
| business use of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. | | 2 | Yes | No | Yes | å | Yes | Ņ |
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| | | % | | % | <u></u> | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of | | | | | | | | |
| unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| section 501(c)(3) organization, or a state or local government | | % | | % | | % | , | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | × | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non- | | : | | | | | | |
| governmental person other than a 501(c)(3) organization since the bonds were issued? | | × | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | | | | | | | |
| of | | % | | % | | % | | % |
| c if "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | - | - | | | | | | |
| 1.141-12 and 1.145-27 | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| bonds of the issue are remediated in accordance with the requirements under | | | | | | | | |
| ᇜ | | 4 | | | | | | |
| Part IV Arbitrage | | | | | | | | |
| | 4 | | | a | | o- | ļ | : ام |
| | Yes | ₽; | Yes | 2 | Yes | 2 | Yes | 2 |
| 1 Has the issuer filed Form 8038-T? | | × | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | į | | | |
| a Rebate not due yet? | | × | | | | | | |
| b Exception to rebate? | | × | | | | | | |
| c No rebate due? | | × | | | | | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate | | | | | | | | |
| computation was performed | | | | | | | - | |
| 3 is the bond issue a variable rate issue? | × | | | | | | | |
| _ ا | | | | | | | | |
| hedge with respect to the bond issue? | × | | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | 10.0 | 000000 | | + | | | | |
| d Was the hedge superintegrated? | | × | | | | | | |
| e Was the hedge terminated? | | × | : | | | | | |

| Schedule K (Form 990) 2012 King's Ridge Christian School | | | 58-2600863 | 33 | | | . Page 3 |
|--|----------------------|-------------|--------------------|---------|---|--------------|----------------------------|
| Part IV Arbitrage (Continued) | - | | | | | | |
| | Yes | Yes | No No | Yes | 2 | Yes | , o |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | × | | | | | | |
| b Name of provider | | | | | | | |
| c Term of GIC | | | - | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | × | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | × | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | 1 |
| | 4 | | В | | O | | ۵ |
| | Yes No | | Yes No | Yes | N _o | Yes | No |
| Has the organization established written procedures to ensure that violations of | | | | | | | |
| closing agreement program if self-remediation is not available under applicable | | | | | | | |
| requiations? | | | | | | | |
| ntal Information. Complete | responses to questio | ns on Sched | ule K (see instruc | tions). | | - | |
| Schedule K, Part I, Bond Issues: | | | | | | | |
| 14 i On | | | | | | | |
| Tipenced the cost of acquisition and construction | pue | renavment | of debt | | | | |
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| 222123 | | | | | S | chedule K (F | Schedule K (Form 990) 2012 |
| 12-17-12 | | | | | | | |

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 58-2600863 King's Ridge Christian School Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction Yes No person and organization 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (h) Approved (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (g) In (f) Balance due by board or committee? with from the agreement? principal amount default? interested person of loan organization organization? From Yes Yes То No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2012

| | (a) Name of interested person | (b) Relationshi | ip between d the organ | | | (c) Amount of transaction | (d) Description of transaction | organiz | |
|-------------|--|-----------------|----------------------------|---------|---------|---------------------------|---|--------------|----------|
| | | person and | u tile organ | nzation | | transaction | | reven Yes | ues? |
| Inf | initee Communications | Founder | & CMO | of | In | 78,044. | Infinitee C | | X |
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| Part | | | | . to au | ations. | on Cahadula I. (aaa | In attrications) | | |
| | Complete this part to provide addition | | | - | | | | | |
| Sch | L, Part IV, Business | Transacti | ons I | nvo. | LV1 | ng Interest | ed Persons: | | |
| (a) | Name of Person: Infin | itee Comm | nunica | tior | ıs | | | | |
| (b) | Relationship Between | Intereste | ed Per | son | and | l Organizat | ion: | | |
| Fou: | nder & CMO of Infinite | e Communi | catio | ns j | is E | Barbara McG | raw, Truste | e | |
| (d) | Description of Transa | ction: In | finit | ee (| 'Omn | unications | whose Fou | nder | |
| | | | | | | | | | |
| and | CMO is Barbara McGraw | one of | the T | rust | ees | of King's | Ridge Chri | stla | <u>n</u> |
| Sch | ool, provides educatio | n marketi | ng se | rvi | es | for the Sc | hool. | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

King's Ridge Christian School

Employer identification number 58-2600863

Form 990, Part VI, Section B, line 11: After a draft version of the Form 990 has been prepared, the draft is sent to the finance committee members and Board of Directors. Members and directors discuss any issues or concerns that they may have with the draft Form 990. Once approved, the preparer is notified and authorized to prepare the final version of the form 990. The final Form 990 is signed by an officer and filed with the IRS.

Form 990, Part VI, Section B, Line 12c: Upon hiring a key employee or election of a person as a member of the Board of Trustees, the Organization's conflict of interest policy must be signed acknowledging that no conflicts of interest exist. Annually, key employees and board members reaffirm that no conflicts of interest exist by signing an update form. The Organization acts appropriately when a conflict is identified by any member of the Organization.

Form 990, Part VI, Section B, Line 15: Compensation for the headmaster is recommended by the executive committee and approved by the Board members annually. Compensation for other key employees other than the headmaster is determined by the headmaster. Compensation of key employees at other organizations of similar size and activities is used in determining the annual compensation. Performance of these key employees is also considered in determining annual compensation.

Form 990, Part VI, Section C, Line 19: The Organization makes its

governing documents, conflicts of interest policy and financial statements

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

Schedule O (Form 990 or 990-EZ) (2012)

202211
01-04-13

| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|---|---|
| Name of the organization King's Ridge Christian School | Employer identification number 58-2600863 |
| available to the public upon request. | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Unrealized Loss on Interest Rate Swap | 604,907. |
| Unrealized Loss on Land - Held For Sale | -450,000. |
| Total to Form 990, Part XI, Line 9 | 154,907. |
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Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2013)

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | > | • [X] | | |
|---------------------------------------|---|--|--|---|------------------------------|---------------|--|--|
| ● If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II (on page 2 of | this form) | | | | |
| Do not | complete Part II unless you have already been granted | an automa | atic 3-month extension on a previous | sly filed Fo | orm 8868. | | | |
| Electron | nic filing (e-file) You can electronically file Form 8868 if y | you need a | a 3-month automatic extension of tir | ne to file (| 6 months for a corp | oration | | |
| required | to file Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically f | ile Form 8 | 868 to request an e | extension | | |
| of time to | o file any of the forms listed in Part I or Part II with the ex | ception of | Form 8870, Information Return for | Transfers | Associated With Co | ertain | | |
| Persona | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details | on the ele | ctronic filing of this | form, | | |
| visit www | v.irs gov/efile and click on e-file for Charities & Nonprofits | <u></u> | | | | | | |
| Part I | Automatic 3-Month Extension of Time | o. Only s | submit original (no copies ne | eded). | | | | |
| A corpor | ation required to file Form 990-T and requesting an autor | matic 6-mo | onth extension · check this box and | complete | | | | |
| Part I on | ly | | | | | · 🗀 | | |
| | corporations (including 1120-C filers), partnerships, REM | IICs, and t | rusts must use Form 7004 to reques | st an exte | nsion of time | | | |
| to file ind | come tax returns. | | | , | ··· | | | |
| Type or | Name of exempt organization or other filer, see instru | ctions. | | Employer identification number (EIN) or | | | | |
| print | | _ | | } | | | | |
| | King's Ridge Christian Scho | <u> </u> | | 58-2600863 | | | | |
| File by the due date fo filing your | or Number, street, and room or suite no. If a P O. box, see instructions. | | | | Social security number (SSN) | | | |
| return See | 2765 Bethany Bend | | | L | | | | |
| instructions | Alpharetta, GA 30004 | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | |
| | 1 | | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 | | |
| Applicat | ion | Return | Application | | | Return | | |
| is For | 1011 | Code | Is For | | | Code | | |
| | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| | | 02 | Form 1041-A | 08 | | | | |
| Form 990-BL Form 4720 (individual) | | 03 | Form 4720 | | | 09 | | |
| Form 99 | | 04 | Form 5227 | | | | | |
| | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 10 | | | | |
| | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | Mr. Guy Price | | | | | 1 12 | | |
| • The b | ooks are in the care of > 2765 Bethany Be | end - | Alpharetta, GA 30 | 004 | | | | |
| | hone No. ► 770-754-5738 | | FAX No. ▶ 770-754-57 | | | | | |
| | organization does not have an office or place of business | s in the Ur | nited States, check this box | | | | | |
| • If this | is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) | f this is fo | r the whole group, o | check this | | |
| box ▶ | | 1 | ch a list with the names and EINs of | | | | | |
| 1 ire | equest an automatic 3-month (6 months for a corporation | | | | | | | |
| | February 15, 2014, to file the exemp | t organiza | tion return for the organization name | ed above. | The extension | | | |
| is 1 | for the organization's return for: | | | | | | | |
| > | calendar year or | | | | | | | |
| > | X tax year beginning JUL 1, 2012 | , an | d ending <u>JUN 30, 2013</u> | | · | | | |
| 2 lf t | he tax year entered in line 1 is for less than 12 months, c | hack rose | on: Initial return | Final retur | _ | | | |
| Ť Ï | Change in accounting period | HOUR ICES | on milia (e(on)) | risiai i e tui | 11 | | | |
| | Change in accounting period | | | | | | | |
| 3a If t | his application is for Form 990-BL, 990-PF, 990-T, 4720, 6 | or 6069. e | nter the tentative tax, less any | | | | | |
| | nrefundable credits. See instructions | , - | | За | \$ | 0. | | |
| | his application is for Form 990-PF, 990-T, 4720, or 6069, | enter anv | refundable credits and | | | | | |
| | timated tax payments made. Include any prior year overp | - | | 3ь | \$ | 0. | | |
| | lance due. Subtract line 3b from line 3a Include your pa | | | | | _ | | |
| | using EFTPS (Electronic Federal Tax Payment System) | | • | 3c | \$ | 0. | | |
| | . If you are going to make an electronic fund withdrawal v | | | orm 8879- | EO for payment inst | ructions. | | |

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| Form:8868 (Rev. 1-2013) | | <u> </u> | | | Page 2 | | |
|---|--|--|-----------------------|---------------------------------------|--------------------|--|--|
| If you are filing for an Additional (Not Automatic) 3-Mon | | | | | ▶ LXJ | | |
| Note. Only complete Part II if you have already been grante | d an automatic | 3-month extension on a previously t | iled Form | 8868. | | | |
| If you are filing for an Automatic 3-Month Extension, co | mplete only P | art I (on page 1). | | | | | |
| (Partill Additional (Not Automatic) 3-Mon | th Extensio | n of Time. Only file the origin | al (no c | copies need | 1 0 0). | | |
| | | Enter filer's | identify | ng number, s | ee instructions | | |
| Type or Name of exempt organization or other filer, see | rpe or Name of exempt organization or other filer, see instructions Employer identification nu | | | | | | |
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| DIDO VOUE | " Monitori, Street, and footh of Suite No. If a P.O. Dox, see instructions. | | | | r (SSN) | | |
| return See 2765 Bethany Bend | | | L | | | | |
| instructions City, town or post office, state, and ZIP code. F | or a foreign add | iress, see instructions. | | | | | |
| Alpharetta, GA 30004 | | | | | | | |
| | | | | | | | |
| Enter the Return code for the return that this application is | for (file a separa | te application for each return) | | | 0 1 | | |
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| Form 990 or Form 990-EZ | 01 | が対象が高いません。 対対表の必要がある。 対対表の対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対 | Control of the second | · · · · · · · · · · · · · · · · · · · | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 | | |
| Form 4720 (Individual) | 03 | Form 4720 0 Form 5227 1 | | | | | |
| Form 990-PF | 04 | Form 5227 | | | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | | |
| Form 990-T (trust other than above) | 06 | Form 8870 12 | | | | | |
| STOP: Do not complete Part II if you were not already gr | | <u>natic 3-month extension on a prev</u> | jously file | <u>ed Form 8868</u> | i | | |
| Mr. Guy Pric | | | | | | | |
| The books are in the care of | Bend - | | | | | | |
| Telephone No. ► 770-754-5738 | | FAX No. $\triangleright 770 - 754 - 57$ | 41 | | . — | | |
| If the organization does not have an office or place of but | | | | | ▶ | | |
| If this is for a Group Return, enter the organization's four | | | | - | • | | |
| box . If it is for part of the group, check this box | | | all-memt | ers the exten | sion is for. | | |
| 4 I request an additional 3-month extension of time unti | | 15, 2014 | | | | | |
| 5 For calendar year, or other tax year beginning | | | | 1 3.0 , 20 | 113 | | |
| | If the tax year entered in-line 5 is for less than 12 months, check reason: Initial-return Final return | | | | | | |
| Change in accounting period | | | | | | | |
| 7 State in detail why you need the extension | | TOO DADMY THOONAM | | | | | |
| | TAXPAYER IS AWAITING ADDITIONAL THIRD PARTY INFORMATION TO FILE A | | | | | | |
| COMPLETE AND ACCURATE RETUR | CIV. | · | | · · · · · · · · · · · · · · · · · · · | | | |
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| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o | | nter the tentative tax, less any | | i | ^ | | |
| nonrefundable credits. See instructions. | 2020 | | - 8a | - | 0. | | |
| • • | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | | | |
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| previously with Form 8868. | | hable forms if required by the | 8b_ | \$ | 0. | | |
| c Balance due. Subtract line 8b from line:8a. Include you | | n this form, it required, by using | | | 0 | | |
| EFTPS (Electronic Federal Tax Payment System). See | | st be completed for Part II o | | 1.3 | 0. | | |
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| Under penalties of perjury, I declare that I have examined this form, It is true, correct, and complete, and that I am authorized to prepare | menumyaccomp this form. | лануніў всявочіва ано зіаівтвілів, апо іі |) 128Q 811 C | A HIY KITOWIEGGE | s and Denei, | | |
| | D CPA | | Date | ~ . | 1.14 | | |
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