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# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2012 Open to Public

Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

<u>A</u>	For the	2012 cale	endar year, or tax year beginning July 1 , 2012, and ending June :	30	, 20_13
В	Check if	applicable	C Name of organization LIVE OAK CLASSICAL SCHOOL, INC D	Employ	er identification number
	Address	change	Doing Business As		77-0616274
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite E	Telephor	ne number
	Initial ref	turn	P O BOX 647		254-714-1007
	Termina	ted	City, town or post office, state, and ZIP code		
$\overline{\Box}$		ed return	Gross re	eceipts \$ 2,376,264	
$\bar{\Box}$		tion pending			for affiliates? Yes No
	, <b>(p</b> pout	g			ncluded? Yes V No
$\overline{}$	Tay-ovo	mpt status			list (see instructions)
<u>:</u>	Website		W.LIVEOAKCLASSICAL.COM H(c) Group ex		,
ĸ					
	art I	Summ		VI State	of legal domicile TX
	1		escribe the organization's mission or most significant activities. LIVE OAK CLASSICAL	SCH	OL STRIVES TO FOUR
	<b>'</b>				
e	-		IS TO LOVE GOD WITH ALL THEIR HEARTS, SOULS AND MINDS. WE DRAW ON THE CLA		
lan			ARE STUDENTS TO REASON CLEARLY, COMMUNICATE EFFECTIVELY, AND ACT RESPO		
err			GLORY OF GOD. DURING THE YEAR WE PROVIDED FOR 314 STUDENTS IN GRADES JK		
Activities & Governance	2		is box ► If the organization discontinued its operations or disposed of more than 2	1 _ 1	
જ	3		of voting members of the governing body (Part VI, line 1a)	3	13
ies	4		of independent voting members of the governing body (Part VI, line 1b)	4	12
Ξ	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)	5	113
Ą	6		mber of volunteers (estimate if necessary)	6	400
	7a		related business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34	7b	0
	ł		Prior Year		Current Year
ā	8			71,317	120,133
en C	9	Program	service revenue (Part VIII, line 2g)	87,869	2,244,771
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	1,290	866
-	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,040	10,494
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,3	74,516	2,376,264
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		
Ś	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,620	1,677,611
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		
g	ь	Total fun	draising expenses (Part IX, column (D), (line 25)		
щ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 111-24e)	52,045	684,521
	18			45,665	2,362,132
	19		105 - 0 2011 107	28,851	14,132
s or	3		인 Beginning of Curre	nt Year	End of Year
lanc	20	Total ass		40,948	1,954,790
ASS	21	Total liab		43,287	1,038,352
Net Assets Fund Baland	22	Net asse	O. L. Company	97,661	916,438
	art II	Signa	ture Block		
_			iry, I declare that thave examined this return, including accompanying schedules and statements, and to the	best of r	ny knowledge and belief, it is
tru	e, correc	t, and comp	lete Declaration of prepared by her than officer) is based on all information of which preparer has any knowledge	ge ,	. 1
_		T	All the	4-	73-14
Sig	an	Sign	pature of officer Date		
He	-		M. Frank Alexander Cto		
	0	Type	e or print name and title		
_			pe preparer's name Preparer's signature Date		PTIN
	aid	1		Check [ self-emp	#
	epare				
Us	se On				
NAC	w tha II		address ► Phone s this return with the preparer shown above? (see instructions)	no	Yes No
IVIC	ıy u≀⊏ II	いし いろじひろ	a una return with the proparci anown upove: (acciliatiuctiona)		· · Lites Lino

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y



Form **990** (2012)

	90 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u>. </u>
1	Briefly describe the organization's mission:	
	Live Oak Classical School strives to equip students to love God with all their hearts, souls and minds. We draw on	
	the classical tools of learning to prepare students to reason clearly, communicate effectively and act responsibly	
	in the world-all for the glory of God. During the year we provided for 314 students in grades JK through the 12th grade.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	√No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	<b>☑</b> No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	
4a	(Code: 611110 ) (Expenses \$ 2,087,109 including grants of \$ ) (Revenue \$ 2,375,398	)
	A CUDICTION AND CLASCICAL EDUCATION WAS DROUBED FOR 244 CTUDENTS IN CRADES IN TUDOUS 42	
	A CHRISTIAN AND CLASSICAL EDUCATION WAS PROVIDED FOR 314 STUDENTS IN GRADES JK THROUGH 12	
	·	
		-
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
	/(// // // // // // // // // // // /	,
		<b></b>
		<b></b>
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses	

Part I	V Checklist of Required Schedules			- ugc c
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	<u> </u>
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<b>✓</b>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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			
7	"Yes," complete Schedule D, Part I	6	-	<b>/</b>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			<b>\</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	<u> </u>
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		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>▼</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	<b>V</b> ✓
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		<b>∀</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
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	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>▼</b>
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		✓
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 Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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 Schedule L, Part I	25b		<b>→</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>·</u> ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>\</b>
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		1
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
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		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	<u> </u>
		For	n <b>9</b> 90	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance	-	`	
	Check if Schedule O contains a response to any question in this Part V	· · ·	Yes	. D
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3		res	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	Ì	ļ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	ł	
	reportable gaming (gambling) winnings to prize winners?	1c	1	ţ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 113	]	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b_	<b>✓</b>	L
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<del>                                     </del>	<b>-</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	├─	
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		/
b	If "Yes," enter the name of the foreign country:	4a	<del> </del> -	<b> </b>
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	l	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
_	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	l	
а	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	\ <u>``</u>	<del>                                     </del>	<del>                                     </del>
	required to file Form 8282?	7c		<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<b>├</b>
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<del> </del>	<del> </del>
O	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	l	1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	<del> </del>
40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		├
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		ł
11	Section 501(c)(12) organizations. Enter:	1	1	ļ
а	Gross income from members or shareholders	]		Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del>
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
u	Note. See the instructions for additional information the organization must report on Schedule O	1.50	<del> </del>	<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See					
	Check if Schedule O contains a response to any question in this Part VI					
Section	on A. Governing Body and Management	<u> </u>	- <u>·</u> ·	<u> </u>		
			Yes	No		
1a	10	٠,	ı			
	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.	(c, )	•	, `		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b12	- i		,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Ĭ		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1		
4	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	_	<u> </u>		
6	Did the organization have members or stockholders?	6		<b>/</b>		
7a	one or more members of the governing body?	7a		1		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	<b>√</b>	<u> </u>		
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_			
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.	-		١,		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	<u> </u>		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>			
12	describe in Schedule O how this was done	12c				
13 14	Did the organization have a written document retention and destruction policy?	14		<b>▼</b>		
15	Did the process for determining compensation of the following persons include a review and approval by	<del></del>		<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ľ . ˈ	-;	, '		
а	The organization's CEO, Executive Director, or top management official	15a	1			
b	Other officers or key employees of the organization	15b	<b>\</b>			
40	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 taxable entity during the year?	16a	,	1		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			,, , ,		
	organization's exempt status with respect to such arrangements?	16b		<u> </u>		
	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)		
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,			
	organization: ► W. FRANK ALEXANDER, CFO, P O BOX 647, WACO, TX 76703 254-714-1007	J. 1110	•			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box it heither the organization no	Tally relate	u oig	ailiz			ompe	:1158	ted any curren	it officer, director	, or trustee.
	1	1		-	C)					
(A)	(B)	(do n	ot ob		ition	e than (	000	(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any	<del></del>	er and		irect	or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	ins	Officer	<u>چ</u>	a₽	Former	the	organizations	compensation
	related	l red	Į,	Cer	en	ploy	l Her	organization	(W-2/1099-MISC)	from the
	organizations	호텔	on a	ļ	Key employee	8.5	'	(W-2/1099-MISC)		organization and related
	line)	rust	Į į	ľ	yee	age				organizations
	1	8	Institutional trustee		1	Highest compensated employee		1		
						e.	<u> </u>			L
(1) Alicen Messah										
(1) Alison Moffatt	40		1	1	1	1		50.750		
Head of School (2) W. Frank Alexander		-		<del>-</del>	۲	<del>                                     </del>	╁	50,750	<del></del>	<del></del>
	24	1		1	1			47,250		
CFO, Treasurer, Non-Voting (3) Wm. deGraffenried	1 -		$\vdash$	<b>  •</b>	Ť	<del> </del>	-	47,230	<del></del>	<del></del>
President of School Board	5	1	1 1	١	1		١			
(4)		<u>*</u>	-	├─	$\vdash$	<del> </del>	$\dagger$	<del> </del>		<del></del>
(4) Dennis Tucker	5	1								
Vice President,	<del> </del>	┝╌	-	-	-	<del></del>	┢╌	<del></del>		
(5) Steve Willis	5	1				Į	l			
Secretary (6) Rob Baker	<del> </del>	<del>                                     </del>	├-	-	$\vdash$	<del> </del>	$\vdash$	<del></del>		
	1	1			ì	}		1		
Board Member	<del> </del>	<b>├</b> `─	$\vdash$	-	<del> </del>		┿	<del></del>		<del></del>
(7) Jay Caballero	·····	1			1	Ì		1		
Board Member	<del></del>	<u> </u>	-	├-	-	╁	├			
(8) Jeremy Counseller		1								
Board Member	1	<b>├</b>	-	-	-		<del>-</del>	<del> </del>		
(9) Jennifer Daily		١,			ļ			1		
Board Member	1	/	$\vdash$	├-	├-		├	<del></del>	<del>  -</del>	<del></del>
(10) Felipe Garcia		1		1	1	}	}	1		
Board Member	1	+ <u>*</u>	-		-	-	+	<del></del>	<del> </del>	
(11) David Stringer		1						1		
Board Member	1	/	ļ	├-	├		├-			
(12) Jeff Wallace		1 ,			ĺ			1		
Board Member	1	/	<u> </u>		<u> </u>	ļ	-	<del></del>		
(13) Julie Zakhary		١,			1	1		1		
Board Member	16	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ	$\vdash$	11,500		
(14) Kim Hanysak		1 .		1	1	)		}	)	
Board Member	1	<b>✓</b>	L	L		1	L	l		

	(A) Name and title	(B) Average hours per	box,	unles	eck s pe	ition more	e than o is both or/trust	an	(D)  Reportable compensation	1 '		ame	(F) mated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		comp fro orga and	ther ensation m the nization related sization	n t
(15)														
(16)									-					
(17)											***			
(18)							<del></del>	- 						
(19)								-						
(20)														
(21)					-					<u></u>	_			
(22)														
(23)				-				<u> </u>		 	-	· ····•		
(24)		-							-					
(25)									-					
1b c d	Sub-total	VII, Sectio			•			<b>&gt; &gt; &gt;</b>	109,500					
2	Total (add lines 1b and 1c).  Total number of individuals (including bu reportable compensation from the organ		to th				above	e) w	ho received mo	ore than \$1	00,00	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c							est compe	ensate	ed .	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$ <sup>-</sup>	150,		)? <i>1</i> :	f "Ye	s,"	complete Sch	edule J fo	r suc	h 4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dıvıdu	al   5	,	1
Section 1	on B. Independent Contractors  Complete this table for your five highest compensation from the organization. Repear.													 tax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
	NONE													
								-						
2	Total number of independent contractor							th	nose listed abo	ove) who	, c.	15	-, , , ,	, , ,
	received more than \$100,000 of compen	Sauvii irviii	uie 0	ıyar	uza	uon					<u>",</u>	, ,		

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

Part	VIII	Statement of Reve	nue			<del></del>		
		Check if Schedule O c	contains a resp	onse to any quest				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
	С	Fundraising events .		120,133				
Gif	d	Related organizations			l l			
ns, Sim	е	Government grants (cont		·	]			
er iti	f	All other contributions, gif		. 1	į	į		
oth O	_	and similar amounts not incl		<del></del>				
ou pu	g	Noncash contributions include Total. Add lines 1a–1f			400 400			
9 C	- 11	Total. Add lines 1a-11	<u> </u>	Business Code	120,133			<u> </u>
enn	2a	TUITION AND FEES		611110	2,091,533	2,091,533		
Program Service Revenue	b	HOT LUNCHES		611110	62,351	62,351	<del></del>	
<u>.</u>	C	GALA AND AUCTION		611110	64,455	64,455		
èer	d	FIELD TRIPS		044440	26,432	26,432		
E	е							
ogra	f	All other program serv						
<u>4</u>	g	Total. Add lines 2a-2f			2,244,771			
	3	Investment income (		dends, interest,				
		and other similar amou	•	▶	866			866
	4	Income from investment		· ·				
	5	Royalties	(i) Real	(ii) Personal		···-		
	60	Gross rents	9,00	<del></del>				
	6a b	Gross rents Less: rental expenses	3,00					
	C	Rental income or (loss)		<del> </del>				
	d	Net rental income or (	loss)	· •	9,000	9,000		
	7a	Gross amount from sales of	(i) Securities	(II) Other	7,000			
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				i		
	С	Gain or (loss)						
	d	Net gain or (loss) .						<u> </u>
enne/	8a	Gross income from full events (not including \$	ndraising					
Other Reve		of contributions reporte See Part IV, line 18	•	a				
돭	b	Less: direct expenses		b	i			1
	С	Net income or (loss) fr		g events 🕨				<u> </u>
	9a	Gross income from gain						
	l	Less: direct expenses		b				
	102	Net income or (loss) fr Gross sales of inv						
	102	returns and allowance	<del>-</del>	a 8,746				
	b	Less: cost of goods so		b 7,252				
	C	Net income or (loss) fr			1,494	1,494		
	_ <u>-</u> _	Miscellaneous Re		Business Code	1,434	1,404		
	11a			T				
į	b						<del></del>	
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-						
	12	Total revenue. See in	structions	<u></u> . <b>&gt;</b>	2,376,264	2,375,398		866

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization:	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se to any question i	n this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	ed on lines 6b, 7b, (A) Total expenses		(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	109,500		109,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,376,006	1,268,209	83,047	24,750
9	section 401(k) and 403(b) employer contributions) Other employee benefits	68,305	56,305	12,000	
10 11 a	Payroll taxes	123,800	105,524	16,296	1,980
b c d e f g	Legal	1,446	1,446		
12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion	5,000 22,450			5,000 22,450
13 14 15 16	Office expenses	46,177 13,949 111,082	46,177 13,949 111,082		
17 18	Travel	4,902	4,902		
19 20 21	Conferences, conventions, and meetings Interest	8,753 42,802	8,753 42,802		
22 23 24	Depreciation, depletion, and amortization .  Insurance	50,692 24,843	50,692 24,843		
а	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
c d					
25 26	All other expenses SCHEDULE O  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	352,425 2,362,132	352,425 2,087,109	220,843	54,180
LU	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . (B) End of year Beginning of year 1 99,817 59,850 2 Savings and temporary cash investments . . 2 100,000 100,000 3 Pledges and grants receivable, net . . . 3 Accounts receivable, net . . 4 4 42.722 29,441 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . 3,941 8 4,204 Prepaid expenses and deferred charges . . . q 9 9,159 3,121 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 1.879,334 Less: accumulated depreciation . . . . 10b b 1,785,309 10c 121,160 1,758,174 11 11 12 Investments—other securities, See Part IV, line 11 . . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,040,948 1,954,790 17 Accounts payable and accrued expenses . . . . . . . 17 58,208 44,599 18 Grants payable. 18 . . . . . . . . . . 19 Deferred revenue 19 216,275 167.195 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . 23 823,803 795.058 24 Unsecured notes and loans payable to unrelated third parties . 24 45,001 31,500 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . 26 1,143,287 1,038,352 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . . . (40,836) 27 (26,703)28 28 8,873 13,517 Permanently restricted net assets . . . . . . 29 929,624 929,624 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . 30 30

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . .

31

32

33

34

Form **990** (2012)

916,438

1,954,790

31

32

33

897,661

2,040,948

_	-	
Page	1	4

					·90 · <u>-</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	76,264
2	Total expenses (must equal Part IX, column (A), line 25)	2			52,132
3	Revenue less expenses. Subtract line 2 from line 1	3 14.1:			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		89	97,661
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4,644
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9	16 <u>,438</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>	<u> </u>	
			_	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_   ′.	. ]	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın   ,	'	,
	Schedule O.			4,	. '
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	- ✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		
	reviewed on a separate basis, consolidated basis, or both:		l	İ	'
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?	• •	2b	4	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a   '	1	· .
	separate basis, consolidated basis, or both		Ì	1	
	Separate basis Consolidated basis Both consolidated and separate basis			1 -	-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts.		<u> </u>	1.	
	·			<b>√</b>	├
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	ın   '	.].	<b>l</b> .
		fauth		'-	· `
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortn	1		1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	·	· 3a	+	<b>-</b>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ab 3b		
	required addit of addits, explain with in obligable of and describe any steps taken to undergo such a	uuita		rm <b>990</b>	(0045)
			Fo	in aar	(2012)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

f

**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

Open to Public Inspection

П

Yes No

11g(i)

11g(iı)

11g(iii)

Employer identification number

LIVE OAK CLASSICAL SCHOOL, INC. 77-0616274 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

(ii) A family member of a person described in (i) above? . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(iii) below, the governing body of the supported organization?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

h Provide the fo	llowing informat	ion about the support	ed organi:	zation(s).					
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))		(iv) is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (l) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of moneta support	
		<u> </u>	Yes	No	Yes	No	Yes	No	1
(A)									
(B)									
(C)									
(D)								i	
(E)									
Total							,	1.5.1.	

## SCHEDULE D (Form 990)

**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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer Identification number

	AK CLASSICAL SCHOOL, INC	on Advised Funds on Other Circles	77-0616274
Part	organizations Maintaining Done organization answered "Yes" to F	or Advised Funds or Other Similar Fu form 990, Part IV, line 6.	inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year) .		<u> </u>
	Aggregate grants from (during year)		<del> </del>
	Aggregate value at end of year		<u></u>
	Did the organization inform all donors and		
	funds are the organization's property, subje	<del>-</del>	
	Did the organization inform all grantees, do only for charitable purposes and not for the		
Part	Conservation Essements Com	olete if the organization answered "Yes	* to Form 990 Part IV line 7
	Purpose(s) of conservation easements held		to roini 990, Fait IV, line 7.
	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	_ Treservation	of a certified firstoric structure
	Complete lines 2a through 2d if the organize	ation held a qualified conservation contribu	ition in the form 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
	Total acreage restricted by conservation ea	sements	<del></del>
	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include	ded in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regis	ster	2d
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
	Number of states where property subject to		
	Does the organization have a written po		
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing conservation ea	sements during the year
0	Door cook concentration agreement reported	d on line 2(d) above setisfy the requirement	o of another 170/h\/4\/D\
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on the z(d) above satisfy the requirements	
^			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the		
	organization's accounting for conservation	_	mancial statements that describes the
Part		ections of Art, Historical Treasures,	or Other Similar Assets
		wered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text	of the footnote to its financial statements the	hat describes these items
b	If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in it	is revenue statement and balance shee
	works of art, historical treasures, or other public service, provide the following amoun	· · · · · · · · · · · · · · · · · · ·	education, or research in furtherance o
	(i) Revenues included in Form 990, Part VII	I, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X .		<b>&gt;</b> \$
2	If the organization received or held works	of art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported to	under SFAS 116 (ASC 958) relating to these	e items
а	Revenues included in Form 990, Part VIII, III	ne 1	<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>b</b> ¢

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and ot	her reco	rds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams	
b	☐ Scholarly research								
C	☐ Preservation for future generations	;							
4	Provide a description of the organizat XIII.	ion's	collections a	and expl	ain how t	hey further	the org	ganızatıon's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit	t or receive	donation	ns of art,	historical tr	easure	s, or other sim	ılar
Part									
rait	line 9, or reported an amoun					janization	answe	red res tor	omi 990, Part IV,
12	Is the organization an agent, trustee,					or contribut	ione oi	r other accete	not
ıa	included on Form 990, Part X?	Cusii		iei iiiteii	nedially it	or Continual	.10115 01	Other assets	·
b	If "Yes," explain the arrangement in Pa						• •		· [] Yes [] No
D	ii res, explain the arrangement in ra	מונ אווו	and comple	ste the it	mowing to	aule.		1	Amount
С	Beginning balance						10	<del></del>	
d	Additions during the year						10	<del></del>	
e	Distributions during the year						16		<del></del>
f	Ending balance						11		
2a	Did the organization include an amour								☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa								
Par									
			Current year		or year				ck (e) Four years back
1a	Beginning of year balance						-		
b	Contributions								
С	Net investment earnings, gains, and						_		
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs				_				
f	Administrative expenses				<u> </u>				
g	End of year balance								
2	Provide the estimated percentage of the				ce (line 1g	j, column (a	)) held	as.	
а	Board designated or quasi-endowmer	nt ▶_		%					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment		%						
_	The percentages in lines 2a, 2b, and 2		-						
3a	Are there endowment funds not in the	e poss	session of th	ne organ	ization th	at are held	and ac	iministered for	
	organization by:								Yes No
	(i) unrelated organizations								. 3a(i)
	``				 C-bd				3a(ii)
ь 4	If "Yes" to 3a(ii), are the related organi Describe in Part XIII the intended uses								. [3b]
Part									
rait	Description of property	Tilei	(a) Cost or of	<u>_</u>	<del>,</del>	or other basis	(0)	Accumulated	(d) Book value
	Description or property		(investm			other)		epreciation	(u) Book value
1a	Land	. [		269,000					269,000
b	Buildings	.		1,486,512	<u> </u>			70,953	1,415,559
С	Leasehold improvements	.	·		<b></b>				
d	Equipment	.		123,822	<b>↓</b>			50,207	73,615
<u>e</u>	Other				<u> </u>	= -	L		
Total.	Add lines 1a through 1e. (Column (d) m	nust e	qual Form 9	90, Part	X, columi	n (B), line 10	)(c).)	<u>.</u> . <u>.</u> ▶_	1,758,174

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

► 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.

**Schools** 

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	DAK CLASSICAL SCHOOL, INC 77-0616	6274		
			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	1	
	THE SCHOOL PUBLISHES A NONDISCRIMINATORY STATEMENT ANNUALLY IN AN AD IN THE WACO TODAY MAGAZINE, THE STANDARD (OUR HANDBOOK FOR ALL PARENTS AND STUDENTS) AND ON OUR WEBSITE			
a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	1	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	1	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	/	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	1	
		1	1	
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
а	Does the organization discriminate by race in any way with respect to	5a 5b		T
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			ļ.,
a b c	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5b		,
b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c		,
b	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5b 5c 5d		,
a b c d e	Does the organization discriminate by race in any way with respect to Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c 5d 5e		
a b c d e f	Does the organization discriminate by race in any way with respect to Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d 5e 5f		,
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b 5c 5d 5e 5f 5g		~

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIVE OAK CLASSICAL SCHOOL, INC

Employer identification number

77-0616274

OMB No 1545-0047

PART VI, 11a	A COPY OF THE 990 WAS PROVIDED TO	EACH MEMEBER OF T	HE BOARD PRIOR TO FILING. AFTER REVIEW , THE
FINANCE COMM	ITTEE RECOMMENDED TO THE FULL BOA	RD THAT THE RETURN	BE APPROVED AND THAT THE CFO BE INSTRUCTED
TO SIGN AND MA	AIL THE RETURN BY THE DUE DATE. MOT	ION WAS APPROVED.	
		<del></del>	
PART VI, 12c	ANNUAL AFFIRMATION OF THE POLICY	IS INDIVIDUALLY SIGN	ED BY EACH BOARD MEMBER AND KEY STAFF
PART VI, 15a, b	ANNUAL WRITTEN REVIEWS OF ALL	EDUCATORS AND KEY	STAFF ARE REVIEWED BY THE HEAD OF SCHOOL AND
REPORTED TO T	THE BOARD. ALL SALARY AND BENEFITS	ARE APPROVED BY T	HE FINANCE COMMITTE AND FULL BOARD DURING THE
BUDGETING PRO	OCESS.		
		••	
PART VI c 19	ALL DOCUMENTATION IS AVAILABLE F	OR INSPECTION IN TH	E ADMINISTRATION OFFICE UPON REQUEST BY THE
INTERESTED PA	RTY.		
PART IX, 24	OTHER EXPENSES:		
	ATHLETICS	\$ 25,347	
<b></b>	CURRICULUM & CLASSROOM	60,102	
	COST OF HOT MEALS	59,641	
	FIELD TRIPS	27,443	
	GALA EXPENSES	9,084	
	SCHOLARSHIPS	170,808	
	TOTAL OTHER EXPENSES		352,425
		<del>,</del>	
PART XI, 9	\$ 4,644 RECEIVED FROM STUDENTS FO	R FIELD TRIPS ADDED	TO RESTRICTED FUNDS