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990 Form

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 private foundations)

♦ Do not enter Social Security numbers on this form as it may be made public.

◆ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

, <u>A</u>	Fort	he 2013 c	alendar yea	ar, or tax year be	eginning 0	7/01/13	, and ending	06/30/3	L4				
\ <u>B</u>	Check i	řapplicable	· · · · · · · · · · · · · · · · · · ·							D Emplo	yer identification number		
· L	Adotress	s change	Walnut Grove Christian School										
	Name	change	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite							57-1119849 E Telephone number			
~ [nitial re	etum		•		ed to street address;	ı		Room/suite				
· F	Temma			Maxwell M1 n, state or province, cou		forcian postal anda				80.	3-835-2001		
-	รี				uniny, and zip or		00				950 030		
Ļ	≒	ed return	F Name and a	address of principal offi	icer	SC 297		****	1	G Gross re			
L	_ Applicat	tion pending								roup return for subordinates? 🔲 Yes 🛛 No			
										bordinates inc	oordinates included? Yes No		
											(see instructions)		
_	Tax-ex	empt status		X 501(c)(3) 501(c) () ▼ (insert no) 4947(a)(1) or 527									
J	Websi			nutgrove	christi	anschool			H(c) Group ex	emption numbe	er 🔷		
ĸ	Form o	of organization	X Corpor		Association	Oher ◆		L \	rear of formation 2		M State of legal domicile SC		
	Part I	Su	ımmary										
	Briefly describe the organization's mission or most significant activities												
	g l	K-12											
	la l												
ഗ	Governance			•									
2016	g 2			if the organization				f more than 25	5% of its net as	sets			
. ~	3	Number of	of voting me	mbers of the gove	erning body ((Part VI, line 1a)	1			3			
	g 4	Number of	of independe	ent voting membe	rs of the gov	eming body (Pa	ırt VI, line 1b)			4	3		
.	Activities 9 6	Total num	nber of indiv	ıduals employed ı	ın calendar y	ear 2013 (Part \	V, line 2a)			5	21		
))	<u>کا</u> 6	Total nun	nber of volui	nteers (estimate i	f necessary)					6	45		
5		Total unre	elated busini	ess revenue from	Part VIII, co	lumn (C), line 1	2			7a			
	b	Net unrel	ated busines	ss taxable income	from Form	990-T, line 34				7b	(
	Ì							1	Pnor Ye		Current Year		
-	8 <u>ي</u>	8 Contributions and grants (Part VIII, line 1h)								596	18,971		
7	월 9	9 Program service revenue (Part VIII, line 2g)							42	7,817	826,644		
	9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)											
) '	11	Other rev	enue (Part \	VIII, column (A), lı	nes 5, 6d, 8d	c, 9c, 10c, and	l1e)				3,711		
' _	12	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)								8,413	849,326		
	13	Grants ar	nd sımılar an	nounts paid (Part	IX, column (A), lines 1–3)			7	1,912	132,762		
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)											
	ກ 15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)							21	8,687	451,651		
	sesuedxii	Profession	nal fundraisı	ng fees (Part IX,	column (A),	line 11e)							
	b b	b Total fundraising expenses (Part IX, column (D), line 25) ◆ 0											
ú	17 17	Other exp	enses (Part	nses (Part IX, column (A), lines 11a-11d, 11f-24e)						1,235	302,538		
	18	8 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)							53	1,834	886,951		
		19 Revenue less expenses Subtract line 18 from line 12 -1								3,421	-37,625		
5	SSUE 20 20 21								Beginning of Cu		End of Year		
\$	曼 20								9,657	1,784,311			
Ă	·								4,058	986,337			
2										5,599	797,974		
_	Part II Signature Block												
											owledge and belief, it is		
_	true, cor	rect, and co	omplete Decla	aration of preparer (other than offi	cer) is based on a	all information of v	which preparer h	as any knowledo	je -			
2								 _					
ำร	ign	gn Signature of officer								Date			
Received	ere	_	Kyle 1					Headma	aster				
<u>~</u> .			ype or print nam			1							
ያቘ፝	. (Print/Type	preparer's nam	le		Preparer's signatur	e		Date	Check	If PTIN		
5 Shain		David	M. Knoble			David M. Kn			11/14	/14 self-em			
	reparer	Finits tialle 1410D1C / 140D1C / 140D0C14CCS / 1411								im's EIN "	46-4278244		
က္မ	se Only	`				Ste 101							
ш		Firm's add	dress "	Rock Hil		29730-5			F	hone no	803-324-8880		
\mathbf{A}^{M}	ay the I	RS discus	discuss this return with the preparer shown above? (see instructions)								X Yes No		
æF¢	or Paper	work Redu	ction Act Not	tice, see the separ	rate instructio	ns.					Form 990 (2013		
2016	. ,									_			
ਲੀ										$(\alpha \gamma)$			

Form

Department of the Treasury Internal Revenue Service

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OMB No 1545-0047 2014 Open to Public Inspection

<u>A</u> _	For th	ne 2014 c	alendar year, o		eginning O	7/01	14 , and ending	06/3	<u> 30/1</u>	.5				
В	Check if	applicable	Dicable C Name of organization									D Employer identification number		
	Address change Walnut Grove Christian School]			
一	Name of	Name change Doing business as								<u>-</u>	57-1119849			
\exists		•	Number and street (or PO box if mail is not delivered to street address)								E Telephon			
	inibal ret										803-	835-2001		
	Final retu terminate		City or town, state	e or province, co	ountry, and ZIP or fo	reign postal					j			
$\overline{\Box}$			Fort Mi			sc	29708				G Gross re	œpts\$ 1,218,9	96	
믬	Amendeo	a reum	F Name and address of principal officer											
Ш	Application	on pending	Kyle Boyd							H(a) Is this a group return for subordinates? Yes X No				
3240 Bannock Drive									H(b) Are all subordinates included? Yes No					
			Fort M	i11		:	SC 29715			If "No	" attach a list	(see instructions)		
I Tax-exempt status										1				
<u>.</u>	Website		ww.walnu							1,11,20		•		
 -									Т.,	H(c) Group exe			SC	
		organization.	X Corporation	Trust	Association	Other	<u>*</u>		<u> </u>	ear of formation 2	:003	м State of legal domicile	<u>50</u>	
	art i		ımmary											
	1	-	scribe the organi			-								
ģ		K-12	Non-profi	it reli	gious ins	stitut	e							
ä	1													
Ĕ	l													
Governance	2	Check the	s box ♦ if th	ne organizat	ion discontinue	duts oper	ations or disposed of i	more than	25%	of its net asset	9			
	1		of voting member					more than	1 20 /0	or its thet asset	ء ا ع	5		
త	1 .											3		
ies	1		· ·	_	•	-	y (Part VI, line 1b)				4_			
Activities	5	Total num	ber of individuals	s employed	ın calendar yea	ar 2014 (l	Part V, line 2a)				5_	30		
ç	6	Total nun	ber of volunteer	s (estimate	ıf necessary)						6	45		
•	7a	Total unre	elated business n	evenue from	Part VIII, colu	mn (C), I	ine 12				7a	1	0	
	b	Net unrela	ated business tax	kable income	e from Form 99	90-T. line	34				7b	-	0	
									$\neg \neg$	Prior Ye		Current Year		
	8	Contributi	ons and grants (I	Part VIII. Ime	e 1h)				Γ	1	8,971	55,5!	58	
Ē	1		service revenue		-						6,644	1,161,04		
Ven	1	•		•	-		0,011		94					
Revenue	ľ		nt income (Part V		⊢		2 711							
	11	Other rev	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								3,711	1,02		
	12	Total reve	nue – add lines	8 through 1	1 (must equal F	Part VIII,	column (A), line 12)				9,326	1,217,71		
	13	Grants ar	its and similar amounts paid (Part IX, column (A), lines 1–3)							13	2,762	162,13	<u> 32</u>	
	14	Benefits p	aid to or for men	IX, column (A),	Ł				0					
10	15	Salanes.	other compensati	ee benefits (Pa		45	1,651	547,42	23					
Expenses	l		nal fundraising fe				(),		_				0	
e	l		-		• •			0	H				<u> </u>	
꿃			Iraising expenses		-	30	2,538	250 04	<u></u>					
	l	•	penses (Part IX, column (A), lines 11a-11d, 11f-24e)									358,86		
	18	Total expe	enses Add lines	t equal Part IX	_		6,951	1,068,41						
	19	Revenue	e less expenses Subtract line 18 from line 12								7,625	149,29	<u> 38</u>	
Net Assets or Fund Balances									Ĺ	Beginning of Cu		End of Year		
	20	Total asse	ets (Part X, line 1	16)					L	1,78	4,311	1,855,77		
. Se	21	Total liabi	lities (Part X, line	26)					1	98	6,337	908,50)6	
25	22	Net asset	s or fund balance	es Subtract	line 21 from lin	e 20			Γ	79	7,974	947,27	72	
	art II		nature Bloc											
					ained this return	moludina	accompanying schedules	and states	nonto d	and to the boot of	f mu kaaula	dee end holiof due		
							on all information of white				i iliy kilowici	age and belief, it is		
		T N												
		-									l Date			
Sig) • s	Signature of officer											
He	re	 	Kyle Boyd Headmaster											
		T ₂	pe or print name and	title										
		Print/Type	ype preparer's name Preparer's signature Date d M. Knoble David M. Knoble 11/16/15 name "Knoble Ingle CPAs LLP"								Check	if PTIN		
Paid	t	1										□ "		
_	parer													
		Firm's nan									ım's EIN "	46-4278244	<u>*</u>	
USE	Only		114 E Main St Ste 101											
		Firm's add	dress " Ro	ock Hi	11, sc	<u> 2973</u>	30-5 195				Phone no	803-324-888	30	
May	the IR	RS discuss	this return with	the prepare	r shown above	? (see in:	structions)					X Yes	No	
_			tion Act Notice, s									Form 990 (2		
DAA			, -	•									/	