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Form **990** 

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)

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



A Fo	or the 2	200 <u>6 calendar year, or tax year beginning 06/01, 2006, and e</u>	nding	05/	/31/2007
B che	ick d applica			D En	nployer identification number
	Address change	tabel or EVANGEL CHRISTIAN ACADEMY		75-	-3204567
	Name cha	noe print or type Number and street (or P O box if mail is not delivered to street address)	Room/suite	Е Те	lephone number
	Initial retu	m See 7425 BROADACRES ROAD			<u>8) 671-7100</u>
	Final retu	Population   Specific   Instruct   City or town, state or country, and ZIP + 4	F Acc	counting Cash X Accrual	
Ш	Amended return	SHREVEPORT, LA 71129			Other (specify)
	Application pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable	H and I are not app	olicable	to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou	p return	for affiliates? Yes X No
G V	Vebsite:	► WWW. EVANGELACADEMY. COM	H(b) If "Yes," ente	r numb	er of affiliates
<u>J</u> (	)rganiza	tion type (check only one) ► X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	H(c) Are all affiliate		
K	heck he	re I if the organization is not a 509(a)(3) supporting organization and its gross	(If "No," attac H(d) is this a separat		See instructions )
r	eceipts a	are normally not more than \$25,000. A return is not required, but if the organization chooses			a group ruling? Yes X No
t	o file a re	eturn, be sure to file a complete return	I Group Exemp	tion Nu	ımber 🕨
		<del></del>	M Check ▶	ıf	the organization is not required
		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 4, 029, 801.	to attach Sch	B (Fo	m 990, 990-EZ, or 990-PF)
Par	<b>ill</b> F	tevenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions )		<u> </u>
<b>0</b> 0	1	Contributions, gifts, grants, and similar amounts received			
-		Contributions to donor advised funds		4	
$\simeq$		Direct public support (not included on line 1a)	1,230,138.	4	
AP		Indirect public support (not included on line 1a)	_	<b>↓</b>	
	d	Government contributions (grants) (not included on line 1a) 1d		4	
SCANNED	е	Total (add lines 1a through 1d) (cash \$ 1, 230, 138 noncash \$	)	1 e	1,230,138.
Z	2	Program service revenue including government fees and contracts (from Part VII, line 90	3)	2	<u>2,788,666.</u>
Z	3	Membership dues and assessments			
ပ်	4	Interest on savings and temporary cash in similar VED			586.
Ø	5	Dividends and interest from securities		5	
		Gross rents		4	
	b	Less rental expenses		4	
•	_ c	Net rental income or (loss) Subtract Inteletino Breschich.		6c	
Revenue	7	Other investment income (describe	)	7	
ě	8 a		Other	-	
u.	١.	than inventory		<b>-</b>	
		Less cost or other basis and sales expenses . 8b		4	
		Gain or (loss) (attach schedule)		-	
	1 -	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule) If any amount is from gaming, check her Gross revenue (not including \$ of	re 🕨 🔛		
	"	`		1 1	
	h	contributions reported on line 1b)	_	1	
	ı	Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · ·	_	9c	
	1	Gross sales of inventory, less returns and allowances			
		Less cost of goods sold		1	
		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from lii	ne 10a	10c	
	111	Other revenue (from Part VII. line 103)		11	10,411.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 RECEIVE		12	4,029,801.
	13			13	3, 382, 394.
89	14	Management and general (from line 44, column (C)).	781	14	782,587.
Expenses	15	Fundraising (from line 44, column (D))	1   0	15	23, 428.
Ëxp	16	Payments to affiliates (attach schedule)	၂်	16	
	17	Total expenses Add lines 16 and 44, column (A)	<u> </u>	17	4, 188, 409.
\$	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	-158,608.
SSB	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	-769,619.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) STMT 1		20	296,045.
ž	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	-632,182.
For	Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2006)

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Do not include amounts reported on ince   St. 8b. 9b. 10b. or 16 of the Indian seat from some selected funds status subscious   St. 8b. 10b. or 16 of the Indian seat from some selected funds status subscious   St. 8b. 10b. or 16 of the Indian seat from some selected funds status subscious   St. 8b. 17,594.   STMT 2   STMT 2   St. 8b. 17,594.   STMT 2   St. 8b. 18   St. 8b. 17,594.   STMT 2   St. 8b. 18   St. 18   St. 8b. 18   St. 18	Pa	Statement of All Functional Expenses organization	organiza anization:	ations must complete column s and section 4947(a)(1) n	(A) Columns (B), (C), a	nd (D) are required for se	ection 501(c)(3) and (4)
228   228		Do not include amounts reported on line			(B) Program	(C) Management	
Integration includes freegy grants	228						
22b   17,594.   17,594.   STMT 2		(cash \$ noncash \$	_)				
		If this amount includes foreign grants, check here	22a				
Specific assistance to individuals (attach schedule),   23   24   25   24   25   25   25   25   25	22t						
Specific assistance to individuals (attach schedule),   23   24   25   24   25   25   25   25   25		(cash \$ 17, 594. noncash \$	_)				
(attach schedule)       23         24 Benefits paid to or for members (attach schedule)       24         25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)       25a         NONE       NONE         b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)       25b         Compensation and other distributions, not included at all above, to disquisified persons (as selented in section 459(3)(38) (attach schedule)       25c         26 Salaries and wages of employees not included on lines 25a, b, and c       27         27 Pension plan contributions not included on lines 25a, b, and c       27         28 Employee benefits not included on lines 25a - 27       28       164,705, 144,738, 19,967, 19,67         29 Payroll taxes       29       187,771, 164,673, 23,098, 19,967, 19		check here		17,594.	17,594.	STMT 2	
24 Benefits paid to or for members (attach schedule).  25 Compensation of current officers, directors, key employees, etc. listed in Part V-8 (attach schedule).  25 Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule).  25 Compensation of former officers, directors, key employees, etcl listed in Part V-B (attach schedule).  26 Compensation and other distributions, not included on Part V-B (attach schedule).  27 Employee benefits paid in the state of the state	23	•					
(attach schedule). 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule). 25b NONE  Compensation and other distributions, not industriated in section 4988(ff)(1)) and persons described in section 4988(ff)(1) and persons descri			•				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule) 25b 25c .	24	· · · · · · · · · · · · · · · · · · ·					
December   Compensation of former officers   Compensation of determined   Compensation of the		(attach schedule)	- 24				
Part V-A (attach schedule)	258	-					
b Compensation of former officers, directors, key employees, etc listed in Part V-8 (attach schedule)							
directors, key employees, etc listed in Part V-B (attach schedule) 25b				NONE			
Part V-B (attach schedule)		-					
Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in a section 4958(f)(1) and persons descri							
ed above, to disqualified persons (as defined under section 4958((r)) and persons discribed in meturo 4958((r)) and wages of employees not included on lines 25a, b, and c					·	-	
n section 4958(c)(3)(8) (attach schedule) 25c	•	· · · · · · · · · · · · · · · · · · ·					
26 Salares and wages of employees not included on lines 25a, b, and c		under section 4958(f)(1)) and persons described	1				
rincluded on lines 25a, b, and c	26		•	<b>'</b>			
27 Pension plan contributions not included on lines 25a, b, and c   27   28   164,705   144,738   19,967   29   29   29   187,771   164,673   23,098   30   31   32   32   32   33   34   34   34   35   35   35   35				2 454 526	2 152 500	201 026	
Included on lines 25a, b, and c   27   28	27			2,434,326.	2, 132, 390.	301,936.	
Employee benefits not included on lines 25a - 27							
lines 25a - 27	28						
29				164.705	144.738	19.967	
30 Professional fundraising fees 31 31 32 32 33 53,430. 48,838. 4,592. 33 53,430. 48,838. 4,592. 34 Telephone 34 28,250. 19,369. 8,881. 35 Postage and shipping 35 5,507. 5,421. 86. 36 Cocupancy 37 115,627. 115,550. 77. 38 Printing and publications 38 60,451. 59,368. 1,083. 39 Travel 39 48,211. 44,106. 4,105. 40 Conferences, conventions, and meetings 41 Interest 41 147,716. 42 Depreciation, depletion, etc (attach schedule) 42 86,127. 86,127. 43 Cher expenses not covered above (itemize) 43 683,615. 475,268. 184,919. 23,428 45 436 46 436 475,268. 184,919. 439 (Organizations completing columns (B)+CD, carry these totals to lines 13-15). 44 1 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)+CD, carry these totals to lines 13-15). 44 4,188,409. 3,382,394. 782,587. 23,428 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services \$ (ii) the amount allocated to Program services \$ (iii) the amount allocated to Program services \$	29						
31 Accounting fees 32 Legal fees 32 33 Supplies 33 53,430. 48,838. 4,592. 34 Telephone 34 28,250. 19,369. 8,881. 35 Postage and shipping 35 5,507. 5,421. 86. 36 Occupancy 36 134,879. 134,879. 37 Equipment rental and maintenance 37 115,627. 115,550. 77. 38 Printing and publications 38 60,451. 59,368. 1,083. 39 Travel. 39 48,211. 44,106. 4,105. 40 Conferences, conventions, and meetings 41 147,716. 42 Depreciation, depletion, etc (attach schedule) 42 86,127. 86,127. 43 Other expenses not covered above (itemize) a STMT 3 43 683,615. 475,268. 184,919. 23,428 43b 5 43b 6 43c 6 43c 6 43c 6 43d 6 6 43d 6 43d 6 43d 6 43d 6 6 6 43d 6 6 6 43d 6 6 6 43d 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	30	Professional fundraising fees	30	101/1111	101/073.	23,030.	
32 Legal fees 33 Supplies 33 Supplies 34 48,838 4,592 34 Telephone 34 28,250 19,369 8,881 35 5,507 5,421 86 36 Cocupancy 36 134,879 134,879 37 Equipment rental and maintenance 37 115,627 115,550 77 77 38 Printing and publications 38 60,451 59,368 1,083 39 48,211 44,106 4,105 40 Conferences, conventions, and meetings 40 41 147,716 147,716 42 Depreciation, depletion, etc (attach schedule) 42 86,127							
33	32	Legal fees	32				
34				53, 430.	48,838.	4,592.	
35 Postage and shipping				28, 250.	19,369.	8,881.	
37				5,507.	5,421.	86.	
37	36	Occupancy	36	134,879.	134,879.		
39	37	Equipment rental and maintenance.	. 37	115,627.	115,550.	77.	
40 Conferences, conventions, and meetings . 41 Interest				60,451.	59,368.	1,083.	
41	39	Travel	. 39	48,211.	44,106.	4,105.	
42 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (itemize)  a STMT 3	40			<del>                                     </del>			
43 Other expenses not covered above (itemize)  a STMT 3	41			I			
43a   683,615.   475,268.   184,919.   23,428			•	86,127.		86,127.	
b		-	' I				
c	_	•			475, 268.	184,919.	23,428
d				<del>                                     </del>		<del></del>	
e		`		<del> </del>			
f		~ <del></del>				_	
43g  44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)		5		<del></del>			·
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	,	'		· -	·	<del></del>	
through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	Total functional expenses. Add lines 22		<u> </u>			<del></del>
13-15)		through 43g (Organizations completin	g				
Joint Costs. Check ▶ if you are following SOP 98-2.  Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ YesX No    If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$		13-15)	44	4.188 409	3, 382 304	782 587	22 120
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?	Joi	int Costs. Check ▶ If you are foll	owina	SOP 98-2.		102,307.	
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$			-		itation reported in (B) Pro	gram services?	► Yes X No
	(iiı)	the amount allocated to Management and	general	\$	; and (iv) the amount al	located to Fundraising \$	

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For par	ticular organization. How the public perceives	, for some people, serves as the primary or sole source of an organization in such cases may be determined by the return is complete and accurate and fully describes, in Part	information presented
All of	clients served, publications issued, etc. Discuss ach	PSEE STATEMENT 4  achievements in a clear and concise manner State the number hievements that are not measurable (Section 501(c)(3) and (4) its must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
	PURPOSE, ENCOURAGING THEM TO PUR ASPIRATIONS. EVANGEL IS PREPARI	CH THEM WITH A CHRISTIAN	
b	(Grants and allocations \$ 40, 351.	) If this amount includes foreign grants, check here ▶	3, 382, 394.
С		) If this amount includes foreign grants, check here ▶	
d		) If this amount includes foreign grants, check here ▶	
	(Grants and allocations \$	) If this amount includes foreign grants, check here ▶	
е	Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here ▶	

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . .

3, 382, 394. Form **990** (2006)

) If this amount includes foreign grants, check here

P	art IV	Balance Sheets (See the instructions.)			
N	lotè:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	137,771.	45	48,011.
	46	Savings and temporary cash investments	37, 206.	46	96,359.
		Accounts receivable         47a         474, 548.           Less allowance for doubtful accounts         47b         52, 156.	469,406.	47c	422, 392.
		Pledges receivable		48c	
		Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	ь	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51a	Other notes and loans receivable (attach			
Assets		schedule)			
As		Less. allowance for doubtful accounts	516, 194.		516,194.
		Inventories for sale or use	<del></del>	52	
	53	Prepaid expenses and deferred charges		53	
		Investments - publicly-traded securities		54a	
		Investments - other securities (attach schedule) ► Cost FMV		54b	
	ээа	Investments - land, buildings, and			
		equipment, basis			
	"	Less accumulated depreciation (attach		55c	
	56	schedule)		56	
	572	Investments - other (attach schedule)	•	36	
		Less: accumulated depreciation (attach			
	"	schedule)	1,438,958.	570	200,538.
	58	Other assets, including program-related investments	1,430,930.		200, 336.
		(describe ►STMT 6 )	24, 255.	58	22,906.
	59	Total assets (must equal line 74) Add lines 45 through 58	2,623,790.	1	1,306,400.
	60	Accounts payable and accrued expenses	147,616.		508,075.
	61	Grants payable		61	
	62	Deferred revenue	171,160.	62	171,160.
S	63	Loans from officers, directors, trustees, and key employees (attach			•
lities		schedule)		63	
Liabi		Tax-exempt bond liabilities (attach schedule)		64a	
	ь	Mortgages and other notes payable (attach schedule) \$\tauMT. 8 [	3,074,633.	64b	1,259,347.
	65	Other liabilities (describe ▶)		65	
_	66	Total liabilities. Add lines 60 through 65	3, 393, 409.	66	<u>1,938,582.</u>
	Orga	inizations that follow SFAS 117, check here ▶ X and complete lines			
s		67 through 69 and lines 73 and 74.			
Š	67	Unrestricted	<u>-819, 323.</u>		-632,182.
alar	68 69	Temporarily restricted	49,704.	68	NONE
Ä		Permanently restricted		69	
Net Assets or Fund Balances	Urga	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74			
Ē	70	Capital stock, trust principal, or current funds		70	
S	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
set	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines			
ě	•	70 through 72. (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	-769,619.	73	
	74	Total liabilities and net assets/fund halances Add lines 66 and 73	2 623 790	$\overline{}$	1 306 400

P	art IV-A	instructions.)	nancial Statemer	nts With I	Revenu	e per Retur	n (Se	ee the
a	Total re	renue, gains, and other support per audited financi	al statements	NOT API	LICAB	LE	a	
b	Amount	s included on line a but not on Part I, line 12:						
1	Net unre	alized gains on investments		<u>b1</u>				
2	Donated	services and use of facilities		<u>b2</u>			]	
3		es of prior year grants					1 1	
4	Other (s	pecify)						
				<u> </u>			1	
		s <b>b1</b> through <b>b4</b>					ь	
С	Subtrac	line b from line a $\ldots$					c	
d		s included on Part I, line 12, but not on line a:		1	ı			
1		ent expenses not included on Part I, line 6b						
2	Other (s	pecify) _ <b>_</b>						
		s d1 and d2						
e		venue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audited Fi	noncial Stateme	nto Mith	····	<u> </u>	<u>e</u> _	
ř	rt IV-B					<del>-</del>		
а		penses and losses per audited financial statements	• • • • • • • • • •	NOT API	LICAB	re	a	
b		s included on line a but not on Part I, line 17:		م ا	l .			
1		services and use of facilities					1	
2	_	ar adjustments reported on Part I, line 20		1			1	
3		eported on Part I, line 20					1	
4	Other (s	pecify)						
							1.	
		s <b>b1</b> through <b>b4</b>					С	
C		line b from line a					-	
d		s included on Part I, line 17, but not on line a:		d1	i			
1		ent expenses not included on Part I, line 6b pecify)					1	
2	Other (s	pecity)			1		1	
	Add line				•		a	
е	Total ex	s d1 and d2				: : : : : : •	е	
Pa	art V-A	Current Officers, Directors, Trustees, and I	Key Employees (	List each	person v	who was an	office	er, director, trustee,
		or key employee at any time during the year ever	n if they were not co	ompensate	d.) (See	the instruction	ns)	
		(A) Name and address	(B) Title and average hours pe	(C) Comp		(D) Contributions to benefit plans & d		(E) Expense account and other allowances
_			week devoted to position	-0-		compensation		and other allowances
<u>SE</u>	E STAT	EMENT 9			NONE	1	NON	E NONE
						1		
	<b></b>							
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								Form <b>990</b> (2006)

rorm :	90 (2006)		<u>75-320456</u>	7			Page 6
Par	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (cor	ntinued)			Yes	No
75a	Enter the total number of officers, directors, and trustee meetings	es permitted to vote	on organization	business at board			
b	Are any officers, directors, trustees, or key employees I employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies	compensated professed to each o	fessional and o ther through fa	ther independent	755		
С	Do any officers, directors, trustees, or key employees listed in Schedule A, Part independent contractors listed in Schedule A. Part	oyees listed in Fo I, or highest com II-A or II-B, receiv	orm 990, Part pensated profes e compensation	V-A, or highest ssional and other	750	X	
	organizations, whether tax exempt or taxable, that are the definition of "related organization"			ne instructions for MENT 12▶	75c	х	
d	If "Yes," attach a statement that includes the information Does the organization have a written conflict of interest pro-				75d	х	
Par	t V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key emp the year, list that person below and enter the amo instructions)	ployee received com	pensation or oth	er benefits (describe	ed bel	ow) d	uring
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expensional Expension (International Expension (Internationa) (International Expension (Internationa) (Internat	other
		-0-	-0-	-0-	-0-		
		-					
				-			
		1					
	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or detailed statement of each change	methods of condu	cting activities?	If "Yes," attach a	76		Х
77	Were any changes made in the organizing or governing of				77		Х
<b>7</b> 0-	If "Yes," attach a conformed copy of the changes						
	Did the organization have unrelated business gross ind this return?				78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	• • • • • • • • • • •			78b	N/	A
79	Was there a liquidation, dissolution, termination, or suba statement	ostantial contraction	during the year	? If "Yes," attach	79		х
80a	Is the organization related (other than by association of common membership, governing bodies, trustees, of	officers, etc., to ai	ny other exemi	pt or nonexempt	80a		
b	organization?	STMT_14				Х	
	Enter direct and indirect political expenditures. (See line 8	81 instructions)	81a	NONE	ļi		
D	Did the organization file Form 1120-POL for this year?				81b	l n∕l	ıΑ

JSA

Form **990** (2006)

Form 990 (2006) 75-3204567				
Part	VI Other Information (continued)		Yes	No
82a D	the 'organization' receive donated services or the use of materials, equipment, or facilities at no charge			
OI	at substantially less than fair rental value?	82a		х
b If	"Yes," you may indicate the value of these items here. Do not include this amount			
	s revenue in Part I or as an expense in Part II (See instructions in Part III )			
	d the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
	id the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	_
	id the organization solicit any contributions or gifts that were not tax deductible?	84a		х
b If	The state of the s	044		<del>  ^ -</del>
		84Ь	NI/	<u></u>
•	tts were not tax deductible?  O1(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/	$\overline{}$
60 N	of the ergonization make only in house labbung expenditures of \$2,000 or less?	85a	N/	$\overline{}$
	id the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<del>-</del>
	"Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	secreted a waiver for proxy tax owed for the prior year.			
	ues, assessments, and similar amounts from members 85c N/A	ł		
	ection 162(e) lobbying and political expenditures	ł		
	ggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	axable amount of lobbying and political expenditures (line 85d less 85e)			
g D	oes the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u>A</u>
h If	section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 5	01(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	j		
<b>b</b> G	ross receipts, included on line 12, for public use of club facilities	]		
87 5	01(c)(12) orgs Enter a Gross income from members or shareholders			
	ross income from other sources. (Do not net amounts due or paid to other	]		
S	ources against amounts due or received from them )			
	t any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
pa	artnership, or an entity disregarded as separate from the organization under Regulations sections		ļ	
3	01 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		x
bА	t any time during the year, did the organization, directly or indirectly, own a controlled entity within the			<u> </u>
	eaning of section 512(b)(13)? If "Yes," complete Part XI	88b		x
	01(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			<del>                                     </del>
	ection 4911 ► NONE , section 4912 ► NONE ; section 4955 ► NONE			
	01(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	uring the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
		89Ь		x
		030		┢┷
	nter. Amount of tax imposed on the organization managers or disqualified persons during the year under	:		
	ections 4912, 4955, and 4958 N/A	ł		
0 6	nter Amount of tax on line 89c, above, reimbursed by the organization			
		١	}	l
tr	ansaction?	89e		X
_	Il organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g F				ŀ
	upporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			l
a	any time during the year?	89g		<u> </u>
	st the states with which a copy of this return is filed NONE REQUIRED			
ЬN	umber of employees employed in the pay period that includes March 12, 2006 (See instructions )	90ь	137	
91a ∏	ne books are in care of ▶ RIC HUMPHRIES, TREASURER Telephone no ▶ 318-68	8-70	61	
L	ocated at ► 5720 BUNCOMBE ROAD SHREVEPORT, LA ZIP+4 ► 71129			
bΑ	t any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
lf	"Yes," enter the name of the foreign country			
S	ee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
а	nd Financial Accounts	<u></u>	<u> </u>	<u> </u>

orm 990 (2006)					75-32	204567	Page 8
Part VI 0	ther Information (continu	ed)		<del></del>			Yes No
c Àt any tıı	me during the calendar year,	did the org	anization mainta	ain an office out	side of t	he United States?	
	enter the name of the foreign					•	
	4947(a)(1) nonexempt charit			n lieu of Form 10	041 - Ch	eck here	
	r the amount of tax-exempt i						N/A
Part VII A	nalysis of Income-Produc	ing Activit	ies (See the in	nstructions.)			
	ss amounts unless otherwise		lated business ind		ded by se	ction 512, 513, or 514	(E)
ndicated		(A)	(B)	(C)		(D)	Related or
93 Program s	service revenue	Business code	Amount	Exclusion	code	Amount	exempt function income
a STMT							2,788,666
					1		2,700,000
			_				- <del> · - · - ·</del>
d			-	_			
e					_		
f Medicare/k	Medicaid payments	<del>                                     </del>			+	-	
	contracts from government agencies .						
	hip dues and assessments			_	$\neg$		
	avings and temporary cash investments •			14		586.	
	and interest from securities			. 14		300.	
	I income or (loss) from real estate						
	nced property						
	inanced property						-
							-
_	come or (loss) from personal property estment income			_			<u></u>
						· · · · · · · · · · · · · · · · · · ·	
	i) from sales of assets other than inventory ne or (loss) from special events.						
	, ,			-			<del>-</del>
	it or (loss) from sales of inventory						
03 Other rev	T T THEOLIG			0.1		10 411	
-	LLANEOUS			01		10,411.	
					-		
6	add columns (B), (D), and (E))				+	10,997.	2,788,666
,	t line 104, columns (B), (D), and (						
•	plus line 1e, Part I, should equal t	,,			• • • •	· · · · · · <b>-</b>	2,799,663
	telationship of Activities			of Exempt Pu	rnosas	(See the instruction	nne l
	plain how each activity for which			•		<del></del>	
▼ of	the organization's exempt purpo	ses (other th	an by providing fu	n (E) or Part VII co	ontribute rses)	o importantly to the acc	omplishment
	DUCATION AND ACTIVI			<u></u>		CECC OF	<del></del>
					N PRO	CESS OF	<del></del>
	<u>TUDENTS ATTENDING E</u>	VANGEL C	MKISIIAN P	CADEMI.			<del></del>
Part IX In	formation Regarding Taxa	ble Subsi	diaries and Di	isregarded Ent	tities (	See the instruction	(s)
	(A)		(B)	(C)	1,000	(D)	
Nam	e, address, and EIN of corporation, artnership, or disregarded entity		Percentage of	Nature of activ	ıtıes	Total income	(E) End-of-year assets
y.	arthership, or disregarded entity		ownership interest %				assets
			% %				<del>                                     </del>
		<u> </u>	%			-	
			%				+
Part X In	formation Regarding Tra	nsfers Ass		Personal Bene	efit Cor	tracts (See the in:	structions.)
	panization, during the year, receive a						Yes X No
	organization, during the year						• • • • • • • • • • • • • • • • • • • •
	s" to (b), file Form 8870 and F				5 poist	Donon contido	
	1277 7 S 3070 WINT			<u></u>			
							Form <b>990</b> (2006

					Yes	No
106	Did the reporting organization r the Code? If "Yes," complete the		trolled entity as defined in sectio controlled entity	n 512(b)(13) of		х
	(A)	(B)	(C)			
	Name, address, of each	Employer Identification	Description of	(D) Amount of trans	-for	
	controlled entity	Number	transfer	Amount of trans		
Ļ	·	-				
a						
ь						
С						
	Totals					
		<u> </u>			Yes	No
107	Did the reporting organization r	eceive any transfers from a	a controlled entity as defined in se	ection		
	512(b)(13) of the Code? If "Ye	s," complete the schedule b	pelow for each controlled entity.		<u> </u>	<u>x</u>
İ	(A)	(B)	(C)	(D)		
	Name, address, of each controlled entity	Employer Identification	Description of	Amount of trans	sfer	
$\dashv$		Number	transfer		_	
a		-				
		1				
				" -		
b L		]				
$\longrightarrow$						
-		4				
C L		-				
Γ				1		
	Totals					
	Totals				Vac	100
		dung written contract in effect	pet on August 17, 2006, covering	the interest	Yes	No
	Did the organization have a bir		ect on August 17, 2006, covering	the interest,	Yes	
	Did the organization have a bir rents, royalties, and annuities of	lescribed in question 107 ab				х
108	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury, I dec	described in question 107 ab are that I have examined this retur	oove?	I statements, and to the best of	my kno	X
108 ————————————————————————————————————	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury, I declared and belief, it strue, correct, and belief.	described in question 107 ab are that I have examined this retur	n, including accompanying schedules and	I statements, and to the best of	my kno	X
108 Pleas	Did the organization have a bir rents, royalties, and annuities of under penalties of perjury, I declared and belief, It strue, correct and Signature of officer	described in question 107 ab are that I have examined this return it complete declaration of prepare	n, including accompanying schedules and r (other than officer) is based on all information and the part of the par	I statements, and to the best of	my kno	X
108 Pleas	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury, I dec and belief, it strue, correct, and Signature of officer	described in question 107 ab are that I have examined this return it complete declaration of prepare	n, including accompanying schedules and	I statements, and to the best of	my kno	X
108 Pleas	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury. I declared belief, it strue, correct and belief, it strue, correct and Signature of officer  Type or print name and title	described in question 107 ab are that I have examined this return it complete declaration of prepare	n, including accompanying schedules and r (other than officer) is based on all information of the control of th	I statements, and to the best of on of which preparer has any kno / / /	my kno	X
108 Pleas Sign Here	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury. I declared and belief, it strue, correct, and Signature of officer  Signature of officer  Type or print name and title	described in question 107 ab are that I have examined this return it complete declaration of prepare	n, including accompanying schedules and r (other than officer) is based on all informate Date  Check if self-	I statements, and to the best of on of which preparer has any known of which preparer has any known of which preparer's SSN or PTIN (See Go	my kno pwledge	X
108 Pleas Sign Here Paid Prepa	Did the organization have a bir rents, royalties, and annuities of Dunder penalties of perjury. I dec and belief, it strue, correct, and Signature of officer  Type or print name and title  Preparer's signature  Firm's name (or yours Signature Firm's name	described in question 107 aborate that I have examined this returned complete declaration of prepare phones. The phones of the complete declaration of prepare phones.	Date  Date  Check if self-employed	I statements, and to the best of on of which preparer has any known of which preparer has any known of which preparer's SSN or PTIN (See Government)	my kno owledge	X
108	Did the organization have a bir rents, royalties, and annuities of Under penalties of perjury. I declared and belief, it strue, correct, and belief it signature of officer  Type or print name and title  Preparer's signature  Firm's name (or yours if self-employed),  SA	described in question 107 ab are that I have examined this return it complete declaration of prepare	Date/ Date/ Check if self-employed  ASSOC PLLC	I statements, and to the best of on of which preparer has any known of which preparer has any known of which preparer's SSN or PTIN (See General P0000453	my kno owledge en Inst 9	X owledge X)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EVANGEL CHRISTIAN ACADEMY		_	75-3	204567
Compensation of the Five Higher (See page 2 of the instructions. List e	st Paid Employees ach one. If there are r	Other Than Officence, enter "Non-	ficers, Directors, a e.")	ind Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 16				
Total number of other employees paid over \$50,000 •	NONE			
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List e	st Paid Independent each one (whether ind	t Contractors (	for Professional S . If there are none, e	ervices nter "None.")
(a) Name and address of each independent contractor paid		(b) Type of se		c) Compensation
NONE				
·		-		
Total number of others receiving over \$50,000 for professional services	NONE			
Part II-B Compensation of the Five Highe (List each contractor who performed firms. If there are none, enter "None.	l services other than p	rofessional servi	for Other Services ces, whether individu	als or
(a) Name and address of each independent contractor paid	more than \$50,000	(b) Type of se	rvice (	c) Compensation
NONE				
·				
·				
Total number of other contractors receiving over \$50,000 for other services	NONE			

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

Schedule A (Form 990 or 990-EZ) 2006

Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . . . . . . . .

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . . . . .

Schedule A (Form 990 or 990-EZ) 2006

Х

Х

NONE

NONE

NONE

NONE

4 b

Part IV	Reason for Non-Private Fo	undation Statu	s (See pages 4 thre	ough 7 of th	e instructions.	)		
I certify th	at the organization is not a private foundat	ion because it is (Plea	ase check only ONE appl	icable box.)				
5	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)							
6 X	X A school Section 170(b)(1)(A)(ii) (Also complete Part V)							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)							
8 🗌	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)							
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state							
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)							
11a 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)							
11b	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)							
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled the requirements of section 509(a)(3) C	d by any disqualifi heck the box that de	ed persons (other tha scribes the type of suppor	n foundation ting organizatio	managers) and n	otherwise meets		
	Type I Type II	Type III - Fur	nctionally Integrated	Type III	Other			
	Provide the following information	about the supported	organizations. (See pag	e 7 of the instr	uctions)	,		
Provide the following information  (a)  Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi governing	(e) Amount of support			
				Yes	No			
_	<del></del>							
Total · ·		<u></u>		<u></u>	<u></u> ▶			
14	An organization organized and operated to	test for public safet	y Section 509(a)(4) (Sec	page 7 of the	nstructions)			

	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE							
		ons for converting fr	om tne accrual to t	ne casn method of	accounting. NOT	APPLICABLE		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total		
15	Gifts, grants, and contributions received (Do							
	not include unusual grants See line 28)							
16	Membership fees received							
17	Gross receipts from admissions, merchandise							
	sold or services performed, or furnishing of					1		
	facilities in any activity that is related to the							
	organization's charitable, etc., purpose							
18	Gross income from interest, dividends,							
	amounts received from payments on securities			}				
	loans (section 512(a)(5)), rents, royalties, and							
	unrelated business taxable income (less	]						
	section 511 taxes) from businesses acquired	1						
	by the organization after June 30, 1975							
19	Net income from unrelated business							
	activities not included in line 18							
20	Tax revenues levied for the organization's			<del></del>		····		
	benefit and either paid to it or expended on							
	its behalf	1						
21	The value of services or facilities furnished to			<del>-</del>		<u>.</u>		
	the organization by a governmental unit							
	without charge Do not include the value of							
	services or facilities generally furnished to the							
	public without charge							
22	Other income Attach a schedule Do not							
	include gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22							
23 24	Line 23 minus line 17	<del></del>		_				
25	Enter 1% of line 23				<del> </del>			
		Enter 2% of amount	un actuma (a), tina 2:	A NOTE ADDITION	DI D			
26								
	Prepare a list for your records to show the		•		į.			
	governmental unit or publicly supported organ	•	-	-				
_	amount shown in line 26a Do not file this li							
	Total support for section 509(a)(1) test. Enter line 24	4, column (e)			▶ 26c			
U	Add Amounts from column (e) for lines 18							
_	Public current (line 26e minus line 26d tetal)		6b					
	Public support (line 26c minus line 26d total)			• • • • • • • • •	▶ 26e			
	Public support percentage (line 26e (numerator) of Organizations described on line 12 a For					m a "disqualified		
	person," prepare a list for your records to sh <b>Do not file this list with your return.</b> Enter the sum NOT APPLICABLE	ow the name of, and of such amounts for	and total amounts each year	received in each	year from, each c	disqualified person "		
	(2005) (2004)		(2003)		(2002)			
b	For any amount included in line 17 that was i							
	show the name of, and amount received for each (Include in the list organizations described in line							
	the difference between the amount received ar							
	amounts) for each year							
	(2005) (2004)		(2003)		(2002)			
С	Add Amounts from column (e) for lines 15	1	6		1	ı		
	17 20							
d	Add Line 27a total							
e	Public support (line 27c total minus line 27d total).			, ,	▶ 27e			
f	Total support for section 509(a)(2) test. Enter amou	int from line 23, colum	nn (e)	▶ 27f				
g	Public support percentage (line 27e (numerator)	dıvided by line 27f (de	enominator))		▶ 27g	%		
<u>h</u>	Investment income percentage (line 18, column (							
28	Unusual Grants: For an organization describe prepare a list for your records to show, for							
	description of the nature of the grant <b>Do not</b> file th					graint, and a bilet		

Sche	dúle A (Form 990 or 990-EZ) 2006 75-3204567		1	Page (
Par				
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
_ •	other governing instrument, or in a resolution of its governing body?	29	X	1
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		<u> </u>	<u> </u>
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and echolarshins?	30	x	
31	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?	31	x	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
	THE ORGANIZATION'S NON-DISCRIMINATORY POLICY IS PUBLICIZED IN LOCAL	1		
	NEWSPAPERS DURING ENROLLMENT AND PROMOTIONAL TIMES.			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Х	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	1		
	basis?	32b	Х	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	+	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Х	
			i	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		į	ļ
				1
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a	<u> </u>	_x_
_		1	1	
b	Admissions policies?	33b	1	X
			1	]
С	Employment of faculty or administrative staff?	33c	ļ	X
ب ب	Cabalarahan as athas Engaged assistance	l	1	
a	Scholarships or other financial assistance?	33d	-	X
_	Educational policies?			١
e	Ludcational policies:	33e	<del>                                     </del>	X
•	Use of facilities?	225		
•	Use of facilities /	33f	╁	X
a	Athletic programs?	220		x
9	Athletic programs?	33g	<del>                                     </del>	<del>  ^-</del>
h	Other extracurricular activities?	33h		x
	Other extracumcular activities?	3311		<del>  ^</del>
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
			1	
		1		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 18	34a	х	L
				Π
b	Has the organization's right to such aid ever been revoked or suspended?	34b		х
	If you answered "Yes" to either 34a or b, please explain using an attached statement			

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . .

Pa	rt VI-A		<b>xpenditures by Elec</b> pleted <b>ONLY</b> by an e							
Che	eck ▶a		zation belongs to an affili				'a" and	'lımıte		trol" provisions apply
			imits on Lobbying "expenditures" means	•	rred \		Affiliate	a) d grou als	р	(b) To be completed for all electing organizations
36	Total lob	<u>_</u>	tures to influence publ	<u> </u>		36	-			organizations
37	Total lob	ibying expendi	tures to influence a leg	rielativa hody (direct l	oppying)	36 37				<del></del>
38	Total lob	ibying expendi	tures (add lines 36 and	d 37)	obbying)	38				
39	Other ex	empt purpose	expenditures	30,,		39				
40	Total ex	empt purpose	expenditures (add line	s 38 and 39)		40				
41			mount. Enter the amo	· · · · ·	table -					
		nount on line 4		obying nontaxable an						
	Not over \$	500,000			<b>`</b>					
			\$1,000,000 \$100,00			1				
			er \$1,500,000 \$175,00		\ \ \	41				
			er \$17,000,000 \$225,00			l				
	Over \$17,0	000,000	\$1,000,	000	丿					
	Grassro	ots nontaxable	amount (enter 25% of	f line 41)		42				
43	Subtract	line 42 from li	ne 36 Enter -0- if line	42 is more than line	36	43				
44	4 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38									
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720									
_	4-Year Averaging Period Under Section 501(h)									
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below									
	See the instructions for lines 45 through 50 on page 13 of the instructions )									
	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal (a) (b) (c) (d) (e)									
	year begi	nning in) 🕨	2006	2005	2004		20	003		Total
	Lobbying	nontaxable								
<u>45</u>							<del></del>			
40		ceiling amount								
46	(150% 01	line 45(e))								
47	Total lobby	ing expenditures								
	Grassroo	ts nontaxable								
<u>48</u>	amount	<u></u> .							Ļ	
		ceiling amount								
49		ne 48(e))			<del></del>					
50		ts lobbying ires								
	rt VI-B		ctivity by Nonelecti	na Public Charities			NOT	A D D T	T C D I	
ΓE	II VI-D		ing only by organizat			A) (Se				
Dur	ıng the vea	_	zation attempt to influen			<del></del>	- 1-3-			
			nion on a legislative mat		-			Yes	No	Amount
а	Voluntee	ers		_						
b	Paid sta	ff or managem	ent (Include compens	ation in expenses rep	orted on lines <b>c</b> th	rough	h)			
С	Media a	dvertisements .								
d	Mailings	to members, I	egislators, or the publi	c	. <b></b>					
е	Publicati	ions, or publist	ned or broadcast stater	ments						
f	Grants to	o other organiz	zations for lobbying pui	rposes	<i>.</i>					
g	Direct co	ontact with legi	slators, their staffs, go	overnment officials, or	r a legislative bod	y				
h	Rallies,	demonstration	s, seminars, conventio	ons, speeches, lectures	s, or any other me	ans .				
i	Total lob	bying expendit	tures (Add lines c thro	ugh h )						<u> </u>
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  Total lobbying expenditures (Add lines c through h)							tivities		

Part VII	Exempt Organizations (	See page 13 of the instructions.)	d Relationships with Noncharitable				
		·	owing with any other organization described	ın seci	tion		
			in 527, relating to political organizations?				
	•	ation to a noncharitable exempt organize	• ,	Yes	No		
				-	Х		
(ii) Othe	er assets		a(ii)	1	Х		
<b>b</b> Other tran	nsactions.			1			
		with a noncharitable exempt organization	b(i)	1	х		
(ii) Purc	chases of assets from a no	ncharitable exempt organization	b(ii)	+	X		
(iii) Rent	tal of facilities equipment	or other assets	b(iii)	+	x		
(iv) Por	nburcoment errongements	or other assets		+	1		
(W) Leas	nouisement arrangements			+-	X		
(V) Luai	is or loan guarantees			+	X		
		mbership or fundraising solicitations		+	X		
		ing lists, other assets, or paid employee			<u> </u>		
			(b) should always show the fair market value of the				
		the reporting organization. If the organization	•				
transaction	or sharing arrangement, sho	w in column (d) the value of the goods, other	assets, or services received				
(a)	(b)	(c)	(d)				
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing ar	angeme	nts		
N/ A		***					
				-			
	<del></del>	· ·					
	<del>-</del>						
<del></del>							
described	d in section 501(c) of the C complete the following sch		n section 527? ▶ ☐ Ye	es 🗓	No		
Nar	(a) me of organization	(b) Type of organization	(c) Description of relationship				
N/A							
_					-		
			<del>-</del>				
		<u> </u>					

FORM	990,	PART	Ι	-	OTHER	INCREASES	ΙN	FUND	BALANCES
	<del></del>	- <b></b>							

DESCRIPTION AMOUNT

PRIOR PERIOD ADJUSTMENT 296,045.

TOTAL 296,045. ==========

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

17, 594.

GRANTS PAID

RECIPIENT NAME AND ADDRESS

VARIOUS UNDER \$5000

TOTAL CONTRIBUTIONS PAID

17, 594.

00000000000

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STATEMENT 2

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	= TOTAL 	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT LABOR ADVERTISING STAFF DEVELOPMENT/RECRUITMENT CURRICULUM/TESTING/GRADUATION LIBRARY CAFETERIA/SNACKS/CONCESSIONS MISCELLANEOUS BANK AND CREDIT CARD FEES FLOWERS & GIFTS DUES AND SUBSCRIPTIONS SECURITY MISCELLANEOUS EQUIPMENT TECHNOLOGY/COMPUTER RALLIES DRAMA SPORTING FEES UNIFORMS/TRAINING BANQUETS/AWARDS/PLAYOFFS INSURANCE	59, 418. 20, 408. 39,045. 12,083. 12,654. 4,197. 19,035. 19,035. 90,117.	59, 418.  19, 698.  39, 045.  6, 134.  2, 418.  2, 844.  7, 666.  19, 035.  4, 386.  5, 692.  64, 142.	24,084. 710. 7,222. 12,654. 1,779. 235. 11,545.	
PARENT, TEACHER, STUDENT ORG SPORTS/ATHLETICS FUNDRAISING EXPENSE REQUIRED SERVICES OUT PROFESSIONAL SERVICES	1,935. 52,543. 23,428. 23,514. 12,737.	1,935. 52,543.	23, 514. 12, 737.	23, 428.
TOTALS	683,615.	475,268.	184,919.	23,428.

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#### FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE \_\_\_\_\_\_

EVANGEL CHRISTIAN ACADEMY (ECA) IS THE PREMIER PRIVATE SCHOOL FOR SHREVEPORT AND BOSSIER CITY, LOUISIANA. WITH AN ACCREDITATION FROM LOUISIANA AND SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS (SACS), ECA OFFERS EXCELLENCE IN ACADEMICS, ATHLETICS AND THE ARTS. AS A CHRIST-CENTERED SCHOOL ECA OFFERS FAMILIES A SAFE, SPIRIT-FILLED ENVIRONMENT WHERE THEY WILL BE PROTECTED, RESTORED, AND EMPOWERED TO SUCCEED WITH A PURPOSE. THE MISSION OF ECA IS TO EDUCATE STUDENTS FOR LIFELONG SUCCESS AND TO ENRICH THEM WITH CHRISTIAN PURPOSE. TEACHERS AT ECA CULTIVATE GOD-GIVEN TALENTS IN STUDENTS, ENCOURAGING THEM TO PURSUE THEIR DREAMS AND ASPIRATIONS. WITH THIS VISION, EVANGEL CHRISTIAN ACADEMY IS PREPARING YOUNG LEADERS FOR SUCCESS IN EVERY ASPECT OF LIFE-FROM THE POLITICAL ARENA AND BUSINESS WORLD, TO HOLLYWOOD; FROM THE ATHLETIC FIELDS, TO THE HARVEST FIELDS AS PASTORS AND MISSIONARIES. ECA HAS AN INFANT THROUGH K-4 LEARNING CENTER AND A K-5 THROUGH 12TH GRADE EDUCATION.

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BORROWER:	DENNY DURON EVANGELISTIC ASSOCIATION	
	• • • • • • • • • • • • • • • • • • • •	516,194. 516,194.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

TOTAL	BEGINNI NG	OTHER	NOTES	AND	LOANS	RECEI VABLE	516,194.
							==============

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES 516,194.

### FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING
	BOOK VALUE
EMPLOYEE ADVANCES PROPERTY TAXES RECEIVABLE	3,799. 19,107.
TOTALS	22,906.
	=============

FORM 990, PART IV - DEFERRED REVENUE

ENDI NG DESCRIPTION BOOK VALUE \_\_\_\_\_

PREPAID TUITION 171,160.

TOTALS 171,160. \_\_\_\_\_

#### FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

ASSEMBLY OF GOD FINANCIAL SERVICES GROUP

ORIGINAL AMOUNT: 1,762,000.

INTEREST RATE: 6.750000

DATE OF NOTE: 01/01/2006

MATURITY DATE: 05/23/2025

REPAYMENT TERMS: INTEREST AND PRINCIPAL DUE MONTHLY

SECURITY PROVIDED: REAL ESTATE DEED OF TRUST ON SCHOOL

PURPOSE OF LOAN: REFINANCE NOTES PAYABLE

REAL ESTATE DEED OF TRUST ON SCHOOL'S PROPERTY

BEGINNING BALANCE DUE .....

1,755,433.

ENDING BALANCE DUE .....

LENDER: PBCC

ORIGINAL AMOUNT: 130,000.

INTEREST RATE: 9.500000

DATE OF NOTE: 01/01/2006

MATURITY DATE: 11/01/2008

REPAYMENT TERMS: MONTHLY

SECURITY PROVIDED: EQUIPMENT CAPITAL PURPOSE OF LOAN: ACQUISITION OF EQUIPMENT CAPITAL LEASE

ACQUISITION OF EQUIPMENT

BEGINNING BALANCE DUE .....

79,028.

ENDING BALANCE DUE .....

79,028.

LENDER: ASSEMBLY OF GOD AT CEDAR GROVE

DATE OF NOTE: 01/01/2006

PURPOSE OF LOAN:

CONTINUE SCHOOL OPERATIONS

BEGINNING BALANCE DUE .....

1,240,172.

ENDING BALANCE DUE .....

1,180,319.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

3,074,633. ===========

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,259,347. \_\_\_\_\_\_

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION COMP	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
REVEREND DENNY DURON 7425 BROADACRES ROAD SHREVEPORT, LA 71129	PRESIDENT/DIRECTOR 10.00	NONE	NONE	NONE
TRUDIE ABNER-HENIX 7425 BROADACRES ROAD SHREVEPORT, LA 71129	SECRETARY/DIRECTOR NONE	NONE	NONE	NONE
RICK BERLIN 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DI RECTOR NONE	NONE	NONE	NONE
JERRY ERICKSON 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DIRECTOR/HEADMASTER 40.00	NONE	NONE	NONE
ROMY CUCJEN 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DIRECTOR	NONE	NONE	NONE
DEWITT JONES 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DI RECTOR NONE	NONE	NONE	NONE
JUDY MELLER	DIRECTOR NONE	NONE	NONE	NONE

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

T DEV 	FITLE AND TIME VOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CALVIN MILLENDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DI RECTOR NONE	NONE	NONE	NONE
GLORIA MILLENDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DI RECTOR NONE	NONE	NONE	NONE
JR CRES ROAD LA 71129	DI RECTOR NONE	NONE	NONE	NOONE
WES USIE 7425 BROADACRES ROAD SHREVEPORT, LA 71129	DI RECTOR NONE	NONE	NONE	NONE
REVEREND RIC HUMPHRIES 7425 BROADACRES ROAD SHREVEPORT, LA 71129	TREASURER 15.00	NONE	NONE	NON
	GRAND TOTALS	NONE	NONE	NONE

#### FORM 990; PART V-A RELATIONSHIP SCHEDULE

## RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: CALVIN MILLENDER

NAME OF RELATED ENTITY:

TITLE OR ROLE: RELATIONSHIP:

GLORIA MILLENDER

DIRECTOR

SPOUSE

NAME OF OFFICER, DIRECTOR, ETC:

NAME OF RELATED ENTITY:

TITLE OR ROLE: RELATIONSHIP:

GLORIA MILLENDER CALVIN MILLENDER

DIRECTOR SPOUSE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

EXPENSE ACCT AND OTHER ALLOWANCES	75, 300.	38,400.	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	12,574.	18,138.	NONE	NONE	NONE	NONE
COMPENSATION	42, 126.	43, 462.	NONE	NONE	NONE	20,000.
EMPLOYER ID #	37-1522688	37-1522688	37-1522688	37-1522688	37-1522688	37-1522688
NAME, ORGANIZATION NAME, RELATIONSHIP	REVEREND DENNY DURON SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS	JERRY ERICKSON SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS	CALVIN MILLENDER SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS	TOM TURNBOW JR SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS	WES USIE SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS	REVEREND RIC HUMPHRIES SHREVEPORT COMMUNITY CHURCH

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

EXPENSE ACCT AND OTHER ALLOWANCES	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
COMPENSATION	
EMPLOYER ID #	
RELATIONSHIP	
NAME, ORGANIZATION NAME, RELATIONSHIP	COMMON BOARD MEMBERS
NAME,	COMM

GRAND TOTALS

105,588.

30,712.

113,700.

7E390

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STATEMENT

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:

SHREVEPORT COMMUNITY CHURCH

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME:

DENNY DURON EVANGELISTIC ASSOCIATION

EXEMPT: X NONEXEMPT:

75-3204567

REVENUE
SERVICE
PROGRAM
1
VII
PART
990,
FORM

	BUSINESS		EXCLUSION		RELATED OR EXEMPT
DESCRIPTION	CODE	AMOUNT	CODE	AMOUNT	FUNCTION INCOME
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	 	  -  -  -	1 1	
TUITION					2, 216, 559.
ACADEMIC/SPORT FEES					162,087.
GRADUATION					7,053.
OTHER SCHOOL REVENUE					21,107.
DRAMA REVENUE					5, 542.
SPORTS REVENUE					302, 192.
TECHNOLOGY/OTHER					74,126.
	I			   1   1   1   1   1	; ; ; ; ;
TOTALS					2, 788, 666.
	Į.				

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

CONTRIBUTIONS : .  TO EMPLOYEE EXPENSE BENEFIT PLANS ACCOUNT	8,000. NONE	8,000. NONE	8,000. NONE	
COMPENSATION	67,500.	61,296.	51,150.	
TITLE AND TIME DEVOTED TO POSITION	HEAD FOOTBALL COACH 40.00	HS PRINCIPAL 40.00	ELEMENTARY PRINCIPAL 40.00	MOTHK SWEEMOOD TKHOH
NAME AND ADDRESS	RONALD ALEXANDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129	LINDA BASS 7425 BROADACRES ROAD SHREVEPORT, LA 71129	SANDRA BYRD 7425 BROADACRES ROAD SHREVEPORT, LA 71129	

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# SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

THE ORGANIZATION GRANTS ACADEMIC, ART AND LEADERSHIP SCHOLARSHIPS. THE APPLICATION PROCESS IS MANAGED BY A THIRD PARTY. THERE IS ALSO ASSISTANCE GRANTED ON A NEED BASED BASIS.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A \_\_\_\_\_\_\_

THE ORGANIZATION RECEIVED VARIOUS GRANTS FROM THE STATE OF LOUISIANA.