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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 benefit trust or private foundation)

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



| | | ent of th Revenue | e Treasury | benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting | require | Open to Public Inspection |
|-------------|------------|-----------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------|
| _ | | | _ | | | |
| _ | | ~ | | dar year, or tax year beginning 06/01, 2007, and ending | | 5/31/2008 |
| L | | of applica Address | usa IRS | C Name of organization | | mployer identification number |
| - | ° | change | print or | EVANGEL CHRISTIAN ACADEMY | 75 | 5-3204567 |
| ⊢ | _ | Vame cha | type | Number and street (or P O box if mail is not delivered to street address) Room/suite | E | Telephone number |
| ⊢ | ⊣՝ | nitiel retu | rn See Specific | 7425 BROADACRES ROAD | | 318) 671-7100 |
| L | - | rermination | on Instruc- | City or town, state or country, and ZIP + 4 | [] | Accounting Cash X Accrual |
| - | | Amended return | | SHREVEPORT, LA 71129 | | Other (specify) |
| L | | Applicatio pending | ■ 5e | | pplicab | le to section 527 organizations |
| _ | | | | ists must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a gr | oup retu | m for affiliates? Yes X No |
| ᆸᅂ | | bsite: | | EVANGELACADEMY. COM H(b) If "Yes," er | ter num | ber of affiliates |
| <u> </u> | Or | ganizat | tion type (che | eck only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 H(c) Are all affili | | |
| ďκ | Ch | eck her | e ▶ _ | If the organization is not a 509(a)(3) supporting organization and its gross H(d) is this a sepi | | t See instructions) |
| 7 | rec | eipts a | re normally i | | | by a group ruling? Yes X No |
| ū | to | file a re | tum, be sure | to file a complete return I Group Exe | nption I | Number > |
| = - | | | | M Check ▶ | | if the organization is not required |
| ≦ ೬ | | | eipts Add lin | nes 6b, 8b, 9b, and 10b to line 12 4, 066, 431. to attach S | ch B (F | orm 990, 990-EZ, or 990-PF) |
| <u>.</u> _[| art | R | levenue, E | xpenses, and Changes in Net Assets or Fund Balances (See the instructions) | | |
| 9 | | 1 | Contributio | ons, gifts, grants, and similar amounts received | | |
| | | а | Contributio | ons to donor advised funds | | |
| | | b | Direct publ | lic support (not included on line 1a) | | |
| | | | | blic support (not included on line 1a) | | |
| | | d | Governmen | nt contributions (grants) (not included on line 1a) 1d | | ļ |
| | | е | | es 1a through 1d) (cash \$1, 125, 077. noncash \$ |) Hill | 1,125,077. |
| | | 2 | | ervice revenue including government fees and contracts (from Part VII, line 93) | 2 | 2,940,363. |
| | ļ | 3 | Membersh | ip dues and assessments | 3 | |
| | į | 4 | | | 2014 | 991. |
| | | 5 | Dividends | and interest from Securities \/ [.] | 5 | |
| | | 6 a | Gross rents | 6a PR BRAN | | |
| | | b | Less renta | | | |
| | | С | Net rental | Il expenses 6b 10ss) Subtract ineito from line 6a | 6c | |
| | 9 | 7 | Other inve | stment income (describe |) 7 | |
| | Kevenue | 8 a | Gross amo | ount from sales of assets other (B) Other tory 8a | | |
| ന ന | 2 | | than invent | tory USUEN, UT 8a | | |
| | | b | Less cost | or other basis and sales expenses . 8b | | |
| | | С | Gain or (los | ss) (attach schedule) | | |
| Z | | d | Net gain oi | r (loss) Combine line 8c, columns (A) and (B) | . 8d | |
| M | | 9 | Special eve | ents and activities (attach schedule) If any amount is from gaming, check here | | |
| \cup | | а | Gross reve | enue (not including \$ of | | |
| <u></u> | | | contributio | ns reported on line 1b) | | |
| | | ь | | ct expenses other than fundraising expenses 9b | | |
| <u></u> 4 | | | | e or (loss) from special events Subtract line 9b from line 9a · · · · · · · · · · · · · · · · · · | . 9c | |
| 19 | | 10 a | Gross sale | es of inventory, less returns and allowances | | |
| ~ | | b | Less cost | of goods sold | | |
| 2018 | | C | Gross prof | it or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a | . 100 | ;} |
| ~ | | 11 | Other reve | nue (from Part VII, line 103) | . 11 | |
| _ | | 12 | Total reve | enue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | . 12 | 4,066,431. |
| | | 13 | | ervices (from line 44, column (B)) | | |
| | 898 | 14 | Manageme | ent and general (from line 44, column (C)) | . 14 | |
| | Expenses | 15 | | g (from line 44, column (D)) | | |
| | בא | 16 | | to affiliates (attach schedule) | | |
| _ | | 17 | | enses Add lines 16 and 44, column (A) | | |
| _ | . ts | 18 | | (deficit) for the year Subtract line 17 from line 12 | | |
| | 886 | 19 | | or fund balances at beginning of year (from line 73, column (A)) | | + |
| • | Net Assets | 20 | | nges in net assets or fund balances (attach explanation) STMT 1 | | |
| : | 2 | 21 | | or fund balances at end of year Combine lines 18, 19, and 20. | | |
| E | or Dr | ivacy | | nerwork Reduction Act Notice see the senarate instructions | | - 000, 505. |

JSA 7E1010 2 000

| Рa | Functional Expenses organ | rganizati | ons must complete column and section 4947(a)(1) n | (A) Columns (B), (C), a onexempt charitable trust | nd (D) are required for so s but optional for others | ection 501(c)(3) and (4) (See the instructions) |
|--------------|----------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22a | 3 Grants paid from donor advised funds (attach schedule) | | | | | |
| | (cash \$ noncash \$ | 3 | | | | |
| | If this amount includes foreign grants, check here | 22a | | | | |
| 22t | Other grants and allocations (attach schedule) | | | | | |
| | (cash \$ 2,498. noncash \$ If this amount includes foreign grants, | | | | | |
| | check here | 22b | 2,498. | 2,498. | | |
| 23 | Specific assistance to individuals | | | | | |
| | (attach schedule). | 23 | | | | |
| 24 | Benefits paid to or for members | | | | | |
| | (attach schedule) | 24 | | | | |
| 258 | Compensation of current officers, | | | | | |
| | directors, key employees, etc. listed in | | | | | |
| | Part V-A | 25a | NONE | NONE | NONE | |
| | Compensation of former officers, | 1 1 | | | | |
| | directors, key employees, etc. listed in | 254 | | | | |
| | Part V-B | 25b | | | | |
| • | Compensation and other distributions, not includ- ed above, to disqualified persons (as defined | | } | j | | |
| | under section 4958(f)(1)) and persons described | 25.0 | | | | |
| 26 | In section 4958(c)(3)(B) | 25c | | | | |
| | included on lines 25a, b, and c | 26 | 2,699,916. | 2 272 102 | 427 724 | |
| 27 | Pension plan contributions not | 20 | 2,699,916. | 2,272,192. | 427,724. | |
| | included on lines 25a, b, and c | 27 | | | | |
| 28 | Employee benefits not included on | | | | | |
| | lines 25a - 27 | 28 | 259,806. | 237,066. | 22,740. | |
| 29 | Payroll taxes | 29 | 206,544. | 173,823. | 32,721. | |
| 30 | Professional fundraising fees | 30 | 200,011. | 1,0,023. | 32,721. | |
| 31 | | 31 | | | | |
| 32 | Legal fees | 32 | 37,530. | | 37,530. | |
| 33 | | 33 | 50,106. | 13,882. | 36,224. | |
| 34 | Telephone | 34 | 19,561. | | 19,561. | |
| | Postage and shipping | | 5,344. | | 5,344. | - |
| | Occupancy | 36 | 146,672. | | 146,672. | |
| | Equipment rental and maintenance | 37 | 103,356. | | 103,356. | |
| 38 | Printing and publications | 38 | 50,365. | 44,906. | 5,459. | |
| 39 | Travel | 39 | 95,797. | 65,036. | 30,761. | |
| 40 | | 40 | | | | ·- · |
| 41 | Interest | 41 | 136,387. | | 136,387. | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 91,972. | | 91,972. | |
| 43 | Other expenses not covered above (itemize) | | | | | |
| á | a <u> </u> | _ 43a | 820,530. | 593,094. | 204,599. | 22,837 |
| ı | b | _ 43b | | | | |
| • | c | _ 43c | | | | |
| • | d | _ 43d | | | | |
| • | e | _ 43e | | | | |
| 1 | [| 43f | | | | |
| , ! | 9 | 43g | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g (Organizations completing | | | | | |
| | columns (B)-(D), carry these totals to lines | 1 1 | | _ | | _ |
| 1- | int Costs. Check ▶ If you are follo | . 44 | 4,726,384. | 3,402,497. | 1,301,050. | 22,837 |
| | | • | | | | . |
| | e any joint costs from a combined educational | | | | gram services? | |
| | Yes," enter (i) the aggregate amount of these | - | | - | _ | <u> </u> |
| <u> </u> | the amount anocated to Management and gr | cuerai \$ | | , and (iv) the amount al | Tocated to Fundraising \$ | |
| (iii) JSA | the amount allocated to Management and gr | - | | - | located to Fundraising \$ | Form 99 |

| For | rm 990 (2007) | 75-3204567 | Page 3 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|
| Pa | art III Statement of Program Service Accomplishments (See the instruction | ons.) | |
| par on | rm 990 is available for public inspection and, for some people, serves rticular organization. How the public perceives an organization in such cuts return. Therefore, please make sure the return is complete and accordance and accordance and accordance and accordance. | ases may be determined by the | e information presented |
| | hat is the organization's primary exempt purpose? SEE STATEMENT 3 | | Program Service |
| | organizations must describe their exempt purpose achievements in a clear and | | Expenses (Required for 501(c)(3) and |
| of o | clients served, publications issued, etc. Discuss achievements that are not measurations and 4947(a)(1) nonexempt charitable trusts must also enter the amount | surable. (Section 501(c)(3) and (4) | (4) orgs , and 4947(a)(1) |
| a | EVANGEL CHRISTIAN ACADEMY'S MISSION IS TO EDUCATE | STUDENTS | |
| | FOR LIFELONG SUCCESS AND TO ENRICH THEM WITH A CHF | | |
| | PURPOSE, ENCOURAGING THEM TO PURSUE THEIR DREAMS A | | |
| | ASPIRATIONS. EVANGEL IS PREPARING YOUNG LEADERS F | | |
| | IN EVERY ASPECT OF LIFE. | | |
| | | | |
| | (Grants and allocations \$ 2,498.) If this amount inclu | ides foreign grants, check here | 3,402,497. |
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| | (Grants and allocations \$) If this amount inclu | ides foreign grants, check here |] |
| C | | | |
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| | (Grants and allocations \$) If this amount inclu | ides foreign grants, check here 🕨 | |
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| | | | _ |
| | (Grants and allocations \$) If this amount inclu | ides foreign grants, check here 🕨 | |
| е | Other program services (attach schedule) | _ | |
| | (Grants and allocations \$) If this amount inclu | udes foreign grants, check here▶ | <u>]</u> |
| f | Total of Program Service Expenses (should equal line 44, column (B), Pro | ogram services) ▶ | 3,402,497. |

3, 402, 497. Form **990** (2007)

| P | art IV | Balance Sheets (See the instructions.) | | | |
|-----------------------------|--------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <u> </u> | lote: | 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 | 48,011. | 45 | 84,600. |
| | 46` | Savings and temporary cash investments | 96,359. | 46 | 87,228. |
| | 47a | Accounts receivable | | | |
| | b | Less: allowance for doubtful accounts | 422, 392. | 47c | 184,839. |
| | | | | | |
| | | Pledges receivable | | | |
| | b | Less: allowance for doubtful accounts | | 48c | |
| | 49 | | | 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. | | 516,449. |
| | | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 53 | |
| | | Investments - publicly-traded securities | | 54a | |
| | | Investments - other securities (attach schedule) ▶ _ Cost FMV | | 54b | |
| | 55a | Investments - land, buildings, and | | | |
| | | equipment, basis | | | |
| | ם | Less: accumulated depreciation (attach | | | |
| | - | schedule) | | 55c | |
| | 56 | Investments - other (attach schedule) | | 56 | |
| | l | Land, buildings, and equipment basis | | | |
| | " | schedule) | 200 520 | 570 | 271 607 |
| | 58 | Other assets, including program-related investments | 200,538. | 376 | 371,697. |
| | 30 | (describe ► STMT 5) | 22,906. | 58 | 7,335. |
| | 59 | Total assets (must equal line 74) Add lines 45 through 58 | 1,306,400. | 59 | 1,252,148. |
| _ | 60 | Accounts payable and accrued expenses | 508,075. | 60 | 215, 819. |
| | 61 | Grants payable | 300,073. | 61 | 215,015. |
| | 62 | Deferred revenue | 171,160. | | 255, 981. |
| s | 63 | Loans from officers, directors, trustees, and key employees (attach | 1,1,100. | | 233,701. |
| ities | | schedule) | | 63 | |
| Liabil | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| Ë | | Mortgages and other notes payable (attach schedule) STMT. 7 | 1,259,347. | 64b | 1,490,737. |
| | 65 | Other liabilities (describe ► | NONE | 1 1 | 250,000. |
| | | | | | |
| | 66 | Total liabilities. Add lines 60 through 65 | 1,938,582. | 66 | 2,212,537. |
| | Orga | inizations that follow SFAS 117, check here ▶ X and complete lines | | | |
| | 1 | 67 through 69 and lines 73 and 74 | | } | |
| Ses | 67 | Unrestricted | -632,182. | 67 | -960,389. |
| ă | 68 | Temporarily restricted | | 68 | |
| Ba | 69 | Permanently restricted | | 69 | |
| Net Assets or Fund Balances | Orga | nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74 | | | |
| 5 | 70 | Capital stock, trust principal, or current funds | | 70 | |
| its | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| SSE | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| Ť | 73 | Total net assets or fund balances. Add lines 67 through 69 or lines | | T | |
| Š | | 70 through 72 (Column (A) must equal line 19 and column (B) must | | | |
| | | equal line 21) | -632,182. | 73 | -960 , 389. |
| | 74 | | 1.306.400. | | 1.252.148 |

| Pa | art IV-A | instructions.) | nancial Statemer | nts With | n Revenu | e per Retur | n (Se | e the |
|----|-----------|----------------------------------------------------|----------------------------------------------|------------|---------------------------|-------------------------------------------|----------|------------------------------------------|
| a | Total re | enue, gains, and other support per audited finance | ıal statements | | | | а | |
| b | Amount | s included on line a but not on Part I, line 12: | | | | | | |
| 1 | • | alized gains on investments | | <u>b</u> | 1 | | | |
| 2 | Donate | services and use of facilities | | <u> </u> | 2 | |] | |
| 3 | Recove | es of prior year grants | | <u>t</u> | 3 | | | |
| 4 | | oecify) | | | | | | |
| | | | | | 4 | | | |
| | Add line | s b1 through b4 | | | | | b | |
| C | Subtrac | line \boldsymbol{b} from line \boldsymbol{a} | | | | | c | |
| đ | | included on Part I, line 12, but not on line a: | | | | | | |
| 1 | Investm | ent expenses not included on Part I, line 6b | | c | 11 | |] | |
| 2 | Other (s | oecify) | | | | | | |
| | | | | <u> c</u> | 12 | | 1 1 | |
| | Add line | s d1 and d2 | | | | | d | |
| e | Total re | venue (Part I, line 12). Add lines c and d | increased Ot-to | | | | е | |
| Pa | art IV-B | Reconciliation of Expenses per Audited F | | | | | เท | |
| а | | penses and losses per audited financial statements | | | | • • • • • • • | а | |
| b | | s included on line a but not on Part I, line 17 | | I. | -1 | | li | |
| 1 | | services and use of facilities | | • • • [| 01 | | 1 | |
| 2 | - | ar adjustments reported on Part I, line 20 | | • • • - | 2 | | 1 | |
| 3 | | eported on Part I, line 20 | | \cdots | 3 | | 1 | |
| 4 | Other (s | oecify): | | | | | | |
| | | | | | | | 1. | |
| | | s b1 through b4 | | | | | b | |
| С | | line b from line a | • • • • • • • • • | | • • • • • | • • • • • • • | C | |
| d | | s included on Part I, line 17, but not on line a: | | ا | 11 | | | |
| 1 | | ent expenses not included on Part I, line 6b | | | · · | | 1 | |
| 2 | Other (s | oecify): | | | 12 | | | |
| | Add line | | | | | | d | |
| е | Total ex | s d1 and d2 | | | | | e | |
| Pa | art V-A | Current Officers, Directors, Trustees, and | Key Employees (| List eac | h person | who was an | office | r, director, trustee, |
| | | or key employee at any time during the year ever | | | | | | |
| | | (A) Name and address | (B) Title and average hours pe | (C) Cor | npensation paid, enter | (D) Contributions to benefit plans & c | employee | (E) Expense account and other allowances |
| | | | week devoted to position | | oaid, enter O-) | compensation | | and other allowances |
| | | | | | | | | |
| SE | E STAT | MENT 9 | | | NONE | 2 | NON | NONE NONE |
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Form 990 (2007)

| Form 990 (2007) 75-3204567 | | P | <u>age 7</u> |
|-------------------------------------------------------------------------------------------------------------------------------|-------------|-----|--------------|
| Part VI Other Information (continued) | | Yes | No |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | | - 1 | |
| or at substantially less than fair rental value? | 82a | | Χ |
| b If "Yes," you may indicate the value of these items here. Do not include this amount | | | |
| as revenue in Part I or as an expense in Part II (See instructions in Part III) | , | İ | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | _x | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | х | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | Χ |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| gifts were not tax deductible? | 84b | N/ | A |
| 85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | 85a | N/ | A |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/ | A |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | | | |
| received a waiver for proxy tax owed for the pnor year. | | | |
| c Dues, assessments, and similar amounts from members 85c N/A | | | |
| d Section 162(e) lobbying and political expenditures | | ļ | , |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/ | A |
| 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 |
| 86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 N/A | | | |
| b Gross receipts, included on line 12, for public use of club facilities | | | ĺ |
| 87 501(c)(12) orgs Enter a Gross income from members or shareholders | İ | | |
| b Gross income from other sources (Do not net amounts due or paid to other | | | |
| sources against amounts due or received from them) | | | |
| 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or | | | |
| partnership, or an entity disregarded as separate from the organization under Regulations sections | | | |
| 301 7701-2 and 301 7701-39 If "Yes," complete Part IX | 88a | | х |
| b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the | | | |
| meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | | Х |
| 89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under | | | |
| section 4911 ▶ N/A ; section 4912 ▶ N/A , section 4955 ▶ N/A | | | ł |
| b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction | | | ł |
| during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | | | 1 |
| a statement explaining each transaction | 89b | | Х |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under | | | 1 |
| sections 4912, 4955, and 4958 NONE | | | 1 |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE | | | 1 |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | 1 |
| transaction? | 89e | | X |
| f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | | Х |
| g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the | | | 1 |
| supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings | İ | | |
| at any time during the year? | 89g | L | Х |
| 90 a List the states with which a copy of this return is filed ► NONE REQUIRED | | | |
| b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | | 138 | |
| 91 a The books are in care of ► RIC HUMPHRIES, TREASURER Telephone no ► 318-68 | <u>8-70</u> | 61 | |
| Located at ► 5720 BUNCOMBE ROAD SHREVEPORT, LA ZIP+4 ► 71129 | | | |
| | | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? | 91b | | X |
| If "Yes," enter the name of the foreign country ▶ | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| and Financial Accounts | | | |

Form **990** (2007)

| c At any tin If "Yes," (| | did the organicountry bable trusts to the trusts to the trust received by the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust | iling Form 990 in eved or accrue | in lieu of Ford d during the t instructions. come | outside o | Check here | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------|
| If "Yes," of and enter Part VII A Note: Enter gross Indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | enter the name of the foreign 1947(a)(1) nonexempt charit the amount of tax-exempt is nalysis of Income-Product is amounts unless otherwise ervice revenue 14 edicaid payments | able trusts to the trust of the trusts of the trusts of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of trust of the trust of trust of the trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust | iling Form 990 in eved or accruedies (See the inated business index (B) | in lieu of Ford d during the t instructions. come | m 1041 - (dax year) xcluded by | Check here ▶ 92 section 512, 513, or 514 (D) | N/ A (E) Related or exempt function income |
| If "Yes," of and enter Part VII A Note: Enter gross Indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | enter the name of the foreign 1947(a)(1) nonexempt charit the amount of tax-exempt is nalysis of Income-Product is amounts unless otherwise ervice revenue 14 edicaid payments | able trusts to the trust of the trusts of the trusts of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of trust of the trust of trust of the trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust of trust | iling Form 990 in eved or accruedies (See the inated business index (B) | in lieu of Ford d during the t instructions. come | m 1041 - (dax year) xcluded by | Check here ▶ 92 section 512, 513, or 514 (D) | N/ A (E) Related or exempt function income |
| and enter Part VII A Note: Enter gross Indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | rathe amount of tax-exempt in alysis of Income-Products amounts unless otherwise ervice revenue 14 | ing Activit Unre | ies (See the integrated business index (B) | d during the tinstructions. | xcluded by | section 512, 513, or 514 (D) | N/ A (E) Related or exempt function income |
| and enter Part VII A Note: Enter gross Indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | rathe amount of tax-exempt in alysis of Income-Products amounts unless otherwise ervice revenue 14 | ing Activit Unre | ies (See the integrated business index (B) | d during the tinstructions. | xcluded by | section 512, 513, or 514 (D) | N/ A (E) Related or exempt function income |
| Part VII A lote: Enter gross indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | nalysis of Income-Products amounts unless otherwise ervice revenue 1.4 | Unre (A) | ies (See the interest index (B) | nstructions. | xcluded by | section 512, 513, or 514 (D) | (E) Related or exempt function income |
| lote: Enter gross indicated 93 Program s a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | ervice revenue 1 4 edicaid payments | Unre (A) | ated business ind | come E | xcluded by | (D) | Related or exempt function income |
| 93 Program s a STMT b c d e f Medicare/M g Fees and c 94 Membersh 95 Interest on sa | edicaid payments | | (B) Amount | t Excl. | (C) usion code | | exempt function income |
| a STMT b c d f Medicare/M g Fees and co 94 Membersh 95 Interest on se | edicaid payments | | Amount | t Exch | usion code | | ıncome |
| a STMT b c d e f Medicare/M g Fees and co 94 Membersh 95 Interest on se | edicaid payments | | | | | | |
| b | edicaid payments | | | | | | <u> </u> |
| cd | edicaid payments | | | | | | |
| d | edicaid payments | | | | | | |
| f Medicare/M g Fees and co 94 Membersh 95 Interest on se | edicaid payments | | | | | | |
| f Medicare/M g Fees and co 94 Membersh 95 Interest on se | edicaid payments | | | | | | |
| g Fees and co 94 Membersh 95 Interest on sa | ontracts from government agencies . | - | | | | - | _ |
| 94 Membersh 95 Interest on sa | | | | | | | |
| 95 Interest on sa | inp dues and assessments | | | | | · · · | |
| | | | | | 1.4 | 001 | |
| 30 Dividends | rvings and temporary cash investments and interest from securities | | | | 14 | 991. | - |
| 97 Net rental | income or (loss) from real estate | | <u> </u> | | | <u></u> | |
| | , , | | | _ | | | |
| | ced property | | | _ | | | |
| | nanced property | | | | | | |
| | come or (loss) from personal property | | | | | | |
| | stment income | | | | | | |
| | from sales of assets other than inventory | | | | | | |
| | e or (loss) from special events . | | | | | | |
| | or (loss) from sales of inventory | | | | | | |
| 03 Other reve | | | | | | | |
| b MISCEI | LANEOUS | - | | | 01 | | |
| | | _ | <u> </u> | | | | |
| d | | | | | | | |
| θ | | | | | | | |
| | idd columns (B), (D), and (E)) | | | | | <u>991.</u> | 2,940,363. |
| | line 104, columns (B), (D), and (| | | | | · · · · · · • • <u> </u> | <u>2,941,354.</u> |
| | olus line 1e, Part I, should equal t | | | | | | |
| | elationship of Activities | | | | | | |
| Line No. Ex | plain how each activity for wh ganization's exempt purposes (o | ich income i ther than by i | s reported in co providing funds fo | olumn (E) of P or such purpos | Part VII co ses) | ntributed importantly to | the accomplishment of the |
| 3 EI | OUCATION AND ACTIVI | ries to | ENHANCE TH | HE EDUCAT | ION PR | OCESS OF | _ |
| S | UDENTS ATTENDING E | VANGEL C | HRISTIAN A | ACADEMY. | | ··· | |
| | | | | | | | |
| | | | | | | | |
| | formation Regarding Tax | able Subs | idiaries and D | Disregarded | f Entities | S (See the instruction | s.) |
| Name | (A) e, address, and EIN of corporation, | | (B) | (C) | | (D) | (E) End-of-year |
| pa | rtnership, or disregarded entity | | Percentage of ownership interest | Nature of | activities | Total income | End-of-year assets |
| | | _ | % | | | | - |
| | | | % | _ | | | |
| | | | % | | | | |
| | | | % | | • | | 1 |
| Part X Inf | ormation Regarding Tra | nsfers Ass | | Personal B | enefit C | ontracts (See the ins | structions.) |
| | anization, during the year, recei | | | | | <u> </u> | |
| | rganization, during the yea | | | | | | • — — |
| | to (b) , file Form 8870 and F | | | | , on a p | orgonial policili colitia | o., |

| Part | | parding Transfers To and France To and France Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Institute of State Insti | om Controlled Entities. Con 512(b)(13). | plete only if the organ | zatıon | is a |
|-----------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|--------|---------|
| 106 | Did the reporting orga | anization make any transfers to a | a controlled entity as defined in s | section 512(b)(13) of | Yes | No X |
| | (A) Name, address, of eacontrolled entity | (B) | (C) Description of transfer | (D) Amount of tran | sfer | |
| a | | | | | | |
| ь | | | | | | |
| c | | | | | | |
| | Totals | | | | | |
| 107 | | nization receive any transfers from e? If "Yes," complete the schedu | | | Yes | No X |
| | (A) Name, address, of e controlled entity | (B) ach Employer Identification Number | (C) Description of transfer | (D) Amount of tran | sfer | |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| | Totals | | | | | |
| 108 | | nave a binding written contract in nuities described in question 107 | = | ring the interest, | Yes | No X |
| Pleas Sign Here | Under penalties of pe and belief, it is true, | rjury, I declare that I have examined this recorrect, and complete Declaration of prejury the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the | return, including accompanying schedules | | | wledge |
| Paid Prepa | Firm's name (or yours | SALMON SIMS THOMAS | Date Check if self-employed ► | Preparer's SSN or PTIN (Se | 39 | Inst X) |
| Use C | of self-employed), address, and ZIP + 4 | 12720 HILLCREST RD DALLAS, TX | | Phone no ▶ 972-392- | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Employer identification number

| Name of the organization | | | | | Employe | r identification number |
|--------------------------------------------------------------------------------|----------------------------------------------|----------|-------------------------------|-----------------------------------------------------|-----------|------------------------------------------------|
| EVANGEL CHRISTIAN ACADEMY | | | | | 75-3 | 3204567 |
| Part 1 Compensation of the Five Higher (See page 1 of the instructions. List e | st Paid Employe each one. If there a | es O | ther Than Offine, enter "Non- | ficers, Direc | tors, | and Trustees |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average her week devoted to po | | (c) Compensation | (d) Contributi employee benefi deferred compo | t plans & | (e) Expense account and other allowances |
| SEE STATEMENT 15 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | | | | |
| Total number of other employees paid over \$50,000 > | NONE | | | | | L |
| Part II-A Compensation of the Five Highe (See page 2 of the instructions. List | st Paid Independ | dent | Contractors (| for Professi | onal S | iervices |
| (a) Name and address of each independent contractor paid | more than \$50,000 | | (b) Type of se | | | (c) Compensation |
| | | | | | | |
| NONE | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | _ | | | | | |
| | | { | | | | |
| Total number of others receiving over \$50,000 for | | | | | | |
| professional services | | | | | | |
| Part II-B Compensation of the Five Higher | | | | | | |
| (List each contractor who performed firms. If there are none, enter "None. | ." See page 2 of th | e inst | ructions.) | ces, whether | inaivia | uais or |
| (a) Name and address of each independent contractor paid | more than \$50,000 | | (b) Type of se | ervice | | (c) Compensation |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | , . | | |
| | | | | | | |
| Total number of other contractors recovered over | <u> </u> | \vdash | | - | | |

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

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

| Pa | Statements About Activities (See page 2 of the instructions.) | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B). | | х |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| а | Sale, exchange, or leasing of property? | - | х |
| b | Lending of money or other extension of credit? | | <u>x</u> |
| С | Furnishing of goods, services, or facilities? | | <u>x</u> |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | х |
| 6 | Transfer of any part of its income or assets? | | х |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) | х | |
| b | Did the organization have a section 403(b) annuity plan for its employees? | X | _ |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | <u>x</u> |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | x |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete | | |
| b | lines 4f and 4g | 1 | X /A |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | N, | / A |
| d | Enter the total number or donor advised funds owned at the end of the tax year | | |
| е | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts | | NONE |
| a | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | - | NONE |

| Part IV | ` Reason for Non-Private Fo | undation Statu | s (See pages 4 thre | ough 8 of the | instructions. |) |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|-----------------------------|
| I certify th | nat 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 ass | sociation of churches | Section 170(b)(1)(A)(i) | | | |
| 6 X | A school Section 170(b)(1)(A)(ii) (Also of | omplete Part V) | | | | |
| 7 | A hospital or a cooperative hospital servi- | ce organization Secti | on 170(b)(1)(A)(III) | | | |
| 8 | A federal, state, or local government or g | governmental unit Sec | ction 170(b)(1)(A)(v) | | | |
| 9 🗌 | A medical research organization opera | ited in conjunction | with a hospital Section | on 170(b)(1)(A) | (III) Enter the | hospital's name, city |
| 10 | An organization operated for the benef (Also complete the Support Schedule in F | = | niversity owned or oper | ated by a gov | ernmental unit | Section 170(b)(1)(A)(I |
| 11a 🗌 | An organization that normally receives 170(b)(1)(A)(vi) (Also complete the Supp | | | overnmental ur | nit or from the | general public Section |
| 11b | A community trust. Section 170(b)(1)(A) | (vi) (Also complete the | e Support Schedule in F | art IV-A) | | |
| 12 | An organization that normally receives (activities related to its charitable, etc., for investment income and unrelated busines 1975. See section 509(a)(2). (Also complete | unctions - subject to ss taxable income (le | certain exceptions, and ss section 511 tax) from | (2) no more ti | han 33 1/3% o | f its support from gros |
| 13 | An organization that is not controlle requirements of section 509(a)(3) Check | | · · · · · · · · · · · · · · · · · · · | | managers) and | I otherwise meets th |
| | Type I Type II | Type III - Fur | nctionally Integrated | Type III - | Other | |
| | Provide the following information | about the supported | l organizations. (See pag | e 8 of the instru | ictions) | |
| Na | (a) ame(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 | d) upported ion listed in pporting zation's documents? | (e) Amount of support |
| | | | | Yes | No | |
| | | | | | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| <u>Total · ·</u> | · · · · · · · · · · · · · · · · · · · | | | | <u></u> ▶ | |
| 14 | An organization organized and operated to | o test for public safe | ty Section 509(a)(4) (Se | e page 8 of the i | nstructions) | |

Schedule A (Form 990 or 990-EZ) 2007

| | e: You may use the worksheet in the instruction endar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | | (e) Total |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 | Gifts, grants, and contributions received (Do | (4) 2000 | (5) 2005 | (0) 2004 | (a) 2003 | | (e) rotai |
| | not include unusual grants See line 28) | | | | | | |
| 16 | Membership fees received | | | | <u> </u> | | |
| | Gross receipts from admissions, merchandise | - | - | | 1 | | |
| •• | sold or services performed, or furnishing of | | | | | | |
| | 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, income | | | | | | |
| | from similar sources, and unrelated business | | | | | | |
| | taxable income (less section 511 taxes) from | | | | 1 | | |
| | businesses acquired 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 benefit | | | | | | |
| | and either paid to it or expended on its | | | | | | |
| | behalf | | | | | | |
| 21 | The value of services or facilities furnished to | | | 1 | | -+ | |
| | the organization by a governmental unit | | | | 1 | | |
| | without charge Do not include the value of | | | | | Ì | |
| | services or facilities generally furnished to the | | | | | ļ | |
| | public without charge | | | | | | |
| 22 | Other income Attach a schedule Do not | | | | | | |
| | include gain or (loss) from sale of capital assets | | | | | ŀ | |
| 23 | Total of lines 15 through 22 | | | | † | | |
| | Line 23 minus line 17. | | | | | | |
| | Enter 1% of line 23 | | | | | | |
| | Organizations described on lines 10 or 11: a | Enter 2% of amoun | t in column (e) line 2 | A NOT APPITO | ARI.E | 26a | |
| | Prepare a list for your records to show the r | | | | · F | | |
| | governmental unit or publicly supported organi | | - | • | | | |
| | amount shown in line 26a Do not file this li | | • | • | | 26ь | |
| | | | | | | 26c | |
| c | Total support for section 509(a)(1) test. Enter line 24 | ¹, column (e) | | | | | · · · · · · · · · · · · · · · · · · · |
| c | Total support for section 509(a)(1) test: Enter line 24 Add Amounts from column (e) for lines 18 | i, column (e) 1 | _ | | | | |
| C | Add Amounts from column (e) for lines 18 | 1 | 9 | | • | 26d | |
| O | Add Amounts from column (e) for lines 18 22 | 1 2 | 9 6b | | | 26d 26e | |
| 6 | Add Amounts from column (e) for lines 18 22 22 Public support (line 26c minus line 26d total) | 1 2 | 9 6b | | ▶ | 26e | % |
| 6 | Add Amounts from column (e) for lines 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) of Organizations described on line 12: a For | 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 9 6b denominator)) | | were receive | 26e 26f | a "disqualified |
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of the column of the column of the column of the column of | divided by line 26c (amounts include ow the name of, of such amounts for ecceived from each hyear, that was mes 5 through 11b, and the larger amounts for and line 27b total | 9 6b denominator)) | 16, and 17 that received in each of "disqualified person of (1) the amount als) Do not file this (1) or (2), enter the | were receive year from, early consider the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the 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| Sche | dule A (Form 990 or 990-EZ) 2007 75-3204567 | | F | age 5 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-------------------|
| Pa | rt V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
| 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 | Х | |
| 30 | 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? | 30 | Х | |
| 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 | | | |
| | NEWSPAPERS DURING ENROLLMENT AND PROMOTIONAL TIMES. | | | |
| | | | | |
| | | | } | |
| 32 | Does the organization maintain the following: | ĺ | | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | X | |
| t | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | | |
| | basis? | 32b | X | |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| _ | with student admissions, programs, and scholarships? | 32c | X | |
| C | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | X |
| | If you appropried Phiatric and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start and the share start | | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| 33 | Does the organization discriminate by face in any way with respect to. | | | |
| a | Students' rights or privileges? | 33a | | x |
| | Tighte of prinages. | JJa | | ^- - |
| t | Admissions policies? | 33Ь | | х |
| | Admissions policies | 330 | | |
| | Employment of faculty or administrative staff? | 33c | | х |
| | | | | <u> </u> |
| c | Scholarships or other financial assistance? | 33d | | х |
| | Controllarships of other infancial assistance | 000 | | |
| e | Educational policies? | 33e | | х |
| | | - | | |
| f | Use of facilities? | 33f | | х |
| | *************************************** | | | |
| ç | Athletic programs? | 33g | | x |
| | | | | |
| ŀ | Other extracurricular activities? | 33h | | х |
| | | | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) |] | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 1 |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | Х | |
| | | | | |
| t | Has the organization's right to such aid ever been revoked or suspended? | 34b | <u> </u> | <u>x</u> |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement | | | |
| | | | 1 | i |

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 | Lobbying E | xpenditures by Electrical pleted ONLY by an o | ting Public Charitie | s (See page 1 | 1 of t | he instruc | tions. |) T C A D I | |
|---------------|--------------|-------------------|-----------------------------------------------|-----------------------------|---------------------------|----------|---------------|----------------------|----------------|--------------------------------------|
| Che | eck ▶a | | zation belongs to an affil | | | | | | | rol" provisions apply. |
| | • | | imits on Lobbying | - | | | Affiliate | a) ed grou als | р | (b) To be completed for all electing |
| | | | "expenditures" means | <u> </u> | | | | | | organizations |
| 36 | Total lob | bying expendi | tures to influence publ | lic opinion (grassroots | lobbying) | 36 | | | | |
| 37 | Total lob | bying expendi | tures to influence a leg | gislative body (direct l | obbying) | 37 | | | | |
| 38 | l otal lob | bying expendi | tures (add lines 36 an | d 37) | | 38 | | | | |
| 39 | Other ex | empt purpose | expenditures | | | 39 | | | | |
| 40 | | | expenditures (add line | | | 40 | | | | |
| 41 | | nount on line | mount. Enter the amo | | | | | | | |
| | | | | bbying nontaxable ar | | | | | - | |
| | | | \$1,000,000 \$100,000 | | | | | | i | |
| | | | er \$1,500,000 \$175,00 | | | 41 | | | 1 | |
| | | | er \$17,000,000 \$225,00 | | | 7. | | | | |
| | | | \$1,000, | | | | | | | |
| 42 | Grassro | ots nontaxable | amount (enter 25% o | f line 41) | | 42 | | | | |
| 43 | Subtract | line 42 from l | ine 36. Enter -0- if line | 42 is more than line | | 43 | | | 1 | - |
| 44 | | | ine 38 Enter -0- if line | | | 44 | | | | |
| | | | | | | | | | | |
| | Caution | If there is an | amount on either line | 43 or line 44, you mus | st file Form 4720. | | | | | |
| | | | 4-Year | Averaging Period | Under Section | 501(| h) | | | |
| | (Sc | ome organizati | ons that made a secti | on 501(h) election do | not have to con | nplete | all of the f | ive col | umns b | elow |
| | | | See the instruction | ons for lines 45 throug | h 50 on page 13 | of the | e instructio | ns.) | | |
| | | _ | | Lobbying Expendi | tures During 4 | -Year | Averagir | g Pe | riod | |
| | Calendar | year (or fiscal | (a) | (b) | (c) | | (| d) | | (e) |
| | year begi | nning in) 🕨 | 2007 | 2006 | 2005 | | 20 | 004 | | Total |
| | | nontaxable | | | | | | | | |
| <u>45</u> | | | | | | | | | | |
| | | ceiling amount | | | | | | | | |
| <u>46</u> | (150% of | line 45(e)) | | | | | | | | - |
| 47 | Total John | ring expenditures | | | | | | | | |
| - | | ts nontaxable | | | | | | | | |
| 48 | | ····· | | | | | | | | |
| 70 | | ceiling amount | | | | | | | | |
| 49 | | ine 48(e)) | | | | | | | | |
| | | ts lobbying | | | | | | | | |
| 50 | | res | | | | | | | | |
| Pa | rt VI-B | Lobbying A | ctivity by Nonelecti | ng Public Charities | | | NOT | APPL | ICAB | LE |
| | | (For report | ing only by organiza | tions that did not co | mplete Part VI- | -A) (S | ee page 1 | 3 of 1 | he ins | tructions.) |
| Dur | ing the yea | ir, did the organ | zation attempt to influer | nce national, state or loca | al legislation, includ | ing any | , | V | | |
| atte | mpt to infli | uence public opi | nion on a legislative mat | ter or referendum, throug | h the use of | | | Yes | NO | Amount |
| а | Voluntee | ers | | | | | | | | |
| þ | Paid sta | ff or managem | ient (Include compens | sation in expenses rep | orted on lines c t | hroug! | n h .) | | | |
| C | Media a | dvertisements | | | | | | | | |
| đ | Mailings | to members, i | legislators, or the publ | IC | | | | | | |
| e | Publicati | ons, or publish | ned or broadcast state | ments | | | | | | |
| f | Grants t | o other organi | zations for lobbying pu | rposes | | | | | | |
| g | Direct co | ontact with legi | slators, their staffs, go | overnment officials, o | r a legislative boo | ly | | | | |
| h | Rallies, | demonstration | s, seminars, convention | ons, speeches, lectures | s, or any other m | eans . | | | | _ |
| i | I otal lob | obying expendi | tures (Add lines c thro | ugh h.) | | | | <u> </u> | | <u> </u> |
| | II Yes" | io any of the a | bove, also attach a st | atement giving a deta | illed description (| ot the l | obbying ac | tivities | | |

| Schedule A (| Form 990 or 990-EZ) 2007 | | 75-3204567 | Pa | age 7 |
|-------------------|----------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|----------|-------------|
| Part VII | Information Regarding Exempt Organizations (| Transfers To and Transactions an See page 14 of the instructions.) | d Relationships With Noncharitable | | |
| | | | owing with any other organization described | in secti | on |
| | · | on 501(c)(3) organizations) or in sectionation to a noncharitable exempt organization to a | n 527, relating to political organizations? | Yes | No |
| • | | · · · · · · · · · · · · · · · · · · · | | | X |
| (ii) O | ther assets | | a(ii) | | X |
| | ransactions: | | | | |
| (i) S | ales or exchanges of assets w | vith a noncharitable exempt organization | b(i) | - | <u>X</u> |
| (ii) P (iii) R | ental of facilities, equipment of | ncharitable exempt organization | | | <u>X</u> _ |
| (iv) R | eimbursement arrangements | | b(iv) | | X |
| (v) L | oans or loan guarantees | | | | X |
| (vi) P | erformance of services or me | mbership or fundraising solicitations | <u>b(vi)</u> | - | <u>X</u> |
| | | | column (b) should always show the fair market | value o | X of the |
| goods, | other assets, or services given | | organization received less than fair market | | |
| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing ar | rangemen | its |
| | | | | | |
| N/A | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | — |
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| | | | | | |
| | | | | | |
| descri | • | Letty affiliated with, or related to, one or ode (other than section 501(c)(3)) or idedule. | | es X |] No |
| | (a) Name of organization | (b) Type of organization | (c) Description of relationship | | |
| | | | | | |
| | | | | | |
| N/ A | · · · · · · | | | | |
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| | | | | | |
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| | | 1 | 1 | | |

| FORM 990, | PART | I - | OTHER | INCREASES | ΙN | FUND | BALANCES |
|-----------|-------|------|--------|-----------|------------|-------|----------|
| ======== | ===== | ==== | ====== | | - - | ===== | ======= |

DESCRIPTION AMOUNT

PRIOR PERIOD ADJUSTMENT 331,746.

TOTAL 331,746. =========

FORM 990, PART II - OTHER EXPENSES

| ====================================== | == 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 | 61,120. 20,102. 13,381. 46,407. 108,051. 21,924. 2,582. 2,582. 9,546. 7,680. 9,560. | 61,120. 3,959. 46,407. 3,835. 108,051. 139,313. 7,013. 1,381. 24,188. 7,680. 9,560. 66,559. | 16, 143. 13, 381. 18, 103. 21, 924. 2, 582. 2, 533. 30, 911. | |
| BANÇOEIS/ AWAKDS/ FLAIOFFS INSURANCE SPORTS/ ATHLETICS FUNDRAISING EXPENSE REQUIRED SERVICES OUT BAD DEBT | 20 20 20 10 | 16,47 46,87 46,87 | 77,8 | 22,83 |
| TOTALS | 820,530. | 593,094. | 204,599. | 22,837. |

0

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.

| FORM 990, PART IV - OTHER | R NOTES AND LOANS RECEIVABLE | |
|------------------------------------------|-----------------------------------------|----------------------|
| DODDOMD. | AND AND AND AND AND AND AND AND AND AND | |
| BORROWER: | WINNER'S CIRCLE INTERNATIONAL | |
| BEGINNING BALANCE DUE ENDING BALANCE DUE | | 516,194. 516,194. |
| BORROWER: | SHREVEPORT COMMUNITY CHURCH | |
| BEGINNING BALANCE DUE ENDING BALANCE DUE | | NONE 255. |
| TOTAL BEGINNING OTHER NO | OTES AND LOANS RECEIVABLE ==== | 516,194. |
| TOTAL ENDING OTHER NOTES | S AND LOANS RECEIVABLES | 516,449. |

75-3204567

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING BOOK VALUE

EMPLOYEE ADVANCES PROPERTY TAXES RECEIVABLE 7,335. NONE

TOTALS

7,335. ______

| EVANGEL C | CHRISTIAN | ACADEMY |
|-----------|-----------|---------|
|-----------|-----------|---------|

75-3204567

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION

ENDING BOOK VALUE

PREPAID TUITION

255,981.

TOTALS

255,981.

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

LENDER: PBCC

ORIGINAL AMOUNT: 130,000
INTEREST RATE: 9.500000
DATE OF NOTE: 01/01/2006
MATURITY DATE: 11/01/2008
REPAYMENT TERMS: MONTH

130,000.

MONTHLY PAYMENTS

SECURITY PROVIDED:

EQUIPMENT CAPITAL LEASE

PURPOSE OF LOAN:

ACQUISITION OF EQUIPMENT

BEGINNING BALANCE DUE

79,028.

ENDING BALANCE DUE

LENDER: SHREVEPORT COMMUNITY CHURCH

DATE OF NOTE: 01/01/2006

PURPOSE OF LOAN:

CONTINUE SCHOOL OPERATIONS

BEGINNING BALANCE DUE

1,180,319.

ENDING BALANCE DUE

1,473,300.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

1,259,347.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,490,737.

=========

EVANGEL CHRISTIAN ACADEMY

75-3204567

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

JACK BAILEY

250,000.

TOTALS

250,000.

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

| • | ы | r.3 | L3 | r-1 | 63 | | 63 |
|---------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|-------------|
| EXPENSE ACCT AND OTHER ALLOWANCES | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| COMPENS ATI ON | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESIDENT/DIRECTOR 10.00 | SECRETARY/DI RECTOR NONE | DI RECTOR NONE | DI RECTOR/HEADMASTER NONE | DI RECTOR NONE | DI RECTOR NONE | DIRECTOR |
| NAME AND ADDRESS | REVEREND DENNY DURON 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | TRUDIE ABNER-HENIX 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | RICK BERLIN 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | JERRY ERICKSON 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | ROMY CUCJEN 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | DEWITT JONES 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | JUDY MELLER |

თ

75-3204567

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

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|------------------------------------------------------------------------|---------------------------------------------------------|--------------|-----------------------------------------|-----------------------------------|
| CALVIN MILLENDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | DIRECTOR NONE | NONE | NONE | NONE |
| GLORIA MILLENDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | DI RECTOR NONE | NONE | NONE | NONE |
| TOM TURNBOW JR 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | DI RECT'OR NONE | NONE | NONE | NONE |
| WES USIE 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | DI RECTOR NONE | NONE | NONE | NONE |
| REVEREND RIC HUMPHRIES 7425 BROADACRES ROAD SHREVEPORI, LA 71129 | TREASURER 15.00 | NONE | NONE | NONE |
| | 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: GLORIA MILLENDER NAME OF RELATED ENTITY: CALVIN MILLENDER

TITLE OR ROLE: RELATIONSHIP:

DIRECTOR SPOUSE

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

| NAME, ORGANIZATION NAME, RELATIONSHIP | EMPLOYER ID # | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND ÓTHER ALLOWANCES |
|-------------------------------------------------------------------------------|---------------|--------------|-----------------------------------------------|-----------------------------------------|
| REVEREND DENNY DURON SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS | 37-1522688 | 130,000. | 9,400. | NONE |
| JERRY ERICKSON SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS | 37-1522688 | .096,960. | 9,400. | NONE |
| REVEREND RIC HUMPHRIES SHREVEPORT COMMUNITY CHURCH COMMON BOARD MEMBERS | 37-1522688 | 64,845. | 9,400. | NONE |
| | GRAND TOTALS | 285,805. | 28, 200. | NONE |

STATEMENT 12

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: SHREVEPORT COMMUNITY CHURCH

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: WINNER'S CIRCLE INTERNATIONAL

EXEMPT: X NONEXEMPT:

| BUSINESS CODE | AMOUNT | EXCLUSION CODE | AMOUNT | RELATED OR EXEMPT FUNCTION INCOME |
|------------------|-----------------------------------------|----------------|--------|-----------------------------------|
| | 1 | !!! | | |
| | | | | 2, 419, 319. |
| | | | | 220,690. |
| | | | | 4,234. |
| | | | | 28,159. |
| | | | | 10,378. |
| | | | | 220,781. |
| | | | | 36, 802. |
| ı | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | | | | 2,940,363. |

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

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPÉNSE ACCOUNT |
|------------------------------------------------------------------|------------------------------------------------------------|--------------|-----------------------------------------------|--------------------|
| RONALD ALEXANDER 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | HEAD FOOTBALL COACH 40.00 | .000,000 | 8,400. | NONE |
| TIMOTHY HULETT 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | HEAD BASEBALL COACH 40.00 | 65,000. | NONE | NONE |
| SANDRA BYRD 7425 BROADACRES ROAD SHREVEPORI, LA 71129 | ELEMENTARY PRINCIPAL 40.00 | 51,050. | 8,400. | NONE |
| BYRON DAWSON 7425 BROADACRES ROAD SHREVEPORT, LA 71129 | COACH/TEACHER 40.00 | 50,400. | 8,400. | NONE |
| ALBERT DEAN 7425 BROADACRES ROAD SHREVPORT, LA 71129 | HIGH SCHOOL PRINCIPA 40.00 | 50,000. | NONE | NONE |
| | | | | 1 1 1 1 1 1 1 1 |
| | TOTAL COMPENSATION | 276,450. | 25, 200. | NONE |
| | | | | |

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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

SCHEDULE A, PART V - EXPLANATION FOR LINE 32D

THE ORGANIZATION SOLICITS CONTRIBUTIONS VIA ANNOUNCEMENTS AT FOOTBALL GAMES WHERE ATTENDEES ARE ENCOURAGED TO BECOME SPONSORS OF THE SCHOOL AND ARE ASKED TO CONTACT THE SCHOOL FOR MORE INFORMATION. WHEN A CALL IS RECEIVED THE CALLER IS VERBALLY INFORMED OF THE AMOUNT REQUIRED TO BECOME A SPONSOR.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

THE ORGANIZATION RECEIVED VARIOUS GRANTS FROM THE STATE OF LOUISIANA.