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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>THE WILLIAM AND HELEN LEONARD FOUNDATION</b> <b>FOR THE ENDOWMENT OF ECA</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>3210 N ACADEMY BLVD, SUITE 3</b> City or town, state or country, and ZIP + 4 <b>COLORADO SPRINGS, CO 80917</b>	<b>D Employer identification number</b> <b>20-1958972</b> <b>E Telephone number</b> <b>(719) 637-0100</b> <b>F Group Exemption Number</b> ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) **G Accounting method:**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ **WWW.LECAF.ORG** **H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **101,079.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	82,021.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	3,058.
	5a Gross amount from sale of assets other than inventory	5a	16,000.
	b Less: cost or other basis and sales expenses	5b	15,980.
	c Gain or (loss) on sale of assets other than inventory (Subtract line 5b from line 5a)	5c	20.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 6) of contributions	6a	5,000.
	b Less: direct expenses other than fundraising expenses	6b	4,363.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-4,363.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	80,736.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	25,520.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,441.
	14 Occupancy, rent, utilities, and maintenance	14	7,996.
	15 Printing, publications, postage, and shipping	15	6,739.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	6,552.
17 <b>Total expenses.</b> Add lines 10 through 16	17	48,248.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,488.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	96,302.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	128,790.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,851.	128,790.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	451.	0.
25 <b>Total assets</b>	96,302.	128,790.
26 <b>Total liabilities</b> (describe ▶)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	96,302.	128,790.

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The organization's books are in care of <span style="float:right">▶ ROBERT K SPEES</span> Telephone no. <span style="float:right">▶ (719) 531-0409</span> Located at <span style="float:right">▶ 3210 N ACADEMY BLVD, STE 3, COLORADO SPRINGS, CO</span> ZIP + 4 <span style="float:right">▶ 80917</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**THE WILLIAM AND HELEN LEONARD FOUNDATION  
FOR THE ENDOWMENT OF ECA**

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     | X  |
| b If "Yes," was the related organization a section 527 organization?  | 49b |     |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

- f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Robert K. Stiles* Date: *5/14/10*  
 Type or print name and title: *Robert K. Stiles, President*

**Paid Preparer's Use Only**

Preparer's signature: *Carla Hoover* Date: *5/14/10* Check if self-employed:  Preparer's identifying number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **BOHALL HOOVER & ASSOCIATES INC CPAS**  
**4045 NONCHALANT CIRCLE SOUTH**  
**COLORADO SPRINGS, CO 80917**

EIN: \_\_\_\_\_ Phone no.: **(719) 597-4646**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**THE WILLIAM AND HELEN LEONARD FOUNDATION**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,300.	16,039.	77,936.	64,139.	82,021.	244,435.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	4,300.	16,039.	77,936.	64,139.	82,021.	244,435.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						83,114.
6 <b>Public support.</b> Subtract line 5 from line 4						161,321.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,300.	16,039.	77,936.	64,139.	82,021.	244,435.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			17.	1,375.	3,078.	4,470.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						248,905.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	64.81 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	66.78 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK SERVICE CHARGES		844.	
INSURANCE		819.	
MEETINGS		272.	
TELEPHONE		2,767.	
WEBSITE		126.	
OFFICE SUPPLIES		1,239.	
INVESTMENT ADVISOR FEES		125.	
PENALTIES		360.	
TOTAL TO FORM 990-EZ, LINE 16		6,552.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCRUED INTEREST PAID ON INVESTMENTS		451.	0.
TOTAL TO FORM 990-EZ, LINE 24		451.	0.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
CITIBANK CD DUE 11/5/09 3.75%	10,000.	9,993.	0.	7.	
AMERICAN EXP CENTURION BANK CD DUE 11/05/09 3.65%	5,000.	4,992.	0.	8.	
ORION BANK CD DUE 04/09/10 3.6%	1,000.	995.	0.	5.	
TO FORM 990-EZ, LINE 5	16,000.	15,980.	0.	20.	

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT

4

CLASS OF ACTIVITY

CAPITAL &amp; EDUCATIONAL PROGRAM IMPROVEMEN

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917RELATIONSHIP OF GRANTEE

NONE

DESCRIPTION OF PROPERTY

CASH

DATE OF GIFT

VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

AMOUNT OF CASH IS FMV

BOOK VALUE

12,480.

AMOUNT GIVEN

12,480.

CLASS OF ACTIVITY

ATHLETIC PROGRAM DEVELOPMENT

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917RELATIONSHIP OF GRANTEE

NONE

DESCRIPTION OF PROPERTY

CASH

DATE OF GIFT

06/27/09

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

AMOUNT OF CASH IS FMV

BOOK VALUE

125.

AMOUNT GIVEN

125.

CLASS OF ACTIVITY

FACULTY PROFESSIONAL DEVELOPMENT

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS

4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917

<u>RELATIONSHIP OF GRANTEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CASH	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
AMOUNT OF CASH IS FMV	6,000.	6,000.

CLASS OF ACTIVITY

FINE ARTS & SCIENCES PROGRAMS

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS

4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917

<u>RELATIONSHIP OF GRANTEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CASH	06/27/09

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
AMOUNT OF CASH IS FMV	25.	25.

CLASS OF ACTIVITY

TUITION ASSISTANCE

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS

4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917

RELATIONSHIP OF GRANTEE

NONE

DESCRIPTION OF PROPERTY

CASH

DATE OF GIFT

06/27/09

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

AMOUNT OF CASH IS FMV

BOOK VALUE

3,470.

AMOUNT GIVEN

3,470.

CLASS OF ACTIVITY

MISSIONS PROJECTS

NAME OF GRANTEE

EVANGELICAL CHRISTAIN ACADEMY

GRANTEE ADDRESS

4052 NONCHALANT CIRCLE SOUTH  
COLORADO SPRINGS, CO 80917

RELATIONSHIP OF GRANTEE

NONE

DESCRIPTION OF PROPERTY

CASH

DATE OF GIFT

06/27/09

METHOD USED TO DETERMINE BOOK VALUE

AMOUNT OF CASH IS BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

AMOUNT OF CASH IS FMV

BOOK VALUE

100.

AMOUNT GIVEN

100.

CLASS OF ACTIVITY

EZEKIEL AWARD FOR EXCELLENCE IN TEACHING

<u>RELATIONSHIP OF GRANTEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CASH	05/29/09
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
AMOUNT OF CASH IS BOOK VALUE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
AMOUNT OF CASH IS FMV	1,660.	1,660.

CLASS OF ACTIVITY

EZEKIEL AWARD FOR EXCELLENCE IN TEACHING

<u>RELATIONSHIP OF GRANTEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CASH	05/29/09
<u>METHOD USED TO DETERMINE BOOK VALUE</u>		
AMOUNT OF CASH IS BOOK VALUE		
<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
AMOUNT OF CASH IS FMV	1,660.	1,660.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	25,520.
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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

RETOOL OUR SCHOOL - PROVIDE FUNDS TO THE EVANGELICAN CHRISTAIN ACADEMY OR ITS IMMEDIATE CAPITAL IMPROVEMENT AND EDUCATIONAL PROGRAM IMPROVEMENT NEEDS.

PROVIDED FUNDS TO ASSIST IN THE ACADEMY'S ENHANCEMENT TO ITS LANGUAGE ARTS, SCIENCE, COMPUTER APPLICATIONS AND CLASSICAL CURRICULUMS. ALSO PROVIDED FUNDS TO ASSIST THE ACADEMY IN PAYING FOR A COMPUTER LAB, NEW COMPUTERS, SOFTWARE, DESKS, OTHER EQUIPMENT AND IMPROVEMENTS TO THE SCHOOL GROUNDS.

FACULTY DEVELOPMENT - TO SERVE THE ECA FACULTY BY PROVIDING ASSISTANCE WITH PROFESSIONAL DEVELOPMENT AND IN TIMES OF PERSONAL NEED.

PROVIDED THE EVANGELICAL CHRISTIAN ACADEMY WITH THE FUNDS NEEDED TO PROVIDE ITS STAFF WITH THE CONTINUING EDUCATION REQUIRED TO ENSURE QUALITY EDUCATIONAL ENVIRONMENT FOR ITS STUDENTS.

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STATEMENT 8

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TUITION BENEVOLENCE - PROVIDING EQUAL OPPORTUNITY FOR EXCELLENCE IN EDUCATION TO STUDENTS IN NEED.

SUPPLEMENTED THE EVANGELICAL CHRISTIAN ACADEMY'S TUITION RECEIPTS FOR STUDENTS UNABLE TO AFFORD FULL TUITION. INDIRECTLY BENEFITED NUMEROUS STUDENTS WHOSE FAMILIES ARE UNABLE TO AFFORD THE FULL TUITION.

RAISE FUNDS FOR THE SUPPORT AND ENDOWMENT OF THE EVANGELICAL CHRISTIAN  
ACADEMY OF COLORADO SPRINGS, COLORADO