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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

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.	C Name of organization VICTORY CHRISTIAN ACADEMY		D Employer identification number 35-2176959
		Doing Business As		E Telephone number (219) 548-8803
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		G Gross receipts \$ 911,548
		3805 LAPORTE AVENUE		
		City or town, state or country, and ZIP + 4 VALPARAISO IN 46383		
F Name and address of principal officer SEE ATTACHMENT #1		H(a) Is this a group return for affiliates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
		H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If No, attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WWW.VCACADEMY.INFO				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2002	M State of legal domicile IN	

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities SEE ATTACHMENT #2			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		
	5 Total number of employees (Part V, line 2a)	5	35	
	6 Total number of volunteers (estimate if necessary)	6	15	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	REVENUE	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	73,261	68,633
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		762,569	755,121	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570	115	
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,515	36,831	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		853,915	860,700	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
16a Professional fundraising fees (Part IX, column (A), line 11e)		627,816	619,247	
b Total fundraising expenses (Part IX, column (D), line 25)		2,750		
EXPENSES	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	246,507	254,179	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	877,073	873,426	
	19 Revenue less expenses Subtract line 18 from line 12	-23,158	-12,726	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	857,839	821,816	
	22 Net assets or fund balances Subtract line 21 from line 20	576,439	553,142	
		281,400	268,674	

Part II Signature Block

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 JOYCE FOLK Type or print name and title ADMINISTRATOR	Date 11-11-10
Paid Preparer's Use Only	Preparer's signature Date 11/10/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ELITE TAX & PAYROLL SERVICES LLC PO BOX 1941 VALPARAISO, IN 46384	Preparer's identifying number (see instr.) EIN Phone no (219) 465-5651

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SCANNED DEC 08 2010

2 P

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE ATTACHMENT #3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ including grants of \$) (Revenue \$ 755,121)
SEE ATTACHMENT #4**4b** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21. Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c. An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A		
4a 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)?			X
b 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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			X
b Did the organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	N/A	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	N/A	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	N/A	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SEE ATTACHMENT #5

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
JOYCE FOLK ADMINISTRATOR	60.00				X	X	X		36,748	0	0
TAMARA CANZONERI ASSISTANT ADMINISTRATOR	60.00				X	X			29,625	0	0
DOUG SMITH	20.00	X							0	0	0
SHANNON LEE SECRETARY	10.00				X				0	0	0
RYAN BRATCHER	10.00	X							0	0	0
JIM WELLSAND	10.00	X							0	0	0

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	▶
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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	
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Part VII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	68633			
	g	Noncash contributions included in lines 1a-1f		\$			
	h	Total. Add lines 1a-1f		68633			
PROGRAM REVENUE	2a	TUITION AND FEES	Business Code	755121	755121		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		755121			
	OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		115		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	87679			
b		Less direct expenses	b	50848			
c		Net income or (loss) from fundraising events		36831	36831		
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		860700	791952		115	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	66950	66950		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	505211	505211		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	47086	47086		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1511	1231	280	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	6598	6598		
12 Advertising and promotion	18235	18235		
13 Office expenses	6806		6806	
14 Information technology				
15 Royalties				
16 Occupancy	58918	58918		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2921		2921	
20 Interest	36703	36703		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32592	32592		
23 Insurance	5119	5119		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STUDENT SUPPLIES	64369	64369		
b SUPPLIES	8274	8274		
c DUES & SUBSCRIPTIONS	5549	5549		
d TEACHER SUPPLIES	4479	4479		
e MISCELLANEOUS	1852	1852		
f All other expenses # 6	253		253	
25 Total functional expenses. Add lines 1 through 24f	873426	863166	10260	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X. Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	110,025	1	108,670
	2 Savings and temporary cash investments	9,979	2	550
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,845	8	1,110
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 792,394		
	b Less: accumulated depreciation	10b 80,908		
		733,990	10c	711,486
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11.		12	
	13 Investments -- program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.		15		
16 Total assets. Add lines 1 through 15 (must equal line 34).	857,839	16	821,816	
L I A B I L I T I E S	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties	576,439	23	553,142
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	576,439	26	553,142
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	281,400	32	268,674
	33 Total net assets or fund balances	281,400	33	268,674
34 Total liabilities and net assets/fund balances.	857,839	34	821,816	

Part XI Financial Statements and Reporting

1. Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A

	Yes	No
2a		X
2b		X
2c		X
3a		X
3b		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

VICTORY CHRISTIAN ACADEMY

Employer identification number

35-2176959

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
---------------	---

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (R)

Part VII Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

VICTORY CHRISTIAN ACADEMY

Employer identification number

35-2176959

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990).	<input checked="" type="checkbox"/>	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		
6a Does the organization receive any financial aid or assistance from a governmental agency?		<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?		<input checked="" type="checkbox"/>
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		
7 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," explain on Schedule O (Form 990).		<input checked="" type="checkbox"/>

For Privacy Act & Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Employer identification number
35-2176959

Form 990-EZ filers are not required to complete this part

- d** ☐ In-person solicitations

☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 WALKATHON (event type)	(b) Event #2 HIGH SCHOOL (event type)	(c) Other events 6 (total number)	(d) Total events (Add col (a) through col (c))
1	Gross receipts	11,038	13,771	62,870	87,679
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	11,038	13,771	62,870	87,679
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		200	200
	7	Food and beverages		310	310
	8	Entertainment			
	9	Other direct expenses	455	49,882	50,337
	10	Direct expense summary Add lines 4 through 9 in column (d)			(50,847)
	11	Net income summary Combine line 3, column (d), and line 10			36,832

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine line 1, column d, and line 7			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? ..	9a	X
b	If "No," explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ..	10a	X
b	If "Yes," explain _____		
11	Does the organization operate gaming activities with nonmembers? ..	11	X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..	12	X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a**

%

b An outside facility**13b**

%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information.

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

VICTORY CHRISTIAN ACADEMY

Employer identification number

35-2176959

PAGE 6 LINE 11

THE 990 IS RECEIVED AND REVIEWED BY A DIRECTOR
PRIOR TO SIGNING AND MAILING THE RETURN

PAGE 6 LINE 19

THE DOCUMENTS WILL BE GIVEN TO INDIVIDUALS MAKING
A WRITTEN REQUEST

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization VICTORY CHRISTIAN ACADEMY	Employer Identification Number 35-2176959

990, Page 1, Line F

Principal officer name TAMARA CANZONERI
or
Business Name

Street Address 8263 W 125 S

U.S. Address

Zip code 46350 City LAPORTE State IN
or

Foreign Address

City

Province or State

Country

Postal code

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization VICTORY CHRISTIAN ACADEMY	Employer Identification Number 35-2176959

Primary Purpose

THE MISSION OF VICTORY CHRISTIAN ACADEMY IS TO GLORIFY GOD THROUGH THE EVANGELISM AND DISCIPLESHIP OF STUDENTS AND THE PURSUIT OF EXCELLENCE IN EDUCATION WITH CHRIST AS OUR FOCUS AND THE BIBLE AS OUR FOUNDATION. OUR AIM SOCIALLY IS TO PROVIDE A CHRISTIAN PERSPECTIVE ON LIFE AND THE WORLD FROM WHICH WILL COME A BALANCED PERSONALITY AND A PROPER UNDERSTANDING AND ACCEPTANCE OF ONE'S ROLE IN LIFE AT HOME, AT WORK, AT PLAY, AND AT WORSHIP AS GIVEN TO US IN GOD'S WORD. THIS PHILOSOPHY CHANNELS OUR ENERGIES TO PROMOTING HIGH ACADEMIC STANDARDS WHILE HELPING STUDENTS TO ACHIEVE SKILLS IN CREATIVE AND CRITICAL THINKING, USING THE BEST INTEGRATED CURRICULUM MATERIALS AVAILABLE. THE OBJECTIVE OF OUR INSTRUCTIONAL PROGRAM IS TO ENABLE STUDENTS TO PURSUE EXCELLENCE IN THE EDUCATIONAL FIELDS TO WHICH GOD CALLS THEM.

PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization VICTORY CHRISTIAN ACADEMY	Employer Identification Number 35-2176959

Primary Purpose

THE MISSION OF VICTORY CHRISTIAN ACADEMY IS TO GLORIFY GOD THROUGH THE EVANGELISM AND DISCIPLESHIP OF STUDENTS AND THE PURSUIT OF EXCELLENCE IN EDUCATION WITH CHRIST AS OUR FOCUS AND THE BIBLE AS OUR FOUNDATION. OUR AIM SOCIALLY IS TO PROVIDE A CHRISTIAN PERSPECTIVE ON LIFE AND THE WORLD FROM WHICH WILL COME A BALANCED PERSONALITY AND A PROPER UNDERSTANDING AND ACCEPTANCE OF ONE'S ROLE IN LIFE AT HOME, AT WORK, AT PLAY, AND AT WORSHIP AS GIVEN TO US IN GOD'S WORD. THIS PHILOSOPHY CHANNELS OUR ENERGIES TO PROMOTING HIGH ACADEMIC STANDARDS WHILE HELPING STUDENTS TO ACHIEVE SKILLS IN CREATIVE AND CRITICAL THINKING, USING THE BEST INTEGRATED CURRICULUM MATERIALS AVAILABLE. THE OBJECTIVE OF OUR INSTRUCTIONAL PROGRAM IS TO ENABLE STUDENTS TO PURSUE EXCELLENCE IN THE EDUCATIONAL FIELDS TO WHICH GOD CALLS THEM.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010		
Name of Organization VICTORY CHRISTIAN ACADEMY		Employer Identification Number 35-2176959	
Part III - Statement of Program Service Accomplishments			
Code.	Expenses	including Grants of	Revenue 755,121
Exempt Purpose Achievements			
SUCCSSFULLY EDUCATED AND ADVANCED OVER 200 SCHOOL AGE CHILDREN TO THE NEXT GRADE LEVEL.			

BOOKS ARE IN CARE OF

ATTACHMENT 5: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization VICTORY CHRISTIAN ACADEMY	Employer Identification Number 35-2176959
Part VI - Line 91a	

Individual Name or Business Name TAMARA CANZONERI

Street Address 3805 LAPORTE AVE.

U S Address

Zip code 46383 City VALPARAISO State IN

Foreign Address

City

Province or State

Country

Postal code

Phone Number (219) 548-8803

Fax Number

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Employer Identification Number 35-2176959

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
BANK FEES	253		253	
Total	253		253	

3-YEAR ASSETS PLACED IN SERVICE DURING 2009 USING GENERAL DEPRECIATION SYSTEM

VICTORY CHRISTIAN ACADEMY
35-2176959

19a Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
SCHOLASTIC KEYS	02-23-2010	660	3	HY	200 DB	220
TRAINING DVD	02-23-2010	500	3	HY	200 DB	167
Total						387

**5-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM**

VICTORY CHRISTIAN ACADEMY
35-2176959

19b Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
FLOOR MATS	01-25-2010	928	5	HY	200 DB	186
PROJECTORS (2)	02-23-2010	1,300	5	HY	200 DB	260
SCREENS (5)	02-23-2010	500	5	HY	200 DB	100
TABLECLOTHES	05-10-2010	1,266	5	HY	200 DB	253
UNIFORMS	03-10-2010	1,575	5	HY	200 DB	315
Total						1,114

**7-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM**

VICTORY CHRISTIAN ACADEMY
35-2176959

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
LIBRARY BOOKS	02-10-2010	2,000	7	HY	200 DB	286
SOCCER GOALS	06-10-2010	1,359	7	HY	200 DB	194
Total						480

2009 Federal Depreciation Schedule

VICTORY CHRISTIAN ACADEMY
35-2176959

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Form 990														
BOOK SHELVES	04-15-04	S/L	7	3,000	0	0	0	0	0	3,000	2,038	429	2,467	533
COPIER	07-01-04	S/LHY	7	797	0	0	0	0	0	797	513	114	627	170
PHONE SYSTEM	08-15-05	S/L	5	476	0	0	0	0	0	476	372	95	467	9
LOCKERS	12-02-05	S/L	5	2,718	0	0	0	0	0	2,718	1,949	544	2,493	225
COMPUTER	04-18-06	S/L	5	1,300	0	0	0	0	0	1,300	780	260	1,040	260
5 COMPUTERS PC	11-27-06	S/L	5	3,810	0	0	0	0	0	3,810	2,032	762	2,794	1,016
DLP PROJECTOR	01-15-07	S/LHY	5	900	0	0	0	0	0	900	450	180	630	270
4 LAPTOPS	02-05-07	S/L	5	2,736	0	0	0	0	0	2,736	1,322	547	1,869	867
COPY MACHINE	02-05-07	S/LHY	5	8,948	0	0	0	0	0	8,948	4,326	1,790	6,116	2,832
9 LAPTOPS	02-08-07	S/L	5	5,850	0	0	0	0	0	5,850	2,828	1,170	3,998	1,852
3 LAPTOPS	02-12-07	S/L	5	1,970	0	0	0	0	0	1,970	952	394	1,346	624
MODULAR CUBBIES	08-23-07	S/L	7	1,500	0	0	0	0	0	1,500	410	214	624	876
COPIER	10-02-07	S/L	5	659	0	0	0	0	0	659	231	132	363	296
MUSIC STANDS	10-08-07	S/L	5	509	0	0	0	0	0	509	178	102	280	229
24														
NC BUILDING	01-30-08	S/L	40	691,392	96,800	0	0	0	0	594,592	21,863	14,865	36,728	557,864
CARPET	02-20-08	S/L	7	4,891	0	0	0	0	0	4,891	990	699	1,689	3,202
COMPUTERS	02-27-08	S/L	5	2,220	0	0	0	0	0	2,220	629	444	1,073	1,147
SECURITY SYSTEM	03-06-08	S/L	7	6,000	0	0	0	0	0	6,000	1,024	857	1,881	4,119
COMPUTERS	03-07-08	S/L	5	9,227	0	0	0	0	0	9,227	2,030	1,845	3,875	5,352
STACKING	04-02-08	S/L	7	4,199	0	0	0	0	0	4,199	750	600	1,350	2,849
CHAIRS 100														
CHALK & WHITE BOARDS	04-15-08	S/L	7	607	0	0	0	0	0	607	109	87	196	411
LAMINATOR	09-08-08	S/L	7	1,199	0	0	0	0	0	1,199	142	171	313	886
BOARDS,PROJEC TOR	10-15-08	S/L	7	1,406	0	0	0	0	0	1,406	151	201	352	1,054
COMPUTERS	10-16-08	S/L	5	4,736	0	0	0	0	0	4,736	710	947	1,657	3,079
RECESS EQUIPMENT	11-10-08	S/L	10	1,211	0	0	0	0	0	1,211	81	121	202	1,009
COMPUTER 2	11-19-08	S/L	5	1,530	0	0	0	0	0	1,530	204	306	510	1,020
PRINTER 1														
KITCHEN CABINETS	01-09-09	S/L	7	10,000	0	0	0	0	0	10,000	714	1,429	2,143	7,857
KITCHEN APPLIANCES	01-09-09	S/L	7	4,000	0	0	0	0	0	4,000	286	571	857	3,143
COMPUTER 2	02-10-09	S/L	5	1,576	0	0	0	0	0	1,576	131	315	446	1,130
PRINTER 1														
BELL SYSTEM	02-20-09	S/L	7	1,800	0	0	0	0	0	1,800	107	257	364	1,436

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

VICTORY CHRISTIAN ACADEMY
35-2176959

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Form 990														
DIE CUT MACHINE	06-02-09	S/L	7	819	0	0	0	0	0	0	819	10	117	692
NACHO CHEESE MACHINE	06-16-09	S/L	7	320	0	0	0	0	0	0	320	4	46	270
FLOOR MATS	01-25-10	200DBHY	5	928	0	0	0	0	0	0	928	0	186	742
LIBRARY BOOKS	02-10-10	200DBHY	7	2,000	0	0	0	0	0	0	2,000	0	286	1,714
TRAINING DVD	02-23-10	200DBHY	3	500	0	0	0	0	0	0	500	0	167	333
PROJECTORS (2)	02-23-10	200DBHY	5	1,300	0	0	0	0	0	0	1,300	0	260	1,040
SCHOLASTIC KEYS	02-23-10	200DBHY	3	660	0	0	0	0	0	0	660	0	220	440
SCREENS (5)	02-23-10	200DBHY	5	500	0	0	0	0	0	0	500	0	100	400
UNIFORMS	03-10-10	200DBHY	5	1,575	0	0	0	0	0	0	1,575	0	315	1,260
TABLECLOTHES	05-10-10	200DBHY	5	1,266	0	0	0	0	0	0	1,266	0	253	1,013
SOCCER GOALS	06-10-10	200DBHY	7	1,359	0	0	0	0	0	0	1,359	0	194	1,165
41 Assets	Totals			792,394	96,800	0	0	0	0	0	695,594	48,316	32,592	614,686
41 Assets	Grand Totals			792,394	96,800	0	0	0	0	0	695,594	48,316	32,592	614,686

2009 AMT Depreciation Schedule

Description	Date	Method	Year	Bus. Use %	Cost	Land/Other	\$179	Spec Allow	Basis	Prior	AMT	Regular	Adjust
Form 990													
BOOK SHELVES	04-15-04	S/L	7	100.00	3,000		0	0	3,000	2,038	429	429	0
COPIER	07-01-04	S/LHY	7	100.00	797		0	0	797	513	114	114	0
PHONE SYSTEM	08-15-05	S/L	5	100.00	476		0	0	476	372	95	95	0
LOCKERS	12-02-05	S/L	5	100.00	2,718		0	0	2,718	1,949	544	544	0
COMPUTER	04-18-06	S/L	5	100.00	1,300		0	0	1,300	780	260	260	0
5 COMPUTERS PC	11-27-06	S/L	5	100.00	3,810		0	0	3,810	2,032	762	762	0
DLP PROJECTOR	01-15-07	S/LHY	5	100.00	900		0	0	900	450	180	180	0
4 LAPTOPS	02-05-07	S/L	5	100.00	2,736		0	0	2,736	1,322	547	547	0
COPY MACHINE	02-05-07	S/LHY	5	100.00	8,948		0	0	8,948	4,326	1,790	1,790	0
9 LAPTOPS	02-08-07	S/L	5	100.00	5,850		0	0	5,850	2,828	1,170	1,170	0
3 LAPTOPS	02-12-07	S/L	5	100.00	1,970		0	0	1,970	952	394	394	0
MODULAR CUBBIES	08-23-07	S/L	7	100.00	1,500		0	0	1,500	410	214	214	0
COPIER	10-02-07	S/L	5	100.00	659		0	0	659	231	132	132	0
MUSIC STANDS 24	10-08-07	S/L	5	100.00	509		0	0	509	178	102	102	0
NC BUILDING	01-30-08	S/L	40	100.00	691,392	96,800	0	0	594,592	21,865	14,865	14,865	0
CARPET	02-20-08	S/L	7	100.00	4,891		0	0	4,891	699	699	699	0
COMPUTERS	02-27-08	S/L	5	100.00	2,220		0	0	2,220	444	444	444	0
SECURITY SYSTEM	03-06-08	S/L	7	100.00	6,000		0	0	6,000	1,024	857	857	0
COMPUTERS	03-07-08	S/L	5	100.00	9,227		0	0	9,227	2,030	1,845	1,845	0
STACKING CHAIRS 100	04-02-08	S/L	7	100.00	4,199		0	0	4,199	600	600	600	0
CHALK & WHITE BOARDS	04-15-08	S/L	7	100.00	607		0	0	607	87	87	87	0
LAMINATOR	09-08-08	S/L	7	100.00	1,199		0	0	1,199	142	171	171	0
BOARDS,PROJECTOR	10-15-08	S/L	7	100.00	1,406		0	0	1,406	151	201	201	0
COMPUTERS	10-16-08	S/L	5	100.00	4,736		0	0	4,736	710	947	947	0
RECESS EQUIPMENT	11-10-08	S/L	10	100.00	1,211		0	0	1,211	81	121	121	0
COMPUTER 2 PRINTER 1	11-19-08	S/L	5	100.00	1,530		0	0	1,530	204	306	306	0
KITCHEN CABINETS	01-09-09	S/L	7	100.00	10,000		0	0	10,000	714	1,429	1,429	0
KITCHEN APPLIANCES	01-09-09	S/L	7	100.00	4,000		0	0	4,000	286	571	571	0
COMPUTER 2 PRINTER 1	02-10-09	S/L	5	100.00	1,576		0	0	1,576	131	315	315	0
BELL SYSTEM	02-20-09	S/L	7	100.00	1,800		0	0	1,800	107	257	257	0
DIE CUT MACHINE	06-02-09	S/L	7	100.00	819		0	0	819	10	117	117	0
NACHO CHEESE MACHINE	06-16-09	S/L	7	100.00	320		0	0	320	4	46	46	0
FLOOR MATS	01-25-10	150DBHY	5	100.00	928		0	0	928	0	139	186	47
LIBRARY BOOKS	02-10-10	150DBHY	7	100.00	2,000		0	0	2,000	0	214	286	72
TRAINING DVD	02-23-10	150DBHY	3	100.00	500		0	0	500	0	125	167	42
PROJECTORS (2)	02-23-10	150DBHY	5	100.00	1,300		0	0	1,300	0	195	260	65
SCHOLASTIC KEYS	02-23-10	150DBHY	3	100.00	660		0	0	660	0	165	220	55
SCREENS (5)	02-23-10	150DBHY	5	100.00	500		0	0	500	0	75	100	25
UNIFORMS	03-10-10	150DBHY	5	100.00	1,575		0	0	1,575	0	236	315	79

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2009 AMT Depreciation Schedule

VICTORY CHRISTIAN ACADEMY
35-2176959

11-10-2010

Description	Date	Method	Year	Bus. Use %	Cost	Land/Other	\$179	Spec Allow	Basis	Prior	AMT	Regular	Adjust
Form 990													
TABLECLOTHES	05-10-10	150DBHY	5	100.00	1,266	0	0	0	1,266	0	190	253	63
SOCCER GOALS	06-10-10	150DBHY	7	100.00	1,359	0	0	0	1,359	0	146	194	48
41 Assets	Totals				792,394	96,800	0	0	695,594	47,668	32,096	32,592	496
41 Assets	Grand Totals				792,394	96,800	0	0	695,594	47,668	32,096	32,592	496

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

VICTORY CHRISTIAN ACADEMY

Business or activity to which this form relates

FOR FORM 990

Identifying number

35-2176959

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,611

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE STATEMENT					387
b 5-year property	SEE STATEMENT					1,114
c 7-year property	SEE STATEMENT					480
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	32,592
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)