

Form **990-EZ**

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

Department of the Treasury
Internal Revenue Service

2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JULY 1, 2007, and ending JUNE 30, 2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CORNERSTONE CROSSROADS ACADEMY

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

3025 HILLSIDE DR.

City or town, state or country, and ZIP + 4

HIGHLAND VILLAGE TX 75077

D Employer identification number

11-3761734

E Telephone number

(469) 293-0189

F Group Exemption Number

▶

• 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: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

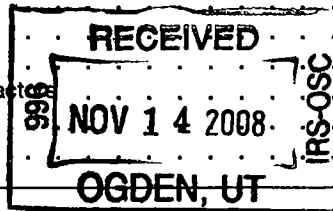
J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | <u>86950</u> |
|------------|--|--|--------------|--------------|
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | Less: direct expenses other than fundraising expenses | 6b | | |
| 6c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶ | 9 | <u>86950</u> | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | <u>-0-</u> |
| | 11 | Benefits paid to or for members | 11 | <u>-0-</u> |
| | 12 | Salaries, other compensation, and employee benefits | 12 | <u>-0-</u> |
| | 13 | Professional fees and other payments to independent contractors | 13 | <u>66755</u> |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | <u>9007</u> |
| | 15 | Printing, publications, postage, and shipping | 15 | <u>3121</u> |
| | 16 | Other expenses (describe ▶ _____) | 16 | <u>6550</u> |
| 17 | Total expenses. Add lines 10 through 16. ▶ | 17 | <u>85443</u> | |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | <u>1517</u> |
| | 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 | <u>3124</u> |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | <u>-0-</u> |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ | 21 | <u>4641</u> |



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

(See page 60 of the instructions.)

| | (A) Beginning of year | (B) End of year |
|----|-----------------------|-----------------|
| 22 | <u>-0-</u> | <u>4641</u> |
| 23 | | |
| 24 | | |
| 25 | | |
| 26 | | <u>-0-</u> |
| 27 | <u>3124</u> | <u>4641</u> |

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

Cat. No. 106421

Form 990-EZ (2007)

SCANNED DEC 06 2008

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| Part III Statement of Program Service Accomplishments (See page 60 of the instructions.) | | Expenses |
|--|--|--|
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 28 | OF 18 STUDENTS, 10 COMPLETED THE YEAR. WE CARE TO AT-RISK STUDENTS FROM BROKEN HOMES. (Grants \$ 0-) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a \$ 85443 |
| 29 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 | Total program service expenses. Add lines 28a through 31a | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| CHRIS SIMMONS - 2015 S. ERVAY DALLAS TX 75215 | DIRECTOR 5 HOURS | .0- | .0- | .0. |
| JAMES BELKETT | PRESIDENT 45 HOURS | .0. | .0. | .0. |
| JANE C. BELKETT | SECRETARY 45 HOURS | .0. | .0- | .0. |
| JAY L. HUDSON - U.S. ARMY FORT HOOD, TX | LEAD TEACHER 19 HRS | 35250 | .0. | 960 |

| Part V Other Information (Note the statement requirement in General Instruction V.) | | Yes | No |
|---|--|-----|----|
| 33 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? 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, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | X |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. | 36 | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | 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 unpaid at the start of the period covered by this return? | 38a | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | |
| 39 | 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |



Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

| | Yes | No |
|-----|-----|----|
| 40b | | ✓ |
| 40e | | ✓ |

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ JAMES C. BECKETT Telephone no. ▶ (469) 293-0189
 Located at ▶ 3025 HILLSIDE DR. HIGHLAND VILLAGE TX ZIP + 4 ▶ 75077

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: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: ▶ _____

| | Yes | No |
|-----|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Signature of officer: *James Beckett Jr.* Date: 11/5/08
 Type or print name and title: JAMES BECKETT, JR. - PRESIDENT

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst.): _____
 Phone no.: () _____



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

| | |
|---|--|
| Name of the organization CORNERSTONE CROSSROADS ACADEMY | Employer identification number 11 376 1734 |
|---|--|

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| <i>NONE</i> | | | | |
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Total number of other employees paid over \$50,000 . ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| <i>NONE</i> | | |
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Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| <i>NONE</i> | | |
| | | |
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Total number of other contractors receiving over \$50,000 for other services ▶

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a Yes No

b Lending of money or other extension of credit?

2b Yes No

c Furnishing of goods, services, or facilities?

2c Yes No

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d Yes No

e Transfer of any part of its income or assets?

2e Yes No

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a Yes No

b Did the organization have a section 403(b) annuity plan for its employees?

3b Yes No

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c Yes No

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d Yes No

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a Yes No

b Did the organization make any taxable distributions under section 4966?

4b Yes No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c Yes No

d Enter the total number of donor advised funds owned at the end of the tax year ▶

NONE

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

NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶

NONE

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

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 29 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"/> |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | <input checked="" type="checkbox"/> | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>PROBATION OFFICERS; COURTS; CORNERSTONE</u> <u>BAPTIST CHURCH; MARTIN LUTHER KING CENTER</u> | <input checked="" type="checkbox"/> | |
| 32 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? <u>SCHOOL IS FREE</u> | | <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, attach a separate statement.) | | |
| 33 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, attach a separate statement.) | | |
| 34a 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? If you answered "Yes" to either 34a or b, please explain using an attached statement. | | <input checked="" type="checkbox"/> |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | <input checked="" type="checkbox"/> | |

