## Form 990

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

Α	For the	2003 calendar	vear. or	tax year beginning	7/1/2003	. ar	nd er	nding	<u> </u>	6/30/20	004		<u>,</u>
		if applicable:		C Name of organization				· · · · · · · · · · · · · · · · · · ·	D Em			n number	
_		s change	use IRS	Faith Fellowship Academy I	nc				59-35	N8421			
=		change	label of	Number and street (or P O box if mai		ldress)	T R	oom/suite	_	phone ni	umber		
=		•	print or type.	·		,	'``	Join / June		•			
=	nitial re		See	2820 Business Center Blvd	· —		<u></u>		321-2	<u>59-7200</u>	) x 211		
	Final re	rtairi j	Specific Instruc-	City or town	State or o	ountry	ZIP	+ 4	· —	ounting me		Cash	Accrual
	Amend	ed retum	tions.	Melbourne	FL	_	329	<u>940-7103</u>	X	Other (sp	ecify)	Modif	ied accru
	Applica	tion pending	<ul><li>Section</li></ul>	501(c)(3) organizations and 4947(a	)(1) nonexempt charita	ble		H and I are	not appli	cable to s	ection 527	organizati	
			trusts r	nust attach a completed Schedule	4 (Form 990 or 990-EZ)	•		H(a) Is this	s a group	return for at	ffiliates?		es X No
G \	<b>Vebsit</b>	e: ► N/A						H(b) If "Y	es," ente	r number	of affiliates	<u> </u>	<u>A</u>
							- 1	H(c) Are	all affiliat	es include	ed?	Y	'es 🔲 No
J	Organiza	ation type (check o	only one)	►X 501(c) (3 ) ◀ (ins	ert no )4947(a)(1)	or527	7	(If "N	lo," attac	halist So	ee instruct	ions )	
K	Check he	ere lif	the organi	zation's gross receipts are normally n	ot more than \$25,000 T	ne		H(d) is the	is a sepa	rate retur	n filed by a	n organiza	tion
	organiza		_	the IRS, but if the organization recei						group ruli	-	_	es X No
ı	nail, it sl	hould file a return w	vithout fina	ncial data Some states require a co	mplete return.		ŀ			otion Num			N/A
										on is <b>not</b> re			
	Gross r	eceints: Add line	se 6h 8h	9b, and 10b to line 12		195,0	036					EZ, or 990-	
Par				, and Changes in Net Asse	te or Fund Ralane							<u></u>	···/
r ai	1		<del></del>	rants, and similar amounts re		65 (366	pay	e 10 01 til	6 1115111	····	<i>)</i>		
	1		-			امدا			- 1	44631			
	a			· · · · · · · · · · · · · · · · · · ·		1a   1b			-	Cart.			
	b												
	C			tions (grants)			~ -	10 15-11	$\overline{}$	Michael Colombia			
	d			rough 1c) (cash \$		. HE	X 777	VEU	۷. ۱	1d			405.020
	2	Program service revenue including government fees and contracts (from Part VII, time 93)							• { }	2			195,036
	1 -	3 Membership dues and assessments								3			
	1					· JUL	. –		•	4			
	5			st from securities	9	l en h s	A PER S			5		<u> </u>	
					1	PGG.	1) 10-1	W, U					
			•						<del></del>	6c			
_	1 _	7 Other investment income (describe )						· 、	7				
Revenue	1												
ě	-				V.7 000000	8a		1-7 0 0.101		China w			
ĕ	Ь			s and sales expenses		8b							
				schedule)		8c				5 mg 199 IIII 198			
				mbine line 8c, columns (A) a					.	8d			
	9	- ,		rities (attach schedule). If any an				▶		146 6			
	a	Gross revenu	e (not in	cluding \$	of				_	cultive .			
		contributions	reported	d on line 1a)		9a				vation i UMMARIA			
	b	Less: direct e	xpenses	s other than fundraising expe	nses	9b				4 7 3			
	c	Net income or	r (loss) f	rom special events (subtract	line 9b from line 9	a)				9c			
	10 a	Gross sales o	of invent	ory, less returns and allowan	ces	10a				11111			
	b	Less: cost of	goods s	old		10b				ur ruputur v Exeleticus			
	c	Gross profit or (	(loss) froi	m sales of inventory (attach sche	edule) (subtract line 1	0b from li	ine 1	0a)		10c			
	11			Part VII, line 103)						11			
	12	Total revenue	e (add li	nes 1d, 2, 3, 4, 5, 6c, 7, 8d, 9	oc, 10c, and 11) .	<u> </u>		<u>.</u>		12			195,036
ທ	13	Program servi	ices (fro	m line 44, column (B))					. [	13			166,679
Expenses	14			neral (from line 44, column (C						14			25,765
per	15			44, column (D))						15			
Ä	16			(attach schedule)						16			
	17	Total expenses (add lines 16 and 44, column (A))							17			192,444	
Ä	18	•	•	the year (subtract line 17 fro	•					18			2,592
Assets	19			lances at beginning of year (						19			-170
ĭ	20			assets or fund balances (atta						20			
==	21	Net assets or	tund ba	lances at end of year (combi	ne lines 18, 19. an	a 20) .			. 1	21			2,422

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)

(HTA)

Part	Functional Expenses All organizations must complete column and section 4947(a)(1) nonexempt chart	-		•		4) organizations	
	Do not include amounts reported on line	T T		(B) Program	(C) Management	<del>]</del>	
	6b, 8b, 9b, 10b, or 16 of Part I.	. Maga 1. 1	(A) Total	services	and general	(D) Fundraising	
22	Grants and allocations (attach schedule)				444		
	(cash \$ noncash \$ )	22				a tangén mananang pangang Pangan	
23	Specific assistance to individuals (attach schedule)	23			e en all dis		
24	Benefits paid to or for members (attach schedule)	24				Santage supply to the same	
25	Compensation of officers, directors, etc	25	29,400	29,400	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
26	Other salaries and wages	26	102,747				
27	Pension plan contributions	27	102,111	102,7 17		<del></del>	
28	Other employee benefits	28					
29	Payroll taxes	29	12,388	12,388			
30	Professional fundraising fees	30	12,300	12,500		<del></del>	
31		31	5,320		5,320	<del> </del>	
32	Accounting fees	32	5,320		5,320		
33	Legal fees	33	20,785	20,785			
34	Supplies	34	20,765	20,765		·	
35	Telephone	35	266		266	<del> </del>	
36	Postage and shipping	36		<u> </u>			
36 37	Occupancy	37	8,923	. <u> </u>	8,923		
38	• •	38	70		70	<del></del>	
39	Printing and publications	39					
40	Travel	40	1,359	1,359			
41	<del>_</del>	41	1,509	1,559		<del> </del>	
42	Interest	42				· · · · · · · · · · · · · · · · · · ·	
43	,	43a	6,025		6,025		
	Other expenses not covered above (itemize): a Advertising	43b	1,252		1,252		
D -	Computer services	43b					
ن اد	Bank charges	43d	336 669		336		
d		-			669	<del></del>	
8		43e	564	<del></del>	564		
	Office, Licenses, Fee	43f	2,340		2,340		
44	Total functional expenses (add lines 22 through 43) Organizations	1 1	400 444	400.070	05.705	ĺ	
	completing columns (B)-(D), carry these totals to lines 13-15 .	44	192,444	166,679	25,765	l	
	Costs. Check ▶ if you are following SOP 98-2.				. —	l	
	ny joint costs from a combined educational campaign and fundraising so					Yes X No	
	s," enter (i) the aggregate amount of these joint costs \$					i	
	e amount allocated to Management and general \$			ount allocated to F	undraising \$		
Part I	Statement of Program Service Accomplishments (Se	e page	25 of the instru	uctions.)			
<b>N</b> hat	is the organization's primary exempt purpose? ▶ Christian sc	hool				Program Service	
	anizations must describe their exempt purpose achievements in a clear		cise manner. Sta	te the number	Re	Expenses quired for 501(c)(3) and	
_	nts served, publications issued, etc. Discuss achievements that are not					) orgs , and 4947(a)(1)	
	zations and 4947(a)(1) nonexempt charitable trusts must also enter the		•		,   '	trusts, but optional for others)	
	ducational program expenses for pre-school and kindergarten s				<b></b>		
		(Gra	nts and allocat	ions \$ None		166,679	
b N	1/A						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
			• • • • • • • • • • • • • • • • • • • •				
		(Gra	nts and allocat	ions \$			
c N	//A		und unoodt				
- : :	//						
(Grants and allocations \$							
d N	/Δ	JOIA	mo and anotal		<del></del>	<del></del>	
a ii	In	<b>-</b>					
		(0	nto and allace	iono C			
	ther program continue (attach schodule)		nts and allocat				
	other program services (attach schedule)		nts and allocat	<del></del>		166 670	
<u> 11</u>	otal of Program Service Expenses (should equal line 44, colu	mn (8),	rogram servi	<u>ces)</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	166,679	

Part IV	<b>Balance Sheets</b>	(See page 2	25 of the	instructions.

	Note:	Where required, attached schedules and amount	s within the description	(A)		(B)
		column should be for end-of-year amounts only.	· · · · · · · · · · · · · · · · · · ·	Beginning of year	] ]	End of year
	45	Cash—non-interest-bearing		-170	45	7,322
	46	Savings and temporary cash investments			46	
					1300 10 145	
	47 a	Accounts receivable	47a		inititioation	
	b	Less: allowance for doubtful accounts	47b		47c	
			The state of the s			
	,	Pledges receivable	48a		247	
		Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		<del></del>	49	
	50	Receivables from officers, directors, trustees, and	'''			
	F4 -	(attach schedule)			50	<del></del>
ssets	51 a	Other notes and loans receivable (attach	1 540			
581	h	schedule)	51a 51b		51c	
⋖	52	Inventories for sale or use		<u> </u>	52	
	52 53	Prepaid expenses and deferred charges			53	
	54	Investments—securities (attach schedule)			54	<del></del>
		Investments—land, buildings, and				
	00 4	equipment: basis	55a			
	ь	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57 a	Land, buildings, and equipment: basis	57a		* .*	
		Less: accumulated depreciation (attach			16, 14, 3 19, 15, 4 11, 12, 45,	
		schedule)		57c		
	58	Other assets (describe		58		
	59	Total assets (add lines 45 through 58) (must equ				7,322
	60	Accounts payable and accrued expenses	<u> </u>	60		
	61	Grants payable			61	
es	62 63	Deferred revenue		<del></del>	62	<del></del>
	63	Loans from officers, directors, trustees, and key eschedule)	• • •		63	
Liabilities	64.5	Tax-exempt bond liabilities (attach schedule)		· <del>-</del>	64a	<del></del>
-		Mortgages and other notes payable (attach sched	<u> </u>		64b	<del></del>
	65		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	65	
			,	···	-	<del></del>
	66	Total liabilities (add lines 60 through 65)			66	
	Orga	nizations that follow SFAS 117, check here	and complete lines		3 8	
S		67 through 69 and lines 73 and 74.				
Ĕ	67	Unrestricted			67	
a a	68	Temporarily restricted	<i>.</i>		68	
8	69	Permanently restricted			69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check h	ere ▶Xand		Sign revis v olgogogogogogog olgogogogogogogogogogog	
<u> </u>		complete lines 70 through 74.	_		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Net Assets or	70	Capital stock, trust principal, or current funds .		<u>.</u>	70	
Se	71	Paid-in or capital surplus, or land, building, and e			71	4,900
As	72	Retained earnings, endowment, accumulated inco	<b>_</b>	-170		2,422
Ę	73	Total net assets or fund balances (add lines 67	through 69 or		ur vitar. Uripta viltar	
-		lines 70 through 72;			Phiptip e Altan Papa (2) Journal of Altan	
	_,	column (A) must equal line 19; column (B) must		-170 -170		7,322
	74	Total liabilities and net assets / fund balances (add li	ines 65 and 73)	-170	74	7,322

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV			Part I		iliation of Expenses pe		
	Financial Statements with Reven	•		Financia	al Statements with Exp	enses	per
	Return (See page 27 of the instruc	tions.)		Return			
а	Total revenue, gains, and other support		а	Total expenses	s and losses per		
	per audited financial statements ▶	a N/A	_	audited financi	al statements 1	<b>▶</b> a	N/A
b	Amounts included on line a but not		b	Amounts include	ded on line a but not		2780
	on line 12, Form 990:			on line 17, For	m 990:		
(1)	Net unrealized gains		(1)	Donated service	es	1	
	on investments \$	* * *		and use of faci	lities \$		
(2)	Donated services and	* * * * *	(2)	Prior year adju	stments		
	use of facilities \$			reported on line	e 20,		
(3)	Recoveries of prior			Form 990	\$	37.8	
	year grants \$		(3)	Losses reporte	d on		
(4)	Other (specify):			line 20, Form 9	90 \$		
	\$		(4)	Other (specify)	<u> </u>		
	\$				\$	200	
	Add amounts on lines (1) through (4)	b			\$		
	3. (,,		1	Add amounts on	lines (1) through (4)	<b>b</b> b	<i>m</i>
С	Line a minus line b	c	l c	Line a minus li		C	
	Amounts included on line 12,		ď	Amounts include	- · · · · · · · · · · · · · ·	ilililia.	in the second
_	Form 990 but not on line a:		1	Form 990 but r	· · · · · · · · · · · · · · · · · · ·		
(1)	Investment expenses	E A	(1)	Investment exp		383	
	not included on line			not included or		3236	
	6b, Form 990 \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6b, Form 990			
	Other (specify):	44	(2)	Other (specify)			
(-)	e		(-)	Outer (Specify)	e		-
	· · · · · · · · · · · · · · · · · · ·		1		·	-	
	Add amounts on lines (1) and (2) .	d	i	Add amounts of	on lines (1) and (2) .	→ d	G. Appeter to an in the Section of t
	Total revenue per line 12, Form 990	<del></del>	e		s per line 17, Form 990		
Ð		e	•		•	.   ,	
Dow 1/	(line c plus line d)	<del></del>			d)	<u> </u>	07
Part V	List of Officers, Directors, Truste	es, and Key Emplo	yees (L	list each one ev	en ir not compensated;	see pa	ige 21
	of the instructions.)	т		(C) Compensation	(D) Contributions to	<del></del>	(E) Expense
	(A) Name and address	(B) Title and average hour	rs per	(if not paid,	employee benefit plans &	a	ccount and other
	00000	week devoted to position	Jn	enter -0)	deferred compensation		allowances
	Stephen Hall str 2820 Business Cer	-1				ļ	
	Melbourne ST FL zip 32940	Hr/WK -0-				4	
	Ann Hoy str 2820 Business Cer	<b>-</b> (			}	ļ	
	Melbourne ST FL ZIP 32940	Hr/WK -0-					
	Carissa Reynolds str 2820 Business Cer	•	or/D				
City	Melbourne ST FL ZIP 32940	Hr/WK 40		29,400		<del> </del> _	
Name	Str	- Title					
City	ST ZIP	Hr/WK					
Name	Str	- Title	- 1			}	
City	ST ZIP	Hr/WK					
Name	Str	Title					
City	ST ZIP	Hr/WK				<del></del>	
Name	Str	Title					
City	ST ZIP	Hr/WK		····			
Name	Str	Title	- 1			1	
City	ST ZIP	Hr/WK					
Name	Str	Title					
City	ST ZIP	Hr/WK		·			
Name	Str	Title					
City	ST ZIP	Hr/WK			<u> </u>		
	<del></del>		nnoncet	on of more than fi	100 000 from vov:		
	l any officer, director, trustee, or key employee					7v	[V] <sub>N</sub> _
	anization and all related organizations, of which		as provi	ued by the related	i organizations?	Yes	XNo
If "	Yes," attach schedule—see page 28 of the inst	uctions.					
		<del></del>		<del></del>			

Form 9	90 (2003) Faith Fellowship Academy Inc 59-	3508421			Page 5
Part V	Other Information (See page 28 of the instructions.)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	d description of each activity	76		Х
77	Were any changes made in the organizing or governing documents but not rep	orted to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.				
	Did the organization have unrelated business gross income of \$1,000 or more during the	· · · · · · · · · · · · · · · · · · ·	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>-</b>	78b	N/A	
	Was there a liquidation, dissolution, termination, or substantial contraction during the yea		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization)		u magaligu managaligu		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexemp	t organization?	80a	ANNES.	X
b	If "Yes," enter the name of the organization ► N/A		**************************************		
	and check whether it is	· · · — · · · · · · · · · · · · · · · ·	144		
	Enter direct and indirect political expenditures. See line 81 instructions	L OTA INVINE		i in the color of a	A Plainty
	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipme				
L	or at substantially less than fair rental value?		82a	X 7444000 6.14.	
D	If "Yes," you may indicate the value of these items here. Do not include this am	1 1	*********		
02 -	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				Julio Mini
	Did the organization comply with the public inspection requirements for returns		83a 83b	X	
	Did the organization comply with the disclosure requirements relating to quid pr Did the organization solicit any contributions or gifts that were not tax deductible	•	84a	-^-	
	If "Yes," did the organization include with every solicitation an express statemen				X
U	or gifts were not tax deductible?	H <sup>2</sup>	84b	N/A	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible	<b>_</b>	85a	17/	$\frac{\hat{x}}{x}$
	Did the organization make only in-house lobbying expenditures of \$2,000 or les	· •	85b		$\frac{\dot{x}}{x}$
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h b				
	organization received a waiver for proxy tax owed for the prior year.				geregories German
	Dues, assessments, and similar amounts from members	85c N/A			1.00
d	Section 162(e) lobbying and political expenditures	85d N/A			a Algar
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			Milair,
	Taxable amount of lobbying and political expenditures (line 85d less 85e) .	85f N/A		P465 8	goza Szapis
_	Does the organization elect to pay the section 6033(e) tax on the amount on lin	<b>_</b>	85g		X
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to	ı	1		
	its reasonable estimate of dues allocable to nondeductible lobbying and political	,			
	following tax year?		85h	26/4302×1	X
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	77		
	Gross receipts, included on line 12, for public use of club facilities	86b N/A 87a N/A			
87 h	501(c)(12) orgs. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other	87a N/A			100
	sources against amounts due or received from them.)	87b N/A			200
	At any time during the year, did the organization own a 50% or greater interest i	L	Alle Control		group was
	partnership, or an entity disregarded as separate from the organization under R	· ·	İ		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	•	88		Х
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization duri	——————————————————————————————————————			
	section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> ; sec				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958				
	during the year or did it become aware of an excess benefit transaction from a p				
	a statement explaining each transaction		89b		<u> X</u>
	Enter: Amount of tax imposed on the organization managers or disqualified pers				
	sections 4912, 4955, and 4958	<del></del>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization $\cdot$ . $$ .				
90 a	ist the states with which a copy of this return is filed None			<b></b> .	
ь	Number of employees employed in the pay period that includes March 12, 2003			<b>-</b> -	6
	The books are in care of ► Name Faith Fellowship Academy Inc		200 x	211	
	ocated at ▶ 2820 Business Center Blvd City Melbourne s	ST FI 7:0+4 ► 32940-7103	<b>:</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form	1041—Chock horo			
	section 4947(a)(1) nonexempt chantable trusts tiling Form 990 in fled of Form		• •	• • •	<b>-</b>
	ura emer me amouni oi iax-exembi iblefest fecelved of acculed dilfina the tay '	vear ■ IND/A			

Note: E	inter gross amounts unless otherwise	Unrelated busin			on 512, 513, or 514	(E)
indicate	-	(A)	(B)	(C)	(D)	Related or exempt
<b>93</b> F	Program service revenue:	Business code	Amount	Exclusion code	Amount	function income
	Related program service revenue					195,036
b _						
c -						
ď						
е –						
f N	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
94 N	Membership dues and assessments					
95 Ir	nterest on savings and temporary cash investments .					
<b>96</b> [	Dividends and interest from securities					
97 N	Net rental income or (loss) from real estate:		" Andring proper de la			
ac	debt-financed property					
<b>b</b> r	not debt-financed property					
<b>98</b> N	let rental income or (loss) from personal property					
99 (	Other investment income				_	
	Sain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events			<del> </del>		
	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b _					_	
c _						
d _						
ө _		Official Physics 1994	<u> </u>	William • Aptierbulg William		405.000
	Subtotal (add columns (B), (D), and (E))				····	195,036
	Total (add line 104, columns (B), (D), and (E))				· · · • •	195,036
	ine 105 plus line 1d, Part I, should equal t					
Part VIII						
Line No	·				intly to the accompl	shment
	of the organization's exempt purposes (c	other than by providing	g funds for such p	urposes).		
N/A						<del></del>
N/A						
N/A						<del> </del>
N/A						
Part IX	Information Regarding Taxable St		sregarded Enti	ities (See page 3	4 of the instructio	
	(A) Name, address, and EIN of corporation,	(B) Percentage	of	(C)	(D)	(E) End-of-year
	partnership, or disregarded entity	ownership inte		re of activities	Total income	assets
N/A						
-						
Part X	Information Regarding Transfers	Associated with P	ersonal Benefi	t Contracts (See	page 34 of the in	structions.)
	the organization, during the year, receive any					Yes X No
` '		•				Tes Allo
	the organization, during the year, pay pre-			normanal handtit	ontroot?	IVAA I VINA
Note: If	"Yes" to (b), file Form 8870 and Form 4					
	Under penalties of perjury, I declare that I have ex					
Please	and belief, it is true, correct, and complete Declar	ation of preparer (other the				
Sign	Varym Kenny	olde				
	Signature of officer					
Here	Carissas Reynolds					
	Type or print hame, and title					
	Preparer's	Da				
Paid	signature					
Preparer's	Douglas C Gliber	rt				
Use Only		Ct Melbourne FL 3				

## SCHEDULE A

(Form 990 or 990-EZ)

Faith Fellowship Academy Inc

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 59-3508421

(a) Naii	e and address of each employee paid more	(b) Title and average hours		(d) Contributions to	(e) Expense
<b>(-,</b>	than \$50,000	per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
Name					
Str	NONE				
City	ST	Title N/A			
Zip	Country	Avg hr/wk	N/A	N/A	N/A
Name		Į.			
Str					
City	ST	Title			
Zip	Country	Avg hr/wk	<del></del>	<del></del>	
Name					
Str	OT			1	
City	ST	Title			
Zip	Country	Avg hr/wk		-	<del>-</del>
Name		1			
Str	ST				
City		Title			
Zip	Country	Avg hr/wk		<del>                                     </del>	
Name					
Str	OT.				
City	ST	Title			
Zip Total numb	Country per of other employees paid over	Avg hr/wk	Mar Intitue Same	a hi sa a Sen'illillitatarahan er Sassadlitalilillika	
\$50,000 .				add to the second	
	<u> </u>	_ 1	Thurse A dubble the Att when 1 2	s non antidological color de ser an antidological de la dela de se de la desta de la desta de la desta de la d	Mathalian di Santa da Santa d
Dart II	Compensation of the Five Hi	ghost Paid Independent	Contractors for E	Professional Service	<u> </u>
Part II	Compensation of the Five Hi (See page 2 of the instructions. Li	-			
	Compensation of the Five Hi (See page 2 of the instructions. Li e and address of each independent cont	st each one (whether individ	uals or firms). If ther		
(a) Nam	(See page 2 of the instructions. Li	st each one (whether individual tractor paid more than \$50,000	uals or firms). If ther	e are none, enter "None	e.")
(a) Nam Name	(See page 2 of the instructions. Li e and address of each independent con	st each one (whether individ	uals or firms). If ther	e are none, enter "None	e.")
(a) Nam Name Str	(See page 2 of the instructions. Li	st each one (whether individual tractor paid more than \$50,000	uals or firms). If ther	e are none, enter "None	e.")
(a) Nam Name	(See page 2 of the instructions. Li e and address of each independent con	st each one (whether individual tractor paid more than \$50,000  Check here if a business	uals or firms). If ther	e are none, enter "None	e.")
(a) Nam Name Str City	(See page 2 of the instructions. Li e and address of each independent cont NONE	st each one (whether individual tractor paid more than \$50,000  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Nam Name Str City ST	(See page 2 of the instructions. Li e and address of each independent cont NONE	st each one (whether individual tractor paid more than \$50,000  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Nam Name Str City ST Name	(See page 2 of the instructions. Li e and address of each independent cont NONE	st each one (whether individual tractor paid more than \$50,000  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str	(See page 2 of the instructions. Li e and address of each independent cont NONE	st each one (whether individual stractor paid more than \$50,000  Check here if a business antry  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City	(See page 2 of the instructions. Li e and address of each independent conf NONE  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business antry  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Str	(See page 2 of the instructions. Li e and address of each independent conf NONE  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business antry  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name	(See page 2 of the instructions. Li e and address of each independent conf NONE  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business antry  Check here if a business	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str ST Name ST	(See page 2 of the instructions. Li e and address of each independent conf NONE  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business on the check here if a business of t	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name Str City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business on the check here if a business of t	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name Str City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business of the check here if a business of t	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name Str City ST Name	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business of the check here if a business of t	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business of the check here if a business of th	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name Str City ST Name City ST City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business of the check here if a business of th	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST Name Str City ST Name Str City ST Name Str City ST Name City ST City ST Name Str	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business of the check here if a business of th	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual tractor paid more than \$50,000  Check here if a business of the check here if a business of th	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation
(a) Name Str City ST City ST	(See page 2 of the instructions. Li e and address of each independent cont  NONE  ZIP  Cou  ZIP  Cou	st each one (whether individual stractor paid more than \$50,000  Check here if a business of the check here if a business of t	uals or firms). If ther	e are none, enter "None pe of service	c) Compensation

Sched	tule A	(Form 990 or 990-EZ) 2003	Faith Fellowship Academy Inc	59-3508421		Page 2			
Par	: [[[	Statements About Acti	vities (See page 2 of the instructions.	)	Ye	s No			
1	atte or i	empt to influence public opinion neurred in connection with the	tion attempted to influence national, state n on a legislative matter or referendum? I lobbying activities   \$ \bigseleft\ \text{\$\sum_{\text{\text{o}}} \\ \text{\$\sum_{\text{\text{o}}} \\ \text{\$\text{\text{\text{o}}} \\ \text{\$\text{\text{o}} \\ \text{\$\text{\text{o}}} \\ \text{\$\text{\text{o}} \\ \text{\$\text{o}} \\ \text{\$\text{o}} \\ \text{\$\text{\text{o}} \\ \text{\$\text{o}} \\ \text{\$\text{o}} \\ \text{\$\text{\text{o}} \\ \text{\$\text{o}} \\ \text{o} \\ \text{o} \\ \text{o}	f "Yes," enter the total expenses paid(Must equal amounts on line 38,	1	x			
	org		ion under section 501(h) by filing Form 57 st complete Part VI-B AND attach a stater						
2	sub with own	stantial contributors, trustees, any taxable organization with	in any of the following acts with any es, or members of their families, or n officer, director, trustee, majority ach a detailed statement explaining the						
a b c d	Sale, exchange, or leasing of property?								
е		nsfer of any part of its income			2e	X			
3 a		* '	ips, fellowships, student loans, etc.? (If "	F		1			
<b>L</b>					3a	X			
4	Did	you maintain any separate ac	nuity plan for your employees?	ors have the right to provide advice	3b 4	×			
Part			Foundation Status (See pages 3 th		<u> </u>	1 ^			
				<u> </u>					
	rgan	·	tion because it is: (Please check only ON						
5 6	붜	A school. Section 170(b)(1)(A	ches, or association of churches. Section	170(b)(1)(A)(i).					
7	牉		ospital service organization. Section 170(	h)/1)/Δ\/iii)					
8	H	•	ernment or governmental unit. Section 17						
9			<u> </u>	al. Section 170(b)(1)(A)(iii). Enter the hospit	al <b>'s</b>				
0		An organization operated for		ed or operated by a governmental unit. Section	on				
1 a		An organization that normally	• •	from a governmental unit or from the genera	l				
1 b	$\Box$		70(b)(1)(A)(vi). (Also complete the Suppo						
2		An organization that normally	receives: (1) more than 33 1/3% of its s	upport from contributions, membership fees, to certain exceptions, and (2) no more than					
		· · · · · · · · · · · · · · · · · · ·		xable income (less section 511 tax) from bus 2). (Also complete the <b>Support Schedule</b> in		<b>\.</b> )			
3			) lines 5 through 12 above; or (2) section	r than foundation managers) and supports 501(c)(4), (5), or (6), if they meet the test of	section	_			
		Provide the follow	ing information about the supported orga	nizations. (See page 5 of the instructions.)					
		(a)	Name(s) of supported organization(s)	(b) Line nun from abov		_			
		NONE		N/A_		_			
						_			
4	$\Box$	An organization organized an	d operated to test for public safety. Section	on 509(a)(4). (See page 6 of the instructions.	<u> </u>	_			

	IV-A Support Schedule (Complete only if you checked: You may use the worksheet in the instructions for convert					ountii	ng.
	dar year (or fiscal year beginning in)		(b) 2001	(c) 2000	(d) 19	00	(e) Total
15	Gifts, grants, and contributions received. (Do	(a) 2002	(6) 2001	(0) 2000	(u) 19	==	(e) Total
	not include unusual grants. See line 28.)					l	
16	Membership fees received	<del></del>			· · · · · · · · · · · · · · · · · · ·	$\neg \neg$	
17	Gross receipts from admissions, merchandise	<del></del>	·	·			<del></del>
• •	sold or services performed, or furnishing of		l		Ì		
	facilities in any activity that is related to the	}					
	organization's charitable, etc., purpose	İ					
18	Gross income from interest, dividends,						
	amounts received from payments on securities					ĺ	
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less		1				
	section 511 taxes) from businesses acquired		}				
	by the organization after June 30, 1975	<u> </u>					
19	Net income from unrelated business						
	activities not included in line 18	l					
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf		_				
21	The value of services or facilities furnished to						
	the organization by a governmental unit					- 1	
	without charge. Do not include the value of					ł	
	services or facilities generally furnished to the						
	public without charge						_
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	ļ					
23	Total of lines 15 through 22					. —	
24	Line 23 minus line 17	<del> </del>					
25							
26	Organizations described on lines 10 or 11: a Enter:				. ▶	26a	
b	Prepare a list for your records to show the name of and a				]		
	governmental unit or publicly supported organization) who						
	amount shown in line 26a. Do not file this list with your					26b	<u> </u>
	Total support for section 509(a)(1) test: Enter line 24, colu				. 🏲	26c	
d	Add: Amounts from column (e) for lines: 18			<del>_</del>			
	22	26		<u>_</u>	<b>-</b>	26d	
8	Public support (line 26c minus line 26d total)					26e	
<u> </u>	Public support percentage (line 26e (numerator) divident					26f	
27	Organizations described on line 12: a For amounts						•
	person," prepare a list for your records to show the name			•	n, each "d	disqua	lified
	person." Do not file this list with your return. Enter the	sum of such amo	ounts for each y	ear:			
	(2002) N/A (2001) N/A	(20	00)	V/A(	1999)		N/A
b	For any amount included in line 17 that was received from	each person (o	ther than "disqu	alified persons")	), prepare	a list	for your
	records to show the name of, and amount received for each						
	year or (2) \$5,000. (Include in the list organizations descri	bed in lines 5 th	rough 11, as we	II as individuals.	) Do not	file th	is list with
	your return. After computing the difference between the a	amount received	and the larger a	amount describe	d in (1) o	r (2), e	enter the
	sum of these differences (the excess amounts) for each ye	ear:					
	(2002) N/A (2001) N/A	(20	00)	N/A (	1999)		N/A
			,	,	,		
C	Add: Amounts from column (e) for lines: 15	16					
	17 20	21				27c	
d		e 27b total			▶	27d	
6	Public support (line 27c total minus line 27d total)				. ▶	27e	2. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
f	Total support for section 509(a)(2) test: Enter amount from					<del>ranta dibibia</del>	
g	Public support percentage (line 27e (numerator) divide				<b>—</b>	27g	
	Investment income percentage (line 18, column (e) (nu					27h	<del></del>
28	Unusual Grants: For an organization described in line 10 2002, prepare a list for your records to show, for each year		•	_	_	_	

brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	X	
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	### 32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	х	
	dealing with student admissions, programs, and scholarships?	32c 32d	X	
a	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	320		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		Х
c	Employment of faculty or administrative staff?	33c		Х
d	Scholarships or other financial assistance?	33d		_X_
0	Educational policies?	33e		х
f	Use of facilities?	33f		х
9	Athletic programs?	33g		х
h	Other extracurricular activities?	33h	MARINETO I	X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		Х
	Has the organization's right to such aid ever been revoked or suspended?	34b		X
ט	If you answered "Yes" to either 34a or b, please explain using an attached statement.	345		
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	35	X	general estate

Part	VI-A	Lobbying Expenditures by Electing Pu (To be completed ONLY by an eligible organize	blic Charities	,	f the ins	tructio	ons.)		
Check	▶a	if the organization belongs to an affiliated group.	Check ▶		ecked "a"	and "I	imited co	ontrol" ;	provisions apply.
		Limits on Lobbying Ex				_	(a Affiliated	d group	(b) To be completed for ALL electing
36	Total lob	(The term "expenditures" means amount bying expenditures to influence public opinion				36			organizations
37		bying expenditures to influence a legislative bo		• •		37			<del>  </del>
38	Total lobbying expenditures (add lines 36 and 37)								
39	Other exempt purpose expenditures								
40									
41	Lobbying	nontaxable amount. Enter the amount from th	_			~ hellilik	14.1		The second second second second second second second second second second second second second second second se
			ing nontaxable		`				
		5500,000					777		
		0,000 but not over \$1,000,000 \$100,000 pl							ing Salamanan (Salaman)
		00,000 but not over \$1,500,000 \$175,000 pt 00,000 but not over \$17,000,000 \$225,000 pt				41	Achierony kyli		
		000,000 but not over \$17,000,000 \$1,000,000				ii illafilidayyy			
42		ots nontaxable amount (enter 25% of line 41)				42	//////		
43		line 42 from line 36. Enter -0- if line 42 is more				43			
44	Subtract	line 41 from line 38. Enter -0- if line 41 is more	than line 38 .			44			
	Caution:	If there is an amount on either line 43 or line 4	44. vou must file	Form 4720.		; y stipovy v siliziji zavo (			
		4-Year Averaging					<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(Some organizations that made a section 501(h See the instructions for lines	) election do not h	ave to complete a	ll of the fiv	re colui	mns belo	w.	
			Lobbyi	ng Expenditure	es Durin	n 4-Ye	ar Ave	ragino	2 Period
	0-1		ļ <u>-</u>	<del></del>	,				, ————
		r year (or ar beginning in) ►	(a) 2003	(b) 2002	(c) 200		(d 200		(e) Total
45	Lobbying	nontaxable amount	eshlijillijile. De kirji iqis ra	ndila	Maha da	· · · · · · · · · · · · · · · · · · ·	13.4		
46	Lobbying	ceiling amount (150% of line 45(e))							
47	Total lob	bying expenditures							
48	Grassroo	ts nontaxable amount		441			( - 1/4	no tha tha tha tha ta	
49	Grassroo	ts ceiling amount (150% of line 48(e))	White May in 1816	Many of the form		William .	No.	1214	
50	Grassroo	ts lobbying expenditures		J	}				
Part		<b>Lobbying Activity by Nonelecting Publi</b>	c Charities		<del></del>				<u> </u>
		(For reporting only by organizations that did no	ot complete Part	VI-A) (See page	e 12 of th	e inst	ructions	.)	
During	the vear	, did the organization attempt to influence natio	nal, state or loca	al legislation, inc	luding a	nv			
_	•	ence public opinion on a legislative matter or re-		•	3	,	Yes	No	Amount
		rs		-				Х	And the second second
b	Paid staff	for management (Include compensation in exp	enses reported	on lines <b>c</b> throu	gh <b>h.)</b> .			Χ	
		vertisements						X	
	_	to members, legislators, or the public						Χ	
		ons, or published or broadcast statements						X	
		other organizations for lobbying purposes .						X	
_		ntact with legislators, their staffs, government o	-					X	
		emonstrations, seminars, conventions, speech bying expenditures (Add lines <b>c</b> through <b>h.</b> )		•			/ suttrin	X	
		o any of the above, also attach a statement givi							<u> </u>
		sury or and above, also altaon a statement give	g a dotanou de	company or the	,		_	(Form 9	190 or 990-EZ) 2003

Sched	ule A (i	Form 990 or 990-EZ)	2003	Faith Fellowship Academy	Inc_	59-3508421	Page
Part	VII		•		ns and Rela	ationships With Noncharitable	)
51			-		-	with any other organization descri	
а	Trans	sfers from the repo	rting organizatio	on to a noncharitable exemp	t organizatior	n of:	Yes No
	(i)	Cash				<u>5</u>	1a(i) X
	(ii)	Other assets					a(ii) X
b	Othe	r transactions:					
	(i)	(i) Sales or exchanges of assets with a noncharitable exempt organization					
	(ii)	Purchases of asse	ets from a nonch	naritable exempt organization	on		b(ii) X
	(iii)	Rental of facilities,	<b>b</b>	o(iii) X			
	(iv)	Reimbursement ar	rrangements .				o(iv) X
	(v)	Loans or loan gua	rantees				b(v) X
	(vi)	Performance of se	ervices or memb	ership or fundraising solicit	ations		o(vi) X
С	Shari	ng of facilities, equ	ipment, mailing	lists, other assets, or paid e	employees .		c X
d	If the	answer to any of the	ne above is "Ye	s," complete the following s	chedule. Colu	mn (b) should always show the fair	r market value
	of the	goods, other asse	ts, or services (	given by the reporting organ	ization. If the	organization received less than fair	r market value
(8		(b)		(c)		(d)	
Line	no.	Amount involved	Name of non	chantable exempt organization		nption of transfers, transactions, and sharing	arrangements
N/A		N/A		N/A		N/A	
					1		
···			<del> </del>	··· <u>··</u> ··			
	-				<u> </u>		
					<u></u>		
		· · · · · · · · · · · · · · · · · · ·			ļ		
				<u></u>	<del> </del>		
					<del> </del>		
					<del> </del>		
					ļ		
	descr	ibed in section 501 s," complete the fol	(c) of the Code	e:		on 527? ▶ 🗓	Yes No
(a) Name of organization				(b) Type of organization		(c) Description of relationship	
Faith Fellowship Church of Brevard Inc				Church	Church prov	rides facility space for Faith Fellows	ship Academy Inc
		<del></del>			ļ		
		<del></del>					
		·	_		+		
			<del></del>		†	<del></del>	
					1		