

EXTENDED TO MAY 15, 2019
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **TEXAS ACADEMY 4**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1800 WEST FREEWAY**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **FORT WORTH, TX 76102**
F Name and address of principal officer: **JOHN SHEARER**
1800 W. FREEWAY, FORT WORTH, TX 76102

D Employer identification number: **46-0762992**

E Telephone number: **817-909-2241**

G Gross receipts \$: **477,316.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.ACADEMY4.NET**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2013** **M** State of legal domicile: **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO CONNECT CHURCHES TO SCHOOLS AND COMMUNITIES THROUGH MENTORING 4TH GRADERS IN LEADERSHIP.	
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
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	4
6 Total number of volunteers (estimate if necessary)	5
7a Total unrelated business revenue from Part VIII, column (C), line 12	14
7b Net unrelated business taxable income from Form 990-T, line 34	6
	505
	0.
	0.
8 Contributions and grants (Part VIII, line 1h)	0.
9 Program service revenue (Part VIII, line 2g)	474,376.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-11,909.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	462,467.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,613.	150.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,997.
19 Revenue less expenses. Subtract line 18 from line 12	0.
	10,000.
	126,001.
	439,148.
	23,319.
20 Total assets (Part X, line 16)	0.
21 Total liabilities (Part X, line 26)	38,307.
22 Net assets or fund balances. Subtract line 21 from line 20	1,839.
	34,918.
	36,468.
	59,787.

Part II Signature Block

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.

Sign Here
 Signature of officer: *[Signature]*
 Date: **05.21.19**
JOHN SHEARER, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: _____
 Preparer's signature: _____
 Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____
 Firm's address: _____
 Firm's EIN: _____
 Phone no.: _____