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)

2007

OMB No 1545-1150

Revenue Servico	The organization may have to use a copy of this return to satisfy state reporting requirements.	
ent of the Tressury	organizations with gross receipts less than \$100,000 and total essets less than \$250,000 at the end of the year may use this form.	itspection
	Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other	And the state of t

· ·	A٦	For the 2007 calend	ar year, or tax year beginning SOAT / , 200	7, and en	iding Aug		008
		Chook if applicable:	C Name of organization		1		dentification number
		Address change use if	BI JIEEPLE IIGIE NO PILUL			84 -	1642694
		Name change (abel	Of the han and alread for D.O. how if may be not delivered to street address		m/sulto	E Triephone	
		initiai return type.			204	1615) 9	724-2126
		Termination Sec	ffle City or trave state or country and ZIP + 4		~		
		Amended return tions.		707.	ے،	F Group Ex Number	temption 🛌
	11	Application pending					Cash Accrual
		• Section 501(comust a	c)(3) organizations and 4947(b)(1) nonexempt charitable trust attach a completed Schedule A (Form 990 or 990-EZ).	S	G Accounting Other (spec	ify) 🟲 🦳	
		Website: ►/		anization Is not Iule B (Form 990,			
	J	Organization type (check					
		\$25,000. A return is	organization is not a section 509(a)(3) supporting organization not required, but if the organization chooses to file a return, b	e sure to	file a complete	e normally no return	nt more than
		instead of Form 990	nd 7b, to line 9 to determine gross receipts; if \$100.000 or more			. - \$	53,386,28
	Pai	Revenue	, Expenses, and Changes in Net Assets or Fund	Balance	es (See the ii	<u>nstructions</u>	5.)
		1 Contributions,				1	1461.91
		2 Program servi	ice revenue including government fees and contracts			2	51924,37
			lues and assessments			3	
			come	,		4	
		5a Gross amount	t from sale of assets other than inventory	5a		83863	·
			other basis and sales expenses				
	R	G Gain or (loss) from	m sale of assets other than inventory. Subtract in 5b from in 5a (attach schd)		<u></u> .	5c	
	v	6 Special event	s and activities (attach schedule) If any amount is from gamin	ng, check	hcre ▶	15.0 0	
	E		e (not including \$ of contributions			258	
	E	reported on lin		6a			
03		•	xpenses other than fundraising expenses	. 6b		(2) 通過。 (2) 通過 7	
2003			uss) from special events and activities. Subtract line 6b from line Ga			6c	
iles)		•	f inventory, less returns and allowances	7a		F178	
_		b Less. cost of	· · · · · · · · · · · · · · · · · · ·	. 7b	-	1,30	
C 160			r (loss) from sales of in entory. Subtract line 7b from line 7a .			7c	
		8 Other revenue (de	- · · · · · · · · · · · · · · · · · · ·	-	<u>.</u>) 8	
بي <u>ورا</u> سايا			(add lines 1, 2, 3, 4, 5c, 6c. 7c. and 8)	, , , , , , , , , , , , , , , , , , ,		► 9	5339628
~			milar amounts paid (attach schedule)			. 10	
SCANNEL)	to or for members			11	
Z	E		er compensation, and employee benefits			12	
3	P		fees and other payments to independent contractors			13	
4	Ņ		ent, utilities, and maintenance			14	-7: //
ഗ്ഗ	Ē	, ,	ications, postage, and shipping			15	
• •	5	16 Other expenses (c		EXD	euse) 16	53 371.61
			es (add lines 10 through 16)			. ► 17	53371.61
			effcit) for the year. Subtract line 17 from line 9			18	(29,49)
	A			(must ag	ran with and of s	rear	
	NETE	19 Net assets or floure reporter	fund balances at beginning of year (from line 27, column (A)) d on prior year's return)	(musi ayi	ree with cho-or-	19	3645.35
	Ϋ́Ę	20 Other change	s in net assets or fund balances (attach explanation)			. 20	
	S		fund balances at end of year Combine lines 18 through 20			► 21	36 15:36
	Pä		Sheets - If Total assets on line 25, column (B) are \$250,000				
	۳	KEULIY	(See Instructions)		(A) Beginning		(B) End of year
	22	Cash savinos ar	nd Investments			350. 22	3615.36 0.
	26	Landrand building	anna I.A. Pans			0. 23	0.
	22	Other assets (des	criho > 1971			0.24	0.
	经 数	Total assets	<u> </u>		3645 3	35 25	3615.36
	26	Total liabilities (t	lestchilde ►)			0.26	0.
	27	Ne dayette or for	distallances (line 27 of column (B) must agree with line 21)		36451	35 27	3615,36
			and Paperwork Roduction Act Notice, see the separate instruc		TEEA0812 12	דמו לגע	Form 990-EZ (2007)

	84-	- 1642 644	Λ,	_					
_	440 CT 4007	Ste	enle Play	ERS MIN	i's H	2 4		P:	age 2
Porm	i 990-EZ (2007) t∰ Statement of Program Serv						pense		<u> </u>
		14-101 01	44. C / Jan 14 44.4	11:50 AND 11	(Regi	uired fo	r 501	(c)(3)	
Desc	ribe what was achieved in carrying out the	organization's exempt purpo	ses. In a clear and co	ncise manner,	and ((4) orga (a)(1) 1	mizati miste	ons ai ontio	nd na!
desc prog	is the organization's primary exempt purposer in the what was achieved in carrying out the ribe the services provided, the number of ram title.	persons benefited, or other re	nevant information for	eacn	for at	hers)			
28	CAMMINITY DI	avs ure ne	ld FOR						•
	COMMUNITORS	Benefit	- ENTEL+a	INMEN [_					
	/				l l	۰.			
	(Grants \$) If th	is amount includes foreign gra	ants, check here	<u></u>	28 a	5	3.3	<u> 74.</u>	<u>6/</u> _
29									•
					! '	1			
	(Grants \$) If th	is amount includes foreign gra	ents, check here .		29a				
30									
						ľ			
		is amount includes foreign gra	ants, check here	··· ··· •	30 a	<u> </u>			
31			.,						
		is amount includes foreign gra	ants, check here		31 a				
	Total program service expenses. Add in				32		37		<u></u>
Par	t IV: List of Officers, Directors,								
	(A) Name and address	(B) Title and average hours per week devoted	(C) Compensation (I not paid, enter -0)	f (D) Contribution employee benefit pla			xpens	e ecc	ount noss
	(A) Name and address	to position	not paid, atticle 0 t,	deferred compens					
$\overline{}$	KYM SI'MS	President							
	150 Bluegrass Dr.			1					
	lender sondille. TN	10-20							
	37075								
3	MANN S. HOWELL	Treasurel				Ì			
-5	45 Indian Lake Rd	i		İ					
t	leudersonville, TN	4-6				<u> </u>			
	37075								
						ļ			
						1			
Par	t V - Other Information (Note the	statement requirement in the	instructions)					Yes	No
33	Did the organization make a change in it	s activities or methods of con-	ducting activities? If "	Yes.' attach a dctail	ed				V
-	statement of each change .						33		4
34	Were any changes made to the organizing or govern	ning documents but not reported to th	ne IRS? If 'Yes,' attach a con	formed copy of the chan	qes .		34		X
35	If the organization had income from business activity	ies, such as those reported on lines 2.	6. and 7 (among others), by	ut not reported on Form :	990-T. s	ttech			P. 3.
-	a statement explaining your reason for not reporting	the income on Form 990-T.	, ,,, , ,, ,, ,, ,, ,, ,					24	i en
	a Did the organization have unrelated busi	ness grass income of \$1,000	or more or 6033(e) no	tice, reporting, and	1				
	proxy tax requirements?						35 a		X
	b if 'Yes,' has it filed a tax return on Form		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			J	35 b	\mathcal{M}_{ℓ}	4
36	Was there a liquidation, dissolution, term	unation or substantial contra	rtion during the year?			1			
30	If 'Yes,' attach a statement						36		LX.
37	a Enter amount of political expanditures, direct or inc	firect, as described in the instructions		► 37a		0.	2 3 6		1
	b Did the organization file Form 1120-POL	for this year?					37 b	NI	4
						ì	و ۸۰۰۸		13
30	a Did the organization borrow from, or mai any such loans made in a prior year and	still unpaid at the start of the	period covered by the	s return?			38 a		X
	b If 'Yes,' attach the schedule specified in			1	4			20.	
	and enter the amount involved	the une on manufullia		38b N/A	<u> </u>				
30	501(c)(7) organizations. Enter	•		150 850			3 4	1.6.0	

a Initiation fees and capital contributions included on line 9

	84- 1647	L 644	Λ.	A	
Form 990-6	· · · · · · · · · · · · · · · · · · ·	Steenle	Plavers_	MINISTRY	Page 3
Part V	Other Information (Note the statement	ent requirement in the	instructions.)	(Continued)	
40 a 501 (c	:)(3) ordanizations. Enter amount of tax impose	ed on the organization during 2 >	g the year under: _; section 4955 >		
b 501(6	c)(3) and (4) organizations. Did the organization or did it become aware of an excess benefit train an explanation	n engage in any section 495 insaction from a prior year?	68 excess benefit	transaction during the	Yes No
c Enter year	amount of tax imposed on organization managunder sections 4912, 4955, and 4958	gers or disqualified persons	during the	- NA	
	amount of tax on line 40c reimbursed by the o			- NA	
shelte	rganizations. At any time during the tax year, were transaction?	vas the organization a party	to a prohibited ta	K 	40e X
41 LIST UP	e states with which a copy of this fetting is med	7000			
42 a The bo	noks are in care of Doan N.S	Powell Rd, HVille, 1	N 37675	Telephone no. ► ZIP + 4 ►	37075 Yes No
bAt an finan	ly time during the calendar year, did the organi: cial account in a foreign country (such as a bar	zation have an interest in o nk account, securities accor	r a signature or of .int, or other finan	cial account)?	42b X
If 'Ye	s,' enter the name of the foreign country: *				
cAt ar	the instructions for exceptions and filling require by time during the calendar year, dld the organity, enter the name of the foreign country,				42c X
	ion 4947(a)(1) nonexempt charitable trusts filing	ed or accrued during the tax	year	► 43	N/A D
	Under paneltics of parjury. I declare that I have examined it true, correct, and compiler. Occlaration of preparer (other t	his return, including accompanying and information officer) is based on all informations.	schedules and statemer ion of which preparer h		owledge and bellef, It is $0-0.9$
Please Sign Here		vell-Trea	Suren	Date)-0
	Type or print name and title		Dete	Check If	reperer's SSN or PTIN (Sas reneral instruction X)
Paid Pre-	Preparer's signature			self employed >	
parer's Use	Firm's name (or yours it self: smployred).			EIN -	
Only	address, and ZIP + 4		-	Phone no. ►	
BAA		TEEA0812 12/27/07			Form 990-EZ (2007)

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

Supplementary Information — (See separate instructions.)

2007

OMB No. 1545-0047

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Department of the Treasury internal Revenue Service Employer Identification number Name of the organization 84-1642694 NISTRY. Part 1 19 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred compensation (e) Expense (c) Compensation (a) Name and address of each employee paid more than \$50,000 (b) Title and average account and other hours per week devoted to position allowances Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II -A (See instructions. List each one (whether individuals or firms). If there are none, enter 'None ') (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000

Total number of others receiving over \$50,000 for professional services Part 134 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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services		

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

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 Steeple Players MINISTRY JUL 84-16426	74 F	age 2
Partill : Statements About Activities (See 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.)	2000	X
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? 2	<u> </u>	X
b Lending of money or other extension of credit? 2	b	X
c Furnishing of goods, services, or facilities?	<u>c</u>	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>d</u>	X
e Transfer of any part of its Income or assets? 2	<u>e</u>	X.
3a Dld 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.)	a	X
b Did the organization have a section 403(b) annuity plan for its employees?	b	X
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	<u>c</u>	X
d Did the organization provide credit counselling, debt management, credit repair, or debt negotiation services?	d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No.' complete lines 4f and 4g	a	X
b Did the organization make any taxable distributions under section 4966?	Ы	1X
Did the organization make a distribution to a donor, donor advisor, or related person?	c	X
d Enter the total number of donor advised funds owned at the end of the tax year	0-	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<u>, </u>	
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	ı –	· · · · · · ·
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the lax year •	,	•
BAA TEEAMO2 12/27/07 Schedule A (Form 990 or Form	990-E	Z) 200

	Reason for N						
ertify t	that the organization is	s not a private fo	oundation because it is: (Pi	lease check only ONE applic	cable box.)		
5 🗌	A church, convention	n of churches, or	association of churches.	Section 170(b)(1)(A)(i).			
e 🗌	A school. Section 17	/O(b)(1)(A)(II). (A	liso complete Part V.)				
, [A hospital or a coope	erative hospital s	service organization. Secti	on 170(b)(1)(A)(iii).			
в 🗌	A federal, state, or lo	ocal government	or governmental unit. Sec	tion 170(b)(1)(A)(V)			
9 🗌	A medical research of and state	organization ope	erated in conjunction with a	hospital. Section 170(b)(1)	(A)(iii) Ent e	or the hospital	's name, city,
0 [An organization ope (Also complete the \$	rated for the bon Support Schedul	nefit of a college or univers le in Part IV-A.)	ity owned or operated by a	government	al unit. Section	n 170(b)(1)(A)(lv)
la 🗌	An organization that Section 170(b)(1)(A)	t normally receive)(vi). (Also comp	es a substantial part of its plete the Support Schedul e	support from a government in Part IV-A.)	tal unit or fro	om the general	public
1ь [A community trust.	Section 170(b)(1)(A)(VI) (Also complete th	e Support Schedule in Part	(IV-A.)		
	(i An organization that	t normally receiv	es: (1) more than 33-1/3%	of its support from contribu	tions, memb	ership fees, a	nd gross receipt
	from activities relate from gross investme organization after Ju An organization that requirements of sec	ed to its charitable ent income and u une 30, 1975 Se t is not controllection 509(a)(3). C	ie, etc., functions — subject unrelated business taxable se section 509(a)(2). (Also d by any disqualified perso check the box that describe	of its support from contribut to certain exceptions, and income (less section 511 to complete the Support Schools) (other than foundation in the type of supporting organily integrated	nanagers) ar	Incarses acquire IV-A.)	ed by the
	from activities relate from gross investme organization after Ju	ed to its charitable to its charitable to its character and uune 30, 1975. Set t is not controllection 509(a)(3). C	ie, etc., functions — subject unrelated business taxable are section 509(a)(2). (Also do by any disqualified persocheck the box that describe	Income (less section 511 te complete the Support Schools (other than foundation in the type of supporting organism lines the type of supporting organism lines the type of supporting organism in the supporting organism lines the type of supporting organism in the supporting organism lines the supporting organism in the support of the s	edule in Pari nanagers) ar ganization	inesses acquired IV-A.) and otherwise management	ed by the
3 [from activities relate from gross investme organization after Ju An organization that requirements of sec	ed to its charitable of tincome and uune 30, 1975 Set is not controllection 509(a)(3). Controllection 509(a)(b). Type II Provide the orted	ie, etc., functions — subject unrelated business taxable are section 509(a)(2). (Also do by any disqualified persocheck the box that describe	to certain exceptions, and income (less section 511 to complete the Support Schools (other than foundation in the type of supporting orgonal to the type of supporting organization organization organization organization organization organization organization organization organiz	nanagers) are panization. • Type III. ations. (See organization the suporganization organization)	nd otherwise modern control of the c	(e) Amount of support
	from activities relate from gross investme organization after Ju An organization that requirements of sec Type ! (a) Name(s) of support	ed to its charitable of tincome and uune 30, 1975 Set is not controllection 509(a)(3). Controllection 509(a)(b). Type II Provide the orted	le, etc., functions — subject unrelated business taxable be section 509(a)(2). (Also d by any disqualified persocheck the box that describe [arrow of the content of the co	ns (other than foundation in the type of organization (described in lines the supported organization (described in lines 5 through 12	nanagers) are panization. • Type III. ations. (See organization the suporganization organization)	other Other Instructions.) Insported on listed in porting ration's rating ration's rating ration's rating ration's ra	ed by the neets the
	from activities relate from gross investme organization after Ju An organization that requirements of sec Type ! (a) Name(s) of support	ed to its charitable of tincome and uune 30, 1975 Set is not controllection 509(a)(3). Controllection 509(a)(b). Type II Provide the orted	le, etc., functions — subject unrelated business taxable be section 509(a)(2). (Also d by any disqualified persocheck the box that describe [arrow of the content of the co	ns (other than foundation in the type of organization (described in lines the supported organization (described in lines 5 through 12	nanagers) are panizations. (See organization the supportant organization organizati	other Other Instructions.) Other Instructions.) Other Instructions.) Instructions.) Instructions.) Instructions.) Instructions.)	(e) Amount of support
	from activities relate from gross investme organization after Ju An organization that requirements of sec Type ! (a) Name(s) of support	ed to its charitable of tincome and uune 30, 1975 Set is not controllection 509(a)(3). Controllection 509(a)(b). Type II Provide the orted	le, etc., functions — subject unrelated business taxable be section 509(a)(2). (Also d by any disqualified persocheck the box that describe [arrow of the content of the co	ns (other than foundation in the type of organization (described in lines the supported organization (described in lines 5 through 12	nanagers) are panizations. (See organization the supportant organization organizati	other Other Instructions.) Other Instructions.) Other Instructions.) Instructions.) Instructions.) Instructions.) Instructions.)	(e) Amount of support
	from activities relate from gross investme organization after Ju An organization that requirements of sec Type ! (a) Name(s) of support	ed to its charitable of tincome and uune 30, 1975 Set is not controllection 509(a)(3). Controllection 509(a)(b). Type II Provide the orted	le, etc., functions — subject unrelated business taxable be section 509(a)(2). (Also d by any disqualified persocheck the box that describe [arrow of the content of the co	ns (other than foundation in the type of organization (described in lines the supported organization (described in lines 5 through 12	nanagers) are panizations. (See organization the supportant organization organizati	other Other Instructions.) Other Instructions.) Other Instructions.) Instructions.) Instructions.) Instructions.) Instructions.)	(e) Amount of support

TEEA0407 12/27/07

Sched	gule A (Form 990 or 990-EZ) 2007 IV-A: Support Schedule (C	Steeple	Players 1	L'WISTRY -	84-164	12694 Page 4
Part	You may use the worksheet in the	complete only if you o	necked a box on line	iv. 11, or 12.) Use L al to the cash method	asir memou or acco i of accounting.	unung.
_						(e)
begin	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	2004	2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1461.91				1461.91
	Membership fees received	-0-				
17`	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	Si. 924.37				51924.37
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	-6-				
19	Net income from unrelated business activities not included in line 18	-o-				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-0-				
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	-0-				
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets	-0-				63.79/ 29
23	Total of lines 15 through 22	53,386.28		ļ		33386.28
24		1461.91		 		2 (2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2 ° 2
25		533.86	J	1 4.3 1: 04	▶ 26	a -67
26 t	Organizations described on line Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount conf for 2003 through 2005 exce	ter 2% of amount in on the condition of the amount shown in	er than a onvernmental or	nit or publicly	
•	: Total support for section 509(c)() test: Enter line 24.	column (e)		26	ic 1461.91
	Add: Amounts from column (e) fr		-0-	19 <u>-0-</u> 26b <u>-0-</u>		d _0_
27	Public support (line 25c minus line Public support percentage (line Organizations described on line	26e (numerator) divid	led by line 26c (deno		▶ 2€	<u> </u>
•	For amounts included in lines 15 name of, and total amounts rece such amounts for each year.					
	(2006)					
	bFor any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference be differences (the excess amounts	it received for each ye izations described in etween the amount re to for each year:	ear, that was more the lines 5 through 11b, a ceived and the larger	an the larger of (1) the same well as individuals amount described in	e amount on tine 25) Do not file this list (1) or (2), enter the s	with your return.
	(AUUD)	(2003)	-146191	16 -0 -	~~~/	
((2006) c Add: Amounts from column (e) for 17 51 d Add: Line 27a total	. <i>924</i> .37 20 -	-0 -	21 -0-	► 2	7c 53386.28
	d Add: Line 27s total	100-	and line 27b total		> 2	7d - 0 -
						7e 53386.2
	f Total support for section 509(a)(2) test: Enter amount	from line 23, column	(e) > 27f 5	3.3% 28 T	新疆,1000年1000
	g Public support percentage (line	27e (numerator) divis	ded by line 27f (deno	minator))	2	7g %
,	h Investment income percentage	(line 18. column (e) (i	numerator) divided by	line 27f (denominat	ог))	7h - 3 → 8
28	Harrison Capatas For an arrest	etion denorthed in line	10 11 or 15 that re	relved any unusual d	rants during 2003 thi	ough 2006, prepare a
	list for your records to show, for nature of the grant. Do not file to	each year the hame	of the contributor, the	i date and amount or	the grant, and a one	r description of the

Players Ministry, INC 84-1642694 Page 5 Schedule A (Form 990 or 990-EZ) 2007 Steeple Players Ministry, Tuc Rant Marie Private School Questionnaire (See instructions.) (To be completed DNLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29		29		 -
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures.	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the condition of the registration period if it has no solicitation program. In a way that	31		
	If 'Yes,' please describe; If 'No.' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:	\$ 4.5 5 4.	46.3	
	Records documenting that scholarships and other financial assistance are awarded on a racially	32a 32b		
	nondiscriminatory basis?	32c		
•	Mill 2006ut gattii22iott2, brodisius, and actionaratiba.	32d	i i Fr	10 J
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	š :		
33	Does the organization discriminate by race in any way with respect to:	58-3		20.90 4.13
1	a Students Tights of privileges	33a		-
	Mamissions policies:	33 b		-
	E Employment of faculty of administrative state.	334		
	d Scriptaiships of Other intellicion assistance	33e		_
	e Caucational ponicies, 1111,	331		
	g Athletic programs?	339		
	h Other extracurricular activities?	33 h		
	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	4 ' -, <u>2</u> 1,	7×-3143
	b Has the organization's right to such aid ever been revoked or suspended?	34 ь	-(PSS)-	
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	\$ (20)		
RA	nondiscrimination? If 'No,' attach an explanation.	35 or 99	90-E2) 2007

che	dule A (Form 990 or 990- WI-A Lobbying Ex (To be complete	EZ) 2007 <i>Steel /</i> c	e Payers ting Public Charit	MINISTRY	1NC X4-1	642694 Page 6
				rm 5/68)		-tIIiaia-a anaha
hec	·	ation belongs to an affilinits on Lobbying	Expenditures		(a) Affiliated group totals	ntrol' provisions apply. (b) To be completed for all electing
	(The term	'expenditures' means a	mounts paid or incurred	1.)		organizations
36	Total lobbying expenditu	res to Influence public o	plnion (grassroots lobby	ying) 36		
37	Total lobbying expenditu	res to influence a legisla	stive body (direct lobby)	ng)		
38	Total lobbying expenditu					
39	Other exempt purpose e	xpenditures		39	ļ <u></u>	
40	Total exempt purpose en				1915	reserved to the second of the
47	Lobbying nontaxable am					
	If the amount on line 40		lobbying nontaxable an	1		
	Not over \$500,000	•	of the amount on line 4			
	Over \$500,000 but not over \$1,	· ·	000 plus 15% of the excess or 000 plus 10% of the excess or		TANDARIS CON TURBER	(1000) Aria - y maint men erstele Peter dann die Graff
	Over \$1,000,000 but not over \$	•	000 plus 5% of the excess ov		\$1205.64 July 180	SELECTION OF THE SELECT
	Over \$1,500,000 but not over \$		00.000	Carl		
40	Over \$17,000,000 Grassroots nontaxable a		•• ,	42	2.44.4.	And a filter of the first of the Anti-
42 43	Subtract line 42 from lin			43	· · · · · · · · · · · · · · · · · · ·	
44	Subtract line 41 from lin					
~	Caution: If there is an a					
	(Some orga	nizations that made a se	ee the instructions for Ill	not have to complete nes 45 through 50.)	all of the five column	ns below.
	·		Lobbying Expend	itures During 4 -Year	· Averaging Period	
		T				
	Calendar year (or fiscal year beginning in) >	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	(or fiscal year			• •	1 ' ' '	
45 46	(or fiscal year beginning in) >			• •	1 ' ' '	
	Cor fiscal year beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))			• •	1 ' ' '	
46	Cor fiscal year beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying	2007		2005	1 ' ' '	
46 47 48	Cor fiscal year beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures . Grassroots non-			2005	1 ' ' '	Total
46 47 48 49 50	Cor fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	2007	2006	2005	2004	Total
46 47 48 49 50	Cor fiscal year beginning in) Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Mirb. Lobbying A (For reporting of	ctivity by Nonelect	2006 ing Public Charities t did not complete Parl	2005 S VI-A) (See Instruction	2004	Total
46 47 48 49 50 Patte	(or fiscal year beginning in) Lobbying nontaxable amount (190% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures EVI:B: Lobbying A (For reporting on the year, did the organity influence public or	ctivity by Nonelect only by organization attempt to influe pinion on a legislative m	ing Public Charities t did not complete Parlence national, state or leatter or referendum, thr	2005 S VI-A) (See Instruction ocal legislation, includough the use of.	2004	Total No Amount
46 47 48 49 50 Duri atte	(or fiscal year beginning in) Lobbying nontaxable amount (190% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting on the year, did the organity influence public on a Volunteers	ctivity by Nonelectonly by organizations the inization attempt to influe inition on a legislative m	ting Public Charities at did not complete Partence national, state or latter or referendum, thr	2005 S VI-A) (See Instruction or all egislation, includough the use of.	2004	Total No Amount
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Schedule A	(Form 990 or 990-EZ) 20	107 <i>510</i>	enle l	Player	S MIN.	istry	84-	16426	94	Р	age 7
art VIII	Information Regard Exempt Organization	ling Trans ons (See 1	fers To an	id Transa s)	ctions an	d Relations	hips With I	Nonchari	table		
S1 Did the	e reporting organization of Code (other than section	directly or ind	rectly engag	e in any of or in sectio	the following n 527, relation	with any other	r organization rganizations?	described	in section	501 (c)
a Transf	lers from the reporting or	canization to	a noncharita	ble exempt	organization	n of:	•			Yes	No
	ash								51 a (l)		
	ther assets								a (ii)		
• • •	transactions:	••									
	ales or exchanges of asse	ets with a no	ncharitable e	xempt orga	nization				b (ī)		
	urchases of assets from a								b (ii)		
• •	ental of facilities, equipme								b (iii)		
	eimbursement arrangeme								b (iv)		
	oans or loan guarantees								b (v)		
	erformance of services or								b (vi)		
e Sharir	on of facilities, equipment	malling lish	s other asse	ts. or paid	emplovees .				c		
d if the	answer to any of the abounds, other assets, or sen ansaction or sharing arra	ve is 'Yes,' co	omplete the f	following so	hedule. Colution If the or	mn (b) should a ganization reco	always show the lived less that its or service:	the fair mark n fair mark s received:	rket value et value in	of 1	
(a)	(b)	ingament, an	(c		<u> </u>	į.		(d)			
Line no	Amount involved	Name of	noncharitable	e exempt or	ganızation	Description	of tensfers, tran	sactions, and	shanng arra	ngemen	ti .
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		1									
····	· · · ·				·-						
	organization directly or in the in section 501(c) of s,' complete the following					tax-exempt or ion 527?	ganizations		► _ Y	:s 🗌	No
	(a) Name of organization		Туре	(b) e of organiz	ation		Descriptio	(c) n of relatio	nship		
						 					
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