efile	e GRA	APHIC	print - DO NOT PROCESS As Filed Data -		DL	N: 93	493318104949					
Form	99	0	Return of Organization Exempt From	n Incom	e Tax	(	OMB No 1545-0047					
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod <ul> <li>Do not enter social security numbers on this form as it may</li> </ul>			ns)	2018					
Treasu			► Go to <u>www.irs.gov/Form990</u> for instructions and the	<i>'</i> '			Open to Public Inspection					
		ue Service 2019 c	 alendar year, or tax year beginning 01-01-2018 , and ending 12-3	1-2018								
		plicable	C Name of organization BETHLEHEM CHRISTIAN ACADEMY INC	1 2010	D Employer	ıdentıf	ication number					
	dress cl me cha	_			45-21374	51						
	tial retu	-	Doing business as		-							
	al return/ iended	/terminated return	Number and street (or P O box if mail is not delivered to street address) Room/su	ıte	E Telephone r	number						
		n pending	PO BOX 483									
			City or town, state or province, country, and ZIP or foreign postal code WEST PLAINS, MO 65775		<b>G</b> Gross recei	nts \$ 4	84 243					
			F Name and address of principal officer	H(a) Is th	is a group retur							
				subo	rdinates?		🗌 Yes 🗹 No					
<b>.</b>		pt status		H(b) Are a I Inclu	all subordinates ded?		🗌 Yes 🔲 No					
		•	✓ 501(c)(3) □ 501(c)() ◀ (insert no) □ 4947(a)(1) or □ 527		o," attach a list p exemption ni							
	ebsite				p exemption no	IIIDEI						
<b>K</b> Forr	n of org	janization	☑ Corporation □ Trust □ Association □ Other ►	L Year of form		State O	of legal domicile					
Pa	art I	Sum	mary									
e	SI SI		cribe the organization's mission or most significant activities THE GOSPEL OF JESUS CHRIST BY PLANTING CHURCHES, FEEDING AND E	DUCATING IN	MPOVERISHED	CHILD	REN IN ZAMBIA,					
Activities & Governance												
vem	_											
ê G			s box $\blacktriangleright$ If the organization discontinued its operations or disposed of n of voting members of the governing body (Part VI, line 1a)	ets <b>3</b>	4							
×ঠ ু		Number o	4	4								
wtie	5 1											
Acti			nber of volunteers (estimate if necessary)		•	6	35					
•			elated business revenue from Part VIII, column (C), line 12		•	7a 7b	0					
		ver unier			ior Year		Current Year					
Q,	8 (	Contribut	ions and grants (Part VIII, line 1h)		384,894	4	484,100					
enneven		-	service revenue (Part VIII, line 2g)				0					
ЧéН			nt income (Part VIII, column (A), lines 3, 4, and 7d) . . . . enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,32	-	143 0					
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		387,31	_	484,243					
			id similar amounts paid (Part IX, column (A), lines 1–3 )		347,68	э	336,763					
	14 E	Benefits p	baid to or for members (Part IX, column (A), line 4) . . . . .				0					
Ses		-	other compensation, employee benefits (Part IX, column (A), lines 5–10)				23,639					
Expenses			nal fundraısıng fees (Part IX, column (A), line 11e) aısıng expenses (Part IX, column (D), line 25) ▶0				0					
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		87,17	7	142,247					
	18 1	Fotal exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)		434,86	5	502,649					
¢۵ دې	<b>19</b> F	Revenue	less expenses Subtract line 18 from line 12	Beginning	-47,54 of Current Yea	-	-18,406 End of Year					
Net Assets or Fund Balances	20 7	Fotal acc	ets (Part X, line 16)		79,17		62,659					
AB Md B			lities (Part X, line 26)		, ,,,,,,		1,890					
N. N.	22 1	Vet asset	s or fund balances Subtract line 21 from line 20		79,17	5	60,769					
Pa			ature Block erjury, I declare that I have examined this return, including accompanying	schodulos an	d statements	and to	the best of my					
knowl	edge a	and belie	f, it is true, correct, and complete. Declaration of preparer (other than offic				,					
апу к	nowled			20								
Sign		Signati	ure of officer	 Da	19-11-14 te							
Here			EW ZELLARS PRESIDENT									
			r print name and title									
Paid	4	P	rınt/Type preparer's name Preparer's sıgnature D		eck I if PTI f-employed	N 24465	8					
	a barei	r F	Irm's name  Hawkins Yarber and Chambers CPAs	68687								
Use Only		⊢	Firm's address ▶ 1208 Porter Wagoner Blvd Ste 1 Phone no (417) 257-7730									
			West Plains, MO 65775		. ,							
		· · ·	this return with the preparer shown above? (see instructions)	- ·			/es 🗆 No					

May the IRS discuss this return with the preparer shown above? (see instructions)	•	•	•	•	•	•	•	•	•	•	🗹 Yes 🗀 No
For Paperwork Reduction Act Notice, see the separate instructions.					Cat	No	11	.282	Y		Form <b>990</b> (2018)

Form	n 990 (2018)					Page <b>2</b>
Pa	art III Statement	t of Program Service	Accomplishme	nts		
	Check if Sche	edule O contains a respor	se or note to any lu	ne in this Part III .		🗆
1	·	organization's mission				
SHAF	RING THE GOSPEL OF	JESUS CHRIST BY PLANT	ING CHURCHES, FE	EDING AND EDUCA	TING IMPOVERISHED CHILDREN I	N ZAMBIA, AFRICA
2	-	undertake any significan		during the year whic	ch were not listed on	
		or 990-EZ?				🗌 Yes 🗹 No
•	•	ese new services on Sche				
3	-	n cease conducting, or ma	ke significant chang	jes in now it conduct	s, any program	🗌 Yes 🗹 No
	services?	ese changes on Schedule	••••			L Yes 💌 No
4	Describe the organiz Section 501(c)(3) ar					
	expenses, and rever	nue, if any, for each prog	am service reporte	d		
4a	(Code	) (Expenses \$	502,649 inclu	Iding grants of \$	336,763 ) (Revenue \$	484,243 )
	See Additional Data	) (Expended ¢	002,013 1100	ang grance or e		101,210,
4b	(Code	) (Expenses \$	inclu	uding grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	inclu	uding grants of \$	) (Revenue \$	)
4d		nces (Describe in Schedul				
	(Expenses \$		ding grants of \$		) (Revenue \$	)
4e	Total program ser	rvice expenses 🕨	502,649			Fauna 000 (2010)

Form 990 (2018)

Par	Checklist of Required Schedules			-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	]	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

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Page **3** 

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Pai	tiv Checklist of Required Schedules (continued)								
			Yes	No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .	26		No					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No					
28	8 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)								
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> <i>Part IV</i>	28a		No					
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No					
С	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$ .	35b		No					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No					
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O								
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>					
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   2		Yes	No					
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0								
-									

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c Yes

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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and         Tax Statements, filed for the calendar year ending with or within the year covered by         this return       2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
Ь	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb					
	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)?	4a		No			
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5с 6а		No			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ . $\ldots$	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No			
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		No			
	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a					
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$ .	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .	15		No			

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form	990 (2018)			Page <b>6</b>					
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines 🔽					
Se	ction A. Governing Body and Management			_					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 4								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
Ь	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	з		No					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5									
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	<b>8</b> a	Yes						
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		No					
14	Did the organization have a written document retention and destruction policy?	14		No					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
Ь	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed MO								
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website Upon request Other (explain in Schedule O)								

19	Describe in Schedule O whether (and if so,	how) the	organization	made its governing	j documents,	conflict of	' interest
	policy, and financial statements available to	o the publ	ic during the	tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►SHANE COBBAN 10551 COUNTY ROAD 9030 WEST PLAINS, MO 65775 (417) 256-0967

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

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

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

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

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

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positic than o is b	on (do ne bo	(C) o no ox, u n of or/t	) t chu unles ficer rust	eck mess pers	ore	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARTIN WINSLOW VICE PRESIDENT	1 00 	х						O	0	0
(2) MARTIN CREWS TREASURER	1 00  0 00	x						0	0	0
(3) MATTHEW ZELLARS PRESIDENT	1 00  0 00	x						0	0	0
(4) KURT WIEHE SECRETARY	1 00	x						0	0	0
							_			Form <b>990</b> (2018)

Pa	rt VII Section A. Officers, Direct	tors, Trustees	s, Key l	Emp	loye	es,	and I	High	nest Com	npensate	d Employees (	cont	tinued)	-	
	(A) Name and Title	(B) Average hours per week (list any hours	than c ıs b	ne b	ox, u in off	t che Inles ficer	and a	on	Repo compe from organiza	D) rtable nsation n the ation (W-	table Reportable sation compensation the from related		(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1095	MISC)	2/1099-MISC,		organizati relat organiza	ed	
												_			
												_			
												_			
												_			
												_			
C .	Sub-Total Total from continuation sheets to Pa Total (add lines 1b and 1c)		Α.	•			• •			0	I			(	
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos		ed al	bove	≥) who	rece	eived mor			<u> </u>			
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey er	mplo •	oyee, d	or hig	ghest com	pensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization										n the	3		NO	
	individual			•	•	•	•••			• •		4		No	
5	Did any person listed on line 1a receip services rendered to the organization								-			5		No	
S	ection B. Independent Contract														
1	Complete this table for your five high from the organization Report comper											npen	sation		
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Comper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

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Part VIII Statement of Revenue

Page	9

	Check if Schedule O contains a	response or note to any	y line in this Part VIII			🗆
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
				revenue		512 - 514
	<b>1a</b> Federated campaigns	1a				
unt unt	<b>b</b> Membership dues	1b				
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events	1c				
Υ <sup>s, I</sup>	d Related organizations	1d				
lär Lar	e Government grants (contributions)					
mi %	e Government grants (contributions)	<b>1e</b> 484,100				
Contributions, and Other Sim	f All other contributions, gifts, grants, and similar amounts not included					
uti Ier	above	1f				
fe B	g Noncash contributions included					
n pr	ın lınes 1a - 1f \$					
ت a	h Total. Add lines 1a-1f	🕨	484,100			
ъ		Busines	s Code			
hur	2a					
د بلم	h					
٦,	b	_				
Service Revenue		_				
స	ŭ					
an	e	_				
Program	f All other program service revenue					
£	9Total. Add lines 2a-2f	. •				
	3 Investment income (including divide			143		
	similar amounts)			115		
	4 Income from investment of tax-exe		► [			
	5 Royalties		▶			
	(i) Real	(II) Personal	_			
	6a Gross rents					
	<b>b</b> Less rental expenses					
	c Rental income or (loss)					
	<b>d</b> Net rental income or (loss)		4			
	(I) Securit					
	7a Gross amount		-			
	from sales of assets other					
	than inventory					
	<b>b</b> Less cost or		-			
	other basis and sales expenses					
	C Gain or (loss)		-			
	d Net gain or (loss)	· •	-1			
	<b>8a</b> Gross income from fundraising eve					
e	(not including \$ o	of				
Other Revenue	contributions reported on line 1c) See Part IV, line 18	a				
ev	<b>b</b> Less direct expenses	b	-			
Ϋ́	c Net income or (loss) from fundrais					
he	<b>9a</b> Gross income from gaming activitie					
õ	See Part IV, line 19					
		a				
	<b>b</b> Less direct expenses	b				
	<b>c</b> Net income or (loss) from gaming	activities 🕨				
	<b>10a</b> Gross sales of inventory, less					
	returns and allowances	a				
	${f b}$ Less cost of goods sold $\ .$ .	b	_			
		_				
	c Net income or (loss) from sales of Miscellaneous Revenue	Business Code				
	11a		-			
			1			
	b					
	_		1			
	с					
	d All other revenue					
	e Total. Add lines 11a-11d	🕨				
	12 Total revenue. See Instructions		404.242		0	_
	1		484,243	143	I U	0

Form 990 (2018)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX $$ .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	336,763	336,763		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	21,646	21,646		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,993	1,993		
11	Fees for services (non-employees)				
	a Management				
1	b Legal				
		4,435	4,435		
			.,		
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees	10,914	10.014		
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		10,914		
	Advertising and promotion	2,234	2,234		
	Office expenses	1,932	1,932		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	117,327	117,327		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a BANK AND TRANSACTION FEES	2,313	2,313		
	b PROJECT EXPENSES	2,169	2,169		
	c DUES & SUBSCRIPTIONS	190	190		
	d NEWLETTER & PRINTING	642	642		
	e All other expenses	91	91		
25	Total functional expenses. Add lines 1 through 24e	502,649	502,649	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art IX		🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	51,469	1	24,811
	2	Savings and temporary cash investments	27,706	2	37,848
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employees Com Part II of Schedule L	plete	5	
its	6	Loans and other receivables from other disqualified persons (as defin section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501( voluntary employees' beneficiary organizations (see instructions) Cor Part II of Schedule L Notes and loans receivable, net	c)(9)	6	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D <b>10a</b>			
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			62,659
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, tr key employees, highest compensated employees, and disqualified	ustees,		
ā		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thin and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	rd parties,	25	1,890
	26	Total liabilities.Add lines 17 through 25	0	26	1,890
s		Organizations that follow SFAS 117 (ASC 958), check here ►	V and		
Fund Balances	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	79,175	27	60,769
Bali	28	Temporarily restricted net assets		28	
р	29	Permanently restricted net assets		29	
n		Organizations that do not follow SFAS 117 (ASC 958),			
٥	30	check here  and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
, et	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	79,175	33	60,769
z	34	Total liabilities and net assets/fund balances	79,175	34	62,659

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	556 (2010)				rage <b>1</b> 2
Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)....................	1			484,243
2	Total expenses (must equal Part IX, column (A), line 25)	2			502,649
3	Revenue less expenses Subtract line 2 from line 1	3			-18,406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$ .	4			79,175
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			60,769
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗹 Cash 🔲 Accrual 🗌 Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Form **990** (2018)

## **Additional Data**

# Software ID: Software Version: EIN: 45-2137461 Name: BETHLEHEM CHRISTIAN ACADEMY INC

Form 990 (2018)

#### Form 990, Part III, Line 4a:

SHARING THE GOSPEL OF JESUS CHRIST BY PLANTING CHURCHES, FEEDING AND EDUCATING IMPOVERISHED CHILDREN IN ZAMBIA, AFRICA ACHIEVEMENTS INCLUDE CONSTRUCTION AND OPERATION OF SCHOOL IN ZAMBIA, AFRICA

SCHEDULE A (Form 990 or Con 990EZ)			Con		Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) mpt charitable	organization of trust.		<b>2018</b>
		the Treasury		► Go to	www.irs.gov/Form				Open to Public Inspection
Nam	e of th	he organiza CHRISTIAN AC	tion ADEMY INC					Employer identific	ation number
		Beesee		Chaulte Ctat				45-2137461	
	rt I				<b>us</b> (All organization a it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	5 ,	, ,	(A)(i)	
2					1)(A)(ii). (Attach Sch				
3									
		·			vice organization desci			-	
4		A medical r name, city,		nızatıon operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II )	t of a college or univer		· · · -		bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(/	A)(v).	
7				mally receives ( <b>vi).</b> (Complete	a substantial part of it 2 Part II )	s support from a	a governmental u	init or from the gener	al public described in
8		A commun	ty trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi)	(Complete Part I	II )		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit investment	ies related to income and	) its exempt fur unrelated busir	(1) more than 331/3% actions—subject to cert less taxable income (le omplete Part III )	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	See section 509	(a)(4).	
12		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A s organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
Ь		<b>Type II.</b> A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i ation vested in the sar				
с		Type III f	unctionally	ntegrated. A	supporting organizatio ions) <b>You must com</b> i				ited with, its
d		Type III n functionally	on-function	ally integrate	<b>d.</b> A supporting organi n generally must satis r <b>t IV, Sections A and</b>	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anization recei	ved a written determir integrated supporting	ation from the I		уре I, Туре II, Туре II	I functionally
f	Enter			l organizations		-			
g	Provi	de the follow	ung informati	on about the su	pported organization(	s)		1	
	(i) №	Name of supported organization         (ii) EIN         (iii) Type of organization         (iv) Is the organization listed in your governing document?         (v) mone		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No		
Tete									
Tota					activitions for	Cat No. 1129	<u> </u>		00 07 000 57) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

Р	art II Support Schedule for (	Organizations	Described in S	Sections 170/h	(1)(A)(iv), 17	0(b)(	)( <b>Δ</b> )(v	i), and 170
	(b)(1)(A)(ix)				//=//://:-// =/	-(-/(-	-/(/(	,,, -
	(Complete only if you che	ecked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organizatio	n failed	to qual	ify under Part
	III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
S	ection A. Public Support							
	Calendar year	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	<b>(f)</b> Total
	(or fiscal year beginning in)	(-, )	(-,	(-)	(-)	(-)		(.)
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support		1	1				
	Calendar year	(a)2014	(b)2015	(c)2016	(d)2017	(e)	2018	(f)Total
-	(or fiscal year beginning in) Amounts from line 4					. ,		
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI )							
11	Total support. Add lines 7 through							
17	10 Gross receipts from related activities, e	L. (see instruction				12		
13	First five years. If the Form 990 is for	-			-		· · · · <u>-</u>	
	check this box and stop here	. <b></b> .					▶L	
S	ection C. Computation of Public	Support Perc	entage					
14	Public support percentage for 2018 (lin	e 6, column (f) dı	vided by line 11, o	column (f))		14		
15	Public support percentage for 2017 Sch	nedule A, Part II, l	line 14			15		
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% or	more, c	heck this	box
	and <b>stop here.</b> The organization qualif							
b	33 1/3% support test-2017. If the				and line 15 is 33 1/	3% or n	hore, cheo	
_	box and <b>stop here.</b> The organization							
17a	10%-facts-and-circumstances test	-2018. If the ord	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line	e 14	. —
1/0	is 10% or more, and if the organization							
	in Part VI how the organization meets t	the "facts-and-cire	cumstances" test	The organization	qualifies as a public	ly supp	orted	
	organization							
b	10%-facts-and-circumstances tes						nd line	
	15 is 10% or more, and if the organize							
	Explain in Part VI how the organization	n meets the "facts	s-and-circumstanc	es' test. The orga	inization qualifies a	s a publ	cly	_
	supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see		
	Instructions							▶∐

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

189.204

782

189,986

(a) 2014

189,986

25

25

190,011

(a) 2014

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(c) 2016

321.148

2,178

323,326

(c) 2016

323,326

104

104

323,430

(d) 2017

384.894

2,323

387,217

(d) 2017

387,217

102

102

387,319

(e) 2018

484.100

484,100

(e) 2018

484,100

143

143

484,243

(b) 2015

290,540

1,422

291,962

(b) 2015

291,962

106

106

## Section A. Public Support

#### Calendar year (or fiscal year beginning in) ▶

- Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- **7a** Amounts included on lines 1, 2, and 3 received from disqualified persons
- b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- c Add lines 7a and 7b
- 8 Public support. (Subtract line 7c from line 6)

#### Section B. Total Support

- Calendar year
- (or fiscal year beginning in) ▶9 Amounts from line 6
- **10a** Gross income from interest,
- dividends, payments received on securities loans, rents, royalties and income from similar sources
- Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
- c Add lines 10a and 10b
- 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
- 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)
- **13 Total support.** (Add lines 9, 10c, 11, and 12)

L4	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501(	c)(3) organization,						
	check this box and <b>stop here</b>								
Se	Section C. Computation of Public Support Percentage								
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	00 070						

292,068

16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99 970 %
Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 %

**19a 331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than  $33 \frac{1}{3}$ , and line 17 is not more than  $33 \frac{1}{3}$ , check this box and **stop here**. The organization gualifies as a publicly supported organization  $\checkmark$ 

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 1**/3% **support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1,669,886

6,705

1,676,591

1,676,591

1,676,591

480

480

1,677,071

(f) Total

(f) Total

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? C If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

#### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			

## Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 📋 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

## 2 Activities Test Answer (a) and (b) below.

1

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities	2a	ſ
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the		Í

- organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard*

Schedule A (Form 990 or 990-EZ) 2018

2b

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions		<u> </u>	Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
<ol> <li>Amounts paid to perform activity that directly furthers</li> </ol>			
excess of income from activity	organizations, in		
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in <b>Part VI</b> ) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
<ul> <li>8 Distributions to attentive supported organizations to whether details in Part VI) See instructions</li> </ul>	nich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c         From 2015.         . <th< td=""><td></td><td></td><td></td></th<>			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
<b>b</b> Excess from 2015.			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) (2018)

# **Additional Data**

# Software ID:

Software Version:

**EIN:** 45-2137461

Name: BETHLEHEM CHRISTIAN ACADEMY INC

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Part VISupplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,<br/>Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,<br/>Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V<br/>Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6<br/>Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

		rint - DO NOT PROCESS As Fi	ied Data -				D		<b>318104949</b> 0 1545-0047
	HEDULE D n 990)	Supplemer	ntal Financia	al St	atements				
Depar	ment of the Treasury Il Revenue Service	<ul> <li>Complete if the organization answered "Yes," on Form 990,</li> <li>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>							018 n to Public spection
	ne of the organ		<u>10771 01111990</u> 101 1	ile late	est mormation.	Emp	loyer id	entification	
	HLEHEM CHRISTIAN					1	137461		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Ot	her S	imilar Funds o				
		te if the organization answered "Ye	es" on Form 990, I	Part I∖	/, line 6.				
			(a) Donor	r advise	d funds		(b)Fund	s and other	accounts
1	Total number at	,							
2		of contributions to (during year)							
3		of grants from (during year)							
4	Aggregate value	·	L		I				
5	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex-	clusive legal control	?					Yes 🗌 No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor						rmissible	Yes 🗌 No
Pa		vation Easements. Complete if th				n 990	, Part I∖	/, line 7.	
1		onservation easements held by the orga	,	· ·					
	Preservation	on of land for public use (e g , recreation	n or education)	ΠF	Preservation of an	histor	ically imp	ortant land	area
	Protection	of natural habitat		D F	Preservation of a o	certifie	d historic	structure	
	Preservation	on of open space							
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation	on cont	ribution in the foi	rm of a		ation at the End o	of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
с		ervation easements on a certified histori		• •		2c			
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, a	and not	on a historic	2d			
3	Number of cons tax year ►	ervation easements modified, transferre	ed, released, extingu	ushed,	or terminated by	the or	ganızatıor	n during the	
4	Number of state	es where property subject to conservation	on easement is locat	ed 🕨			_		
5		zation have a written policy regarding t at of the conservation easements it hold		ng, insp	pection, handling	of viola	ations,	🗌 Yes	
6	Staff and volunt ►	eer hours devoted to monitoring, inspec	cting, handling of vic	olations	, and enforcing c	onserv	ation eas		ng the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violatio	ns, and	enforcing conser	vation	easemen	ts during the	e year
8	Does each const and section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?	) above satisfy the re	equiren	nents of section 1	70(h)(	4)(B)(ı)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga						
Par		zations Maintaining Collections				er Si	nilar A	ssets.	
		te if the organization answered "Ye ion elected, as permitted under SFAS 11							warka of
1a	art, historical tr provide, in Part	easures, or other sımılar assets held for XIII, the text of the footnote to ıts fınar	public exhibition, ec icial statements that	ducatio t descri	n, or research in f bes these items	urther	ance of p	ublic service	' <i>i</i>
b	historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub hts relating to these items							
(	i) Revenue includ	led on Form 990, Part VIII, line 1					▶\$_		
(i	i)Assets included	ın Form 990, Part X					▶\$		
2	If the organizati	ion received or held works of art, histori hts required to be reported under SFAS				ncıal g	aın, prov	ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1					►\$_		
b	Assets included	ın Form 990, Part X					► \$		

Cat No 52283D Schedule D (Form 990) 2018

Sche	dule D	(Form 990) 2018													Page <b>2</b>
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reası	ires, oi	r Other	Similar	Assets (	contir	nued)	
3		g the organızatıon's acqı s (check all that apply)	uisition, accessior	n, and other	<sup>-</sup> records,	check a	any of	the fo	llowing t	hat are a	sıgnıficai	nt use of it	s colle	ection	
а		Public exhibition				d		Loan	or excha	ange prog	grams				
b		Scholarly research				e		Othe	r						
с		Preservation for future	e generations												
4	Provi Part 1	ide a description of the o		ections and	l explaın h	iow the	ey furth	her the	e organiz	zation's e	xempt pu	rpose in			
5		ng the year, dıd the orga ts to be sold to raıse fun									nılar	□ <b>v</b>	es	<u>п</u>	0
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an an	nount on	Form	990,	Part
1a		e organization an agent ded on Form 990, Part >		an or other	Intermedi	ary for	contril	bution	s or othe	er assets	not	□ <b>Y</b>	es	□ n	0
Ь	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the fol	lowina	table					Amount			_
c		nning balance		und compre		lonnig	cable			1c					_
d	-	tions during the year								1d					_
е		ubutions during the year								1e					_
f		ng balance								1f					_
		-												_	_
2a		he organization include											es	ΠN	0
		es," explain the arrange							-						
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	-						-					
1a	Beginr	ning of year balance		(a)Currer	nt year	(b)Pi	nor yea	r	(c)Two y	ears back	(d)Three	years back	(e)Fo	our year	rs back
b	Contril	butions													
с	Net inv	vestment earnings, gain	s, and losses												
		s or scholarships						-							
е	Other	expenditures for facilitie													
f	Admin	ustrative expenses .													
		f year balance													
2		ide the estimated percer	ntage of the curre	nt vear end	l balance i	(line 10	n colu	mn (a	)) held a	5					
a		d designated or quasi-ei	-	,,		(	,		,,	-					
b	Perm	nanent endowment 🕨													
с	Temp	porarily restricted endov	vment 🕨												
	The p	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100	0%										
3a		here endowment funds: nization by	not in the posses	sion of the	organızatı	on that	: are h	eld an	d admını	istered fo	r the		ſ	Yes	No
	-	nrelated organizations										3	a(i)		
	(ii) r	related organizations .										3	a(ii)		
b	If "Ye	es" on 3a(II), are the rel	ated organization	s listed as r	required o	n Sche	dule R	◦.				. [	3b		
4	Desc	ribe in Part XIII the inte	ended uses of the	organızatıo	n's endow	ment f	unds								
Pa	rt VI														
		Complete if the org													
	Descr	uption of property	<b>(a)</b> Cost or oth (investme		( <b>b)</b> Cost o	or other	Dasis (d	otner)	( <b>c)</b> Acc	umulated (	depreciatio	n	( <b>a)</b> Bo	ok valu	e
1a	Land														
b	Buildin	ngs													
		hold improvements													
		ment													

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Schedule D (Form 990) 2018

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►

Schedule D (Form 990) 2018			Page <b>3</b>
Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.	ization ans	wered "Yes" on Form 990	, Part IV, line 11b.
(a) Description of security or category (including name of security)	<b>(b)</b> Book value		of valuation year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )         Part VIII       Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990			
(a) Description of investment (b	) Book value	(c) Method Cost or end-of-y	of valuation year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )         Part IX       Other Assets. Complete if the organization answered 'Yes' on	Form 990, P	art IV, line 11d See Form 99	90, Part X, line 15
(a) Description			(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			•
Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	'Yes' on F	orm 990, Part IV, line 11e	e or 11f.
1.(a) Description of liability	(b) E	Book value	
(1) Federal income taxes PAYROLL TAXES PAYABLE		1,890	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		1,890	

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )
 1,890

 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

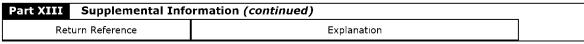
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1	
с	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII )	2d	1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b	7	
с	Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	
5	Total revenue $\mbox{ Add}$ lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12 )		5	
Par	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
с	Other losses	2c	1	
d	Other (Describe in Part XIII )	2d	1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Information		-	•

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	









efile GRAPHIC p	orint - DO NOT	PROCESS	As Filed Data	-	DLN:	93493318104949
SCHEDULE F (Form 990)	State	ement of	Activities	Outside the Uni	ted States	OMB No 1545-0047
(10111330)	► Comp	lete ıf the organı		Yes" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.	2018
Department of the Treasur Internal Revenue Service	nformation.	Open to Public Inspection				
Name of the organiza BETHLEHEM CHRISTI					Employer iden	tification number
BETHLEHEN CHRIST	IAN ACADEMIT INC				45-2137461	
	al Information		outside the l	Jnited States. Comple	te if the organization a	nswered "Yes" to
other assistar to award the <b>2 For grantma</b> outside the U	nce, the grantees' grants or assistan <b>kers.</b> Describe in nited States	eligibility for th ce? Part V the org	ne grants or assu anızatıon's proce	substantiate the amount stance, and the selection dures for monitoring the cated if additional space is	criteria used use of its grants and oth	<b>Yes No</b> her assistance
(a) Re	gion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a Sub-total b Total from cont Part I c Totals (add line						

			•		-		•		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash dısbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	EDUCATION	336,763	WIRE TRANSFER			
			organizations listed a https://www.integranizations.com						1
3	Enter total numb	er of other ord	anizations or entities						

Page 2

Page 3         Part 111 Can do ther Asistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.         Part 111 can be duplicated if additional space is needed.         (a) Type of grant or assistance       (b) Region       (c) Number of cash grant       (e) Manner of cash disbursement       (f) Amount of non-cash assistance       (g) Description       (h) Method of valuation (book, FW, appraisal, other)         Image: State in the interval of the interval		Page <b>3</b>				
			ed States. Complete if	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	(c) Number of	(d) Amount of	(e) Manner of cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	duplicated if addit	duplicated if additional space is r(b) Region(c) Number of	duplicated if additional space is needed.(b) Region(c) Number of(d) Amount of	duplicated if additional space is needed.(b) Region(c) Number of(d) Amount of(e) Manner of cash	duplicated if additional space is needed.         (b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of cash disbursement       (f) Amount of non-cash	duplicated if additional space is needed.         (b) Region       (c) Number of recipients       (d) Amount of cash disbursement       (f) Amount of non-cash       (g) Description of non-cash

Schedule F (Form 990) 2018

## Part IV Foreign Forms

- Page 4
- Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes, "the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreian Corporation (see 🗌 Yes V No Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 2 required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) 1 Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the 3 organization may be required to file Form 5471. Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) 1 Yes No No Was the organization a direct or indirect shareholder of a passive foreign investment company or a gualified electing 4 fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a No. Shareholder of a Passive Foreign Investment Company or Oualified Electing Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ∏ Yes 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form No. 5713, don't file with Form 990)

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation
	Schedule F (Form 990) 2018

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93493318104	949
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information for r 990-EZ or to provi ▶ Attach to Form	n to Form 990 or 990-EZ responses to specific questions on de any additional information. 990 or 990-EZ. 20 for the latest information.	OMB No 1545-0 2018 Open to Pub Inspection	<b>}</b> llic
Name Brtherorganization BETHLEHEM CHRISTIAN ACAD	EMY INC		<b>Employe</b> 45-21374	er identification number 461	

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	OFFICER SIGNS THE 990 RETURN AFTER IT IS PREPARED BY CPA

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
documents	ORGANIZATIONS ORGANIZING DOCUMENTS ARE AVAILABLE ONLINE WITH MISSOURI SECRETARY OF STATES WEBSITE, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REASONABLE REQUEST F INANCIAL STATEMENTS ARE NOT PREPARED, BUT FINANCIAL INFORMATION IS AVAILABLE FOR REVIEW ON FORM 990