Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Open to Public

A	For	the	2019 calendar y	ear, or tax year begi	nning		, 2019, aı	nd ending			, 20
В	Chec	ck if ap	oplicable:	C Name of organizationBI	THLEHEM CHRIST	IAN ACADEMY	INC		D	Employer	identification number
	Addr	ress ch	nange	Doing business as						4	5-2137461
	Nam	ne chai	nge	Number and street (or P	.O. box if mail is not delivered	to street address)		Room/suite	Е	Telephone	number
	Initia	al retur	n	РО ВОХ 483		(417)255-1454				
	Final	l returr	n/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts								
	Ame	ended i	return	WEST PLAINS, M	0 65775					\$	552,635
	Appli	lication	n pending	F Name and address of pr				H(a)	Is this a grou	p return for sul	bordinates? Yes X No
								H(b)	Are all sub	ordinates in	cluded? Yes No
ı	Tax-	exemp	ot status: X 501	(c)(3) 501(c) () ◀ (insert no.)	1947(a)(1) or 5	27		If "No," atta	ach a list. (se	ee instructions)
J	Web	site:		NISTRIES.COM				H(c)	Group ex	emption nun	nber ►
K	Form	n of or	ganization: X Cor	poration Trust As	sociation Other >	L	Year of formation	n: 2011	M Stat	e of legal do	omicile: MO
Pá	art	I	Summary						'		
		1	Briefly describe	the organization's miss	sion or most significant	activities: SHAR	ING THE	GOSPEL O	F JESU	JS CHR	ST BY PLANTING
				-	JCATING IMPOVER		EN IN ZAN	MBIA, AF	RICA.		
nce			•					·			
rna											
) Ve		2	Check this box ▶	if the organizatio	n discontinued its opera	tions or disposed o	f more than 2	25% of its ne	et assets.		
Ğ		3	Number of voting	g members of the gove	erning body (Part VI, lin	e 1a)				3	4
∞ S					rs of the governing bod				[4	4
itie					n calendar year 2019 (F				Г	5	1
Activities & Governance				volunteers (estimate if					[6	35
		7a	Total unrelated b	business revenue from	Part VIII, column (C), li	ne 12			[7a	0
		b	Net unrelated bu	usiness taxable income	from Form 990-T, line	39			[7b	0
								Pri	or Year		Current Year
Revenue		8	Contributions an	d grants (Part VIII, line	1h)			,	484,	100	552,363
		9	Program service	e revenue (Part VIII, lin	e 2g)				·		0
	-	10	Investment incor	me (Part VIII, column (A), lines 3, 4, and 7d)			,		143	41
æ	-			, , ,	nes 5, 6d, 8c, 9c, 10c, a						231
	-		,		(must equal Part VIII, co	•			484,	243	552,635
	-				IX, column (A), lines 1-				336,		328,156
	-			• •	X, column (A), line 4)	•			•		. 0
	-				e benefits (Part IX, colu				23,	639	64,590
Expenses	-				column (A), line 11e)			,	•		. 0
Sen				expenses (Part IX, co			0				
Ä	-		-		nes 11a-11d, 11f-24e)			,	142,	247	112,687
	-				t equal Part IX, column	(A), line 25)			502,	649	505,433
	-				18 from line 12				(18,		47,202
ō	ses							Beginning	of Current	Year	End of Year
sets		20	Total assets (Pa	art X, line 16)				,	62,	659	109,375
Net Assets or		21	Total liabilities (F	Part X, line 26)					1,	890	1,404
Ž	2	22	Net assets or fu	nd balances. Subtract	line 21 from line 20 .			,	60,	769	107,971
Pa	art I	II	Signature	Block							
					urn, including accompanying so ficer) is based on all informatio			of my knowledge	e and belief,	it is	
	, соп	160t, a	na complete. Declarat	non or preparer (other than or	ncer) is based on an informatio	in or which preparer has e	arry knowledge.				
٠.			MATTHEV	W ZELLARS							
Sig	jn		Signature of o	officer						Date	
He	re		MATTHEV	W ZELLARS, PRES	SIDENT						
			Type or print	name and title					_		
			Print/Type prepare	er's name	Preparer's signature		Date		Check	if PTI	N
Pa			ROBBIE D	HAWKINS CPA					self-emplo	yed	P00244658
	•	irer	Firm's name ▶	Hawkins	Yarber and Cha	mbers CPAs		Firm's I	EIN ►		
Us	e C	nly	Firm's address	1208 Po	rter Wagoner Bl	vd Ste 1		Phone	no.		
				West Pla	ains MO 65775				4	17-257	7-7730
May	/ the	e IRS	discuss this retu	um with the preparer s	nown above? (see instru	uctions)					X Yes No

Form 990 (2019)

Part IV 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
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		X
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		X
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		X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
b	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		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	441		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16		16		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18		10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		10		v
20 a	If "Yes," complete Schedule G, Part III	19 20a		X
		20a 20b		X
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	admodad government on rating obtaining by, and it in rea, demplete demodale i, rand rand is a a a a a a a a a a a a a a a a			Δ.

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J	22		
240		23		X
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
LI	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			Α
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		А
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		А
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N. Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	- 01		А
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		А
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 00		Λ
0-1	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	¥	

EEA

19) BETHLEHEM CHRISTIAN ACADEMY INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	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		x
b	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? $\dots \dots \dots$	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots \dots$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 • • • • • • • • • • • • • • • • • • •	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
200	against amounts due or received from them.)	100		
2a		12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b		Α.
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?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			. X
Sec	tion 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 1a 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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	X	
ь 9	, , , , , , , , , , , , , , , , , , , ,	8b	Х	
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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		Λ
	tion Di i onoice (fine ecotion b requeste information about ponoice net required by the informat revenue ecote.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	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		х
b	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		х
b	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		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		Х
b	Other officers or key employees of the organization	15b		X
	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		X
b	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	and financial statements available to the public 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 (417)256-0967, 10551 COUNTY ROAD 9030, WEST PLAINS, MO 65775

Form 990 (2019)

BETHLEHEM CHRISTIAN ACADEMY INC

45-	-2	13	74	61
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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, and 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.

See instructions for the order in which to list the persons above.

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)	box, of Individual trustee or director	unles er and	Pos eck m ss per d a dir	son is	nan one ar both ar /trustee) Highest compensated employee	(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	x					0	0	0
(2) NATHAN VANCIL	1.00						0	0	
TREASURER		х					0	o	o
(3) MATTHEW ZELLARS	1.00								
PRESIDENT		x					0	0	0
(4) KURT WIEHE	1.00						_	_	_
SECRETARY		X					0	0	0
(5)									
<u>(6)</u>									
(7)									
(8)									
<u>(9)</u>									
(10)									
(11)									
<u>(12)</u>									
(13)									
<u>(14)</u>									

LEHEM	CHRISTIAN	ACADEMY	INC	45-2137461

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
						(C)							
	(A)	(B)	(do r	not ch		sition ore th	nan one		(D)	(E)		(F)	
	Name and title	Average	box,	unles	ss pe	son is	s both ar		Reportable	Reportable	Estim	mount	
		hours per week	offic	officer and a director/trus			/trustee)		compensation from the	compensation from related	COI	of othe mpensa	
		(list any	0 =	=		7	ΦТ	Т	organization	organizations	f	rom the	•
		hours for	r dire	nstitu	Officer	Key employee	fighe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	ınization d oraani	n and izations
		related organizations	dual t	tione	_	mplo	st co	¥				3	
		below	Individual trustee or director	Institutional trustee		yee	mpe						
		dotted line)	Ō	tee			Highest compensated employee						
							ā						
(15)													
(16)													
<u>(17)</u> _													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(20)													
(21)													
<u>(~ _</u>)													
(22)													
<u>\-</u> _/													
(23)													
<u> </u>													
(24)													
(25)													
1b	Subtotal							٠ •					
С	Total from continuation sheets to Part VII, Sect		• • •		• •		• • •	٠ ٢					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit		isted a	bove	e) w	no re	eceive	d mo	ore than \$100,000	of			
	reportable compensation from the organization	>											0
•	Did the constitution that are former on the contract					1-						Yes	No
3	Did the organization list any former officer, direct						-						-
4	employee on line 1a? If "Yes," complete Schedu. For any individual listed on line 1a, is the sum of re									• • • • • • • •	3		X
7	organization and related organizations greater th												
	individual							cuui			4		х
5	Did any person listed on line 1a receive or accrue							aniza	ation or individual		•		
	for services rendered to the organization? If "Yes						_				5		x
Secti	on B. Independent Contractors	, ,					•						
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	tha	t recei	ved	more than \$100,00	0 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	ss							Description of service	es	Compens	ation	
	Talal symbol of independent at the Control of	a. la		Al.	_ ,,		- l- · `						
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				iea a	above)	wn	U				
	received indre than productor of Compensation in	ını ın c olyalı	∠au∪H	•									

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this	Part VIII • • •			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					
ຂູ້ຄ	d	Related organizations 1d					
ifts, r Ar	e	Government grants (contributions) 1e					
nia B	f	All other contributions, gifts, grants,					
Sir	'	and similar amounts not included above	EE2 262				
buti Her	_		552,363				
直	g						
ತ್ರಿ ಕ್ಷ		lines 1a-1f 1g \$					
	h			552,363			
		Bu	usiness Code				
ø	2a						
ēZ	b						
န္တင္ဆ	С						
Program Service Revenue	d						
P. P.	е						
<u>ራ</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶ _	41	41		
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶ □				
		(i) Real ((ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Commission	(ii) Other				
	7a	Gross amount from sales of assets	(ii) Other				
		other than inventory					
ø.	b	Less: cost or other basis					
Revenue							
e		Gain or (loss) 7c					
Æ.		Net gain or (loss)					
Othe	ва	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	l .	Less: direct expenses 8b					
	1	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
	- 50	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			siness Code				
S	11a	MISC INCOME 9000		231	231		
E 5	b			201	231		
en je	C						
Miscellanous Revenue		All other revenue					
Ē		Total. Add lines 11a-11d		221			
				231	272	^	^
	14	Total revenue. See instructions	• • • • •	552,635	272	0	0

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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 328,156 328,156 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 60,000 60,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 4,590 4,590 11 Fees for services (nonemployees): b 3,469 3,469 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .. 10,000 10,000 12 2,849 2,849 13 6,717 6,717 14 15 16 17 83,697 83,697 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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 3,307 3,307 b **MEALS** 538 538 c DUES & SUBSCRIPTIONS 311 311 d NEWLETTER & PRINTING 1,612 1,612 All other expenses 187 е 187 Total functional expenses. Add lines 1 through 24e. . 25 505,433 505,433 0 0 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 (2019) Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	24,811	1	104,334
	2	Savings and temporary cash investments	37,848	2	5,041
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
0		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	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 33)	62,659	16	109,375
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	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 third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,890	25	1,404
	26	Total liabilities. Add lines 17 through 25	1,890	26	1,404
		Organizations that follow FASB ASC 958, check here			
Ø		and complete lines 27, 28, 32, and 33.			
DG	27	Net assets without donor restrictions	60,769	27	107,971
ala	28	Net assets with donor restrictions		28	
g B		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>e</u>	32	Total net assets or fund balances	60,769	32	107,971
_	33	Total liabilities and net assets/fund balances	62,659	33	109,375

Pa	rt XI Reconciliation 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)		552,	
2	Total expenses (must equal Part IX, column (A), line 25)		505,	433
3	Revenue less expenses. Subtract line 2 from line 1		47,	202
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		60,	769
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		107,	971
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	ě , i	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	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 on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2019)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

BET	THLEHEM CHRISTIAN ACADEMY INC 45-2137461										
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions				
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)					
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital s	ervice organizatio	n described in section 1	70(b)(1)(A	A)(iii).					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	governmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete									
6		A federal, state, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).					
7		An organization that normally receives	rganization that normally receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	je			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or				
		university:									
10	X	An organization that normally receives	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross				
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses				
	_	acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)					
11	Ц	An organization organized and opera	•	•							
12		An organization organized and operat	•	· ·		•					
		of one or more publicly supported org						•			
		Check the box in lines 12a through 12				•		•			
	а			•		-		ng			
		the supported organization(s) the		•	rity of the c	lirectors or	trustees of the				
		supporting organization. You mu	•								
	b	Type II. A supporting organizatio									
		control or management of the sup		•	rsons that o	control or n	nanage the supported				
		organization(s). You must comp									
	С	Type III functionally integrated		·				tn,			
		its supported organization(s) (see	,	•	•			- (-)			
	d	Type III non-functionally integr						n(s)			
		that is not functionally integrated.	-	•		•	t and an attentiveness				
		requirement (see instructions). Y	•	,			France III Transa III				
	е	Check this box if the organization				sa Type I,	rype II, Type III				
		functionally integrated, or Type III		negrated supporting orga	ariization.						
	f g	Enter the number of supported organic Provide the following information about the following information about the following information about the following information are supported organic provides the following information and the following information are supported organic provides the following information are supported by t		ranization(e)	• • • • •	• • • • •	• • • • • • • • • • •	• • • •			
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	, Hame of supported organization	(11) 2.111	(described on lines 1-10	1 ' '	r governing	support (see	other support (see			
				above (see instructions))	docum	ent?	instructions)	instructions)			
					Yes	No					
(A)											
(D)											
(B)											
(C)											
(D)											
(E)											
Tota	ıl										

45-2137461 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						1
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
-	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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 10						
12	Gross receipts from related activities, etc. (s	ee instructions	s)			12	•
13	First five years. If the Form 990 is for the or	rganization's fi	irst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop here						▶[
Sec	ction C. Computation of Public Suppo	rt Percentaç	je				
	Public support percentage for 2019 (line 6, c					14	
15	Public support percentage from 2018 Sched	ule A, Part II,	line 14			15	
16a	33 1/3% support test - 2019. If the organiza	ation did not ch	neck the box or	n line 13, and l	ine 14 is 33 1/3	3% or more, ch	eck this
	box and stop here. The organization qualified						
b	33 1/3% support test - 2018. If the organiza	ation did not ch	neck a box on I	ine 13 or 16a,	and line 15 is 3	33 1/3% or mor	e, check
	this box and stop here. The organization qu	alifies as a pu	blicly supporte	d organization			> [
17a	10%-facts-and-circumstances test - 2019.	. If the organiz	ation did not ch	neck a box on	line 13, 16a, or	16b, and line	14 is
	10% or more, and if the organization meets	the "facts-and	-circumstances	" test, check th	his box and sto	p here. Explai	n in
	Part VI how the organization meets the "fact	s-and-circums	stances" test. T	he organizatio	n qualifies as a	publicly suppo	orted
	organization			-	-		-
b	10%-facts-and-circumstances test - 2018.	. If the organiz	ation did not ch	neck a box on	line 13, 16a, 16	Sb, or 17a, and	line
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee					-	olicly
	supported organization				-		· ·
18	Private foundation. If the organization did r						
	instructions						_

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

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	290,540	321,148	384,894	484,100	552,363	2,033,045
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	1,422	2,178	2,323			5,923
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						
	Total. Add lines 1 through 5	291,962	323,326	387,217	484,100	552,363	2,038,968
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						2,038,968
	ction B. Total Support endar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				` '		• • • • • • • • • • • • • • • • • • • •
		291,962	323,326	387,217	484,100	552,363	2,038,968
IUa	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources • •	106	104	102	143	4.1	496
h	Unrelated business taxable income (less	106	104	102	143	41	490
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	106	104	102	143	41	496
	Net income from unrelated business	100	104	102	113		450
	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.)					231	231
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	292,068	323,430	387,319	484,243	552,635	2,039,695
14	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c					15	99.96 %
	Public support percentage from 2018 Sched					16	99.97 %
Se	ction D. Computation of Investment In						
17	1 5 \					17	0.00 %
	Investment income percentage from 2018 Se					18	0.00 %
19a	33 1/3% support tests - 2019. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	=	-	-			_
20	Private foundation. If the organization did r	iot cneck a box	on line 14, 19	a, or 19b, chec	K this box and	see instructions	s ▶ 📋

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (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; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- **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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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**.
- **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.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b			Yes	No
2 3a 3b 3c 4a 4b				
3a 3b 3c 4a 4b		1		
3a 3b 3c 4a 4b				
3b 3c 4a 4b 4c		2		
3b 3c 4a 4b 4c		3a		
3c 4a 4b 4c				
4a 4b 4c		3b		
4a 4b 4c				
4b 4c	-	30		
4c 5a		4a		
4c 5a				
5a	-	4b		
5a				
5a		40		
	t	40		
5b	-	5a		
5c	-	5c		
6		6		
	İ			
7		7		
8		0		
0	-	0		
9a		9a		
9b		9b		
9c		9с		
10a		10a		
10b		10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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 . tion B. Type I Supporting Organizations	11c		
Jec	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
	г		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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	NI-
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		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 Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	tions)	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	<u> LU</u>		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		3b		

Schedu	ule A (Form 990 or 990-EZ) 2019 BETHLEHEM CHRISTIAN ACADEMY INC		45-213	3 7461 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Sectio	ns A through E.
Cont	ion A. Adjusted Net Income		(A) Prior Voor	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

2

3

4

5

6

EEA

5

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

-	ule A (Form 990 or 990-EZ) 2019 BETHLEHEM CHRISTIAN ACAD		45-213	7 461 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(a)	3) Supporting Organia	zations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			

8 Breakdown of line 7:a Excess from 2015b Excess from 2016

c Excess from 2017
 d Excess from 2018
 e Excess from 2019

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; 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, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BET	HLEHEM CHRISTIAN ACADEMY INC		45-2137461
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	· •	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		•
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	iting that the assets held in donor advised	
-	funds are the organization's property, subject to the organization	=	
6	Did the organization inform all grantees, donors, and donor adv		
•	only for charitable purposes and not for the benefit of the donor		•
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		111111111111111111111111111111111111111
	Complete if the organization answered "Yes" or	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu-		f a historically important land area
	Protection of natural habitat	· <u> </u>	f a certified historic structure
	Preservation of open space		i a certined historic structure
2		concernation contribution in the form of a co	opeopyotion
2	Complete lines 2a through 2d if the organization held a qualified	conservation continuation in the form of a co	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a		• • • • • • • • • • • • • • • • • • • •	2a
b	,		2b
C	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included in (c) acquired af		
	3		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	janization during the
	tax year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements the	hat describes the
D -	organization's accounting for conservation easements.	of Aut. Illiatorical Transcomer and	Nils and Olive Harris Assessed
Pa	rt III Organizations Maintaining Collections		otner Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for public		rance of public
	service, provide, in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
		• • • • • • • • • • • • • • • • • • • •	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		in, provide the
	following amounts required to be reported under FASB ASC 9	_	
а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	▶\$
b	Assets included in Form 990, Part X		▶ \$

Pa	rt III Organizations Maintaining Coll	ections of Art, H	listo	rical T	reasures, c	or Oth	ner Similar As	ssets (c	ontin	ued)
3	Using the organization's acquisition, accession, and	other records, check	any o	f the follo	wing that make	signif	icant use of its			
	collection items (check all that apply):									
а	Public exhibition		ı 🗌	Loan	or exchange pro	ograms	5			
b	Scholarly research	•	. 🗌	Other		_				
С	Preservation for future generations									_
4	Provide a description of the organization's collection	ns and explain how the	v furt	her the c	organization's e	xempt	purpose in Part			
	XIII.		,		3					
5	During the year, did the organization solicit or receive	e donations of art his	orica	l treasur	es or other sim	ilar				
•	assets to be sold to raise funds rather than to be ma								s [No
Pa	rt IV Escrow and Custodial Arrangen		<i>y</i> 0. gc					<u> </u>		,
	Complete if the organization answ		rm 9	90 Pa	rt IV line 9	or re	ported an amo	ount on l	Form	1
	990, Part X, line 21.	0.00 .00 00	0	,,,,,	,	00	portou an ann		0	•
	Is the organization an agent, trustee, custodian or other	her intermediary for co	ntribi	ıtione or	other assets no	nt .				
·u								Ve	• [No
b	If "Yes," explain the arrangement in Part XIII and co			• • • •	• • • • • • •		• • • • • • • •			, 110
b	ii res, explain the arrangement iii art Ain and co	implete the following to	wic.				Δm	nount		
•	Beginning balance					1c		IOUIT		
G G	Additions during the year					1d				
d	Distributions during the year									
e	Ending balance					1e				
f 20	Did the organization include an amount on Form 990					1 <u>f</u>				l Na
2a	-					-			_	∫ No
Do	If "Yes," explain the arrangement in Part XIII. Check rt V Endowment Funds.	nere if the explanation	n nas	been pr	ovided on Part	XIII •	• • • • • • •	• • • • •	• _	
Га	Complete if the organization answ	orad "Vaa" on Ea	rm (000 Ba	rt IV line 10	`				
								1		
4.		Current year (b)	Prior	year	(c) Two years ba	ack	(d) Three years back	(e) Fou	r years	back
1a 	Beginning of year balance									
b	Contributions					-				
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year		, colu	mn (a)) l	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.								
3a	Are there endowment funds not in the possession o	f the organization that	are h	neld and	administered fo	r the				1
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations		• •		• • • • • • •			. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations li	•					• • • • • • •	. 3b		
4	Describe in Part XIII the intended uses of the organ		unds.							
Pa	rt VI Land, Buildings, and Equipment		_					5		•
	Complete if the organization answ							· · · · · · · · · · · · · · · · · · ·		
	Description of property	(a) Cost or other basis			r other basis	. ,	Accumulated	(d) Boo	k value	
		(investment)		(0	other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		_							
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, col	umn	(B), line	10c.)		▶			

Part VII	Investments - Other Securities.
----------	---------------------------------

rait vii	Complete if the organization answered "	Yes" on Form	n 990, Part IV, I	ine 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	,	e) Method of valuation: end-of-year market value
(1) Financial d	erivatives				
2) Closely-he	Id equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
, ,	n (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 Part IV I	ine 11c. See Form	990 Part X line 13
	(a) Description of investment		(b) Book value		e) Method of valuation:
(4)				Cost of	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.).	<u></u>			
Part IX	Other Assets.				
	Complete if the organization answered "	Yes" on Form	n 990, Part IV, I	ine 11d. See Form	990, Part X, line 15.
	(a) Descri	ption			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.).				
Part X	Other Liabilities.				
	Complete if the organization answered "	Yes" on Form	n 990, Part IV, I	ine 11e or 11f. See	e Form 990, Part X,
	line 25.				
l.	(a) Description of liability	(b) Book value	ue		
(1) Federal in					
	TAXES PAYABLE		1,404		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
T-4-1 (O-1	b) must equal Form 990, Part X, col. (B) line 25.) • ▶				
i otal. (Column (o) must equal to misso, talt X, col. (b) line 25.) •		1,404		

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audicid financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Not unrealized gains (losses) on investments. 2 B
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of year year year year year year year year
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EEA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

ВЕТН	LEHEM CHRISTIAN ACADEM	Y INC			45-21374	61
Part	· · · · · · · · · · · · · · · · ·					'Yes" on
	Form 990, Part IV, line					
1	For grantmakers. Does the org			_		
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to					
	award the grants or assistance?	• • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	☐ Yes ☐ No
2	For grantmakers Describe in F	ort \/ the ergo	nization's proce	duran for manitaring the use of	ita granta and other assistance	
2	For grantmakers. Describe in Foutside the United States.	art v trie orga	ilization's proced	dures for mornitoring the use of	its grants and other assistance	
	outside the office offices.					
3	Activities per Region. (The follow	ing Part I, line	3 table can be d	uplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
За	Subtotal					
b	Total from continuation					
	sheets to Part I					
•	Totale (add lines 3a and 3h)	1	1			1

Part I			tho received more than \$5,0					a "Yes" on Fo	rm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATION	328,156	WIRE TRANSFE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	by the IRS, or for which the	grantee or counsel has	l above that are recognized as cha s provided a section 501(c)(3) equi	ivalency letter			.		1
3	Enter total number of other of	organizations or entitie	es				<u> </u>		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (c) Number of (e) Manner of (d) Amount of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14)(15)(16)(17)

Foreign Forms

Part IV

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X No 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 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 X No 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Yes X No 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing X No 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 X No 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 X No

EEA Schedule F (Form 990) 2019 Schedule F (Form 990) 2019 Page 5

Part V	Provide the 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.

EEA Schedule F (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

Employer identification number

45-2137461

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BETHLEHEM CHRISTIAN ACADEMY INC

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

01. Form 990 governing body review (Part VI, line 11) OFFICER SIGNS THE 990 RETURN AFTER IT IS PREPARED BY CPA. 02. Governing documents, etc, available to public (Part VI, line 19) ORGANIZATION'S ORGANIZING DOCUMENTS ARE AVAILABLE ONLINE WITH MISSOURI SECRETARY OF STATE'S WEBSITE, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REASONABLE REQUEST. FINANCIAL STATEMENTS ARE NOT PREPARED, BUT FINANCIAL INFORMATION IS AVAILABLE FOR REVIEW ON FORM 990.