

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service.

Department of the Treasury Internal Revenue Service.

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

Open to Public

inte	nal Revenu					Inspec	lion				
<u>A</u>			17, and endi	ng		, 20					
В	Check if a			-	D Employer identification number						
ᆜ	Address c	·				26-0747442					
Ш	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/s	urte	E Telepho	ne number					
	Initial retu	m <u>158 Roadrunner Ave</u>				830-708-7444					
	Final return	Aterminated City or town, state or province, country, and ZIP or foreign postal code									
	Amended	return New Braunfels, TX 78130			G Gross receipts \$ 1,016,86						
	Applicatio	n pending F Name and address of principal officer:		H(a) Is this a g	roup return for	subordinates? 🗆 Yes	i 🗌 No				
			05	H(b) Are all	subordinate	s included? 🔲 Yes	: 🗌 No				
	Tax-exem	pt status	or 2 527	If "N	lo," attach a	a list. (see instruction	ons)				
J	Website:			H(c) Group	exemption	number 🕨					
K	Form of or	ganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation: 2007	M State	of legal domicile:	TX				
P	art I	Summary									
	1 E	Briefly describe the organization's mission or most significant activity	ties: Promo	ote the interes	sts and m	ission of Bethle	hem				
e S) [Bible College, West Bank, Israel Raise and process funds to be used for	or the colleg	e Find educ	ational an	d spiritual oppo	ortunities				
ā	f	or the staff and students of the college. Create and distribute newslette	ers to educat	te the public a	bout the	college					
ē		Check this box ▶☐ if the organization discontinued its operations of									
õ	1 8	Number of voting members of the governing body (Part VI, line 1a) .			3		11				
•8	4 1	Number of independent voting members of the governing body (Par	rt VI, line 1b)	4		11				
ies	5	Total number of individuals employed in calendar year 2017 (Part V,	line 2a)		5		0				
Activities & Governance	1	Total number of volunteers (estimate if necessary)			6		_ 0				
Ac	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0				
	•	Net unrelated business taxable income from Form 990-T, line 34			7b		0				
				Prior Ye	ear	Current Y	ear				
•	8 (Contributions and grants (Part VIII, line 1h)			1078242		1010366				
ž	ا ما	Program convice revenue (Pert VIIII III 2007)			0.		5683				
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3.4, and 7d)			882		830				
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11c	e)		0		0				
		Fotal revenue—add lines & through 11/(must_equal Part VIII) column (/			1079124		1016879				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			860593		828071				
		Benefits paid to or for members (Part IX, column (A), line 4			0		0				
ý	15 8	Salaries, other compensation, em நிலிச்சிழ்களி ரு (ஜிர்யிX, column (A), lii	nes 5–10)		60000		60000				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0		0				
5	1	Fotal fundraising expenses (Part IX, column (D), line 25) ▶		1 14 6 14	. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7: 44.17				
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			59716		57881				
	(Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line	e 25) .		1112191		945952				
		Revenue less expenses. Subtract line 18 from line 12	-		-33067		70927				
58				Beginning of Cu	rrent Year	End of Ye	ar				
t Assets or Id Balances	20 7	fotal assets (Part X, line 16)			245812		316777				
Ass	21 7	Fotal liabilities (Part X, line 26)			388		426				
25		Net assets or fund balances. Subtract line 21 from line 20			245424		316351				
P	art II	Signature Block									
Ur	der penalti	es of perjury, I declare that I have examined this return, including accompanying sche	dules and stat	ements, and to t	he best of r	ny knowledge and	belief, it is				
		and complete (Declaration of prepared other than officer) is based on all information of	f which prepare	er has any know	edge						
		Dichem Utt Show									
Sig	gn	Signature of efficer	,	Da	ite ~ /	-110					
He	re	Stephan W. Smith Executive Dire	octor		5/	8//S					
	1	Type or print name and title									
Pa		Print/Type preparer's name Preparer's signature] [Date	Check	PTIN					
					self-emp						
	eparer se Only			Firm	n's EIN ▶						
US	e Only	Firm's address ▶			ne no						
Ma	y the IRS	6 discuss this return with the preparer shown above? (see instruction	ns)			<u></u> Ye:	s 🔲 No				
_		ork Reduction Act Notice, see the separate instructions.		No 11282Y			90 (2017)				
		• • • • • • • • • • • • • • • • • • • •									

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Part	Ш	Statement of Program Service Accomplishments	
	D.:-	Check if Schedule O contains a response or note to any line in this Part III	
1		y describe the organization a mission.	
	Pron	ote the interests and mission of Bethlehem Bible College, West Bank, Israel Raise and process funds to be used for the college ducational and spiritual opportunities for the staff and students of the college. Create and distribute newsletters to educate t	ege
		a should the college. Lead groups to yield the college to advice them should the college.	
	Pos	c about the conege. Lead groups to visit the conege to educate them about the conege	
2	Did	the organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ?	No
_		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program ces?	N -
		ces?..............	NO
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured	d by
_	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,
	the t	otal expenses, and revenue, if any, for each program service reported.	
4a		e:) (Expenses \$ 828071 including grants of \$) (Revenue \$)	
		category of program expense is the primary function of our organization. These funds were either given directly to or disburs	
		ehalf of Bethlehem Bible College, West Bank, Israel. These funds were expended to cover the operating expenses of Bethlehe	
		College in agreement with the mission of this organization. The use of these funds was overseen by the Board of Directors of ollege and by a member of this organization's Board of Directors who is located on site. A full accounting of the college's	21
		nditures including the funds listed here is required of the college by this organization	
4b	(Coc	e:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Cod	e:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Otho	r program services (Describe in Schedule O.)	
→ u		enses \$ including grants of \$) (Revenue \$)	
4e		program service expenses ▶	



Form 99)O (2017)) (Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		√
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	30		
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	. **	√
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		1
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		✓
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? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
U	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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	1	
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		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		✓
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		√
		For	. 990	(2017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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		1
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		1
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	1	l	_
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ŀ	١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	ļ	✓
·	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		/
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? If "Yes," complete Schedule L, Part II			1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		_
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Ì	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	215		3
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	Žilia.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV			,
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	Part I	31		1
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		✓_
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			,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓ _
•	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		1
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	✓	
		For	n 990	(2017)

Part				
	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 1a 5	0.5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	- 4
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	8.		LLL
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	\$ 1	., 3. 1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	. ޣ	421
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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		ļ	
	account)?	4a		<u>/</u>
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).	** ** ***	 	[[ji
5a		5a		aidheirí I
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		✓_
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	7 × ½.	No in
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	13.1		M. T. Cana
_	and services provided to the payor?	7a	~ C: 1	Cal Co
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u> .	٧.	Z.M
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.5	3	HE.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	*	k l	ا المنافقة
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Mode to	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		,73	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	. I		
11	Section 501(c)(12) organizations. Enter:			e Editor
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	- I	.33	
	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	N. 1	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	· V X	19.05
a	Note. See the instructions for additional information the organization must report on Schedule O.	10a	hoj.	
b	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		Kat. K	ra ki
C	Enter the amount of reserves on hand	.,		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	900	(2017)
		⊢om	・ップリ	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			10HS. [7]
Secti	ion A. Governing Body and Management		•	<u>. U</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11 - 💥		T V II
	If there are material differences in voting rights among members of the governing body, or	7.	,	
	if the governing body delegated broad authority to an executive committee or similar		1	2.
	committee, explain in Schedule O.		10.13	
b		11	4	4.2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	السندا ا	3.3	
_	any other officer, director, trustee, or key employee?	2_		-
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?			,
4		3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	1
6	Did the organization become aware during the year of a significant diversion of the organization is assets?	6		\ <u>\</u>
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint		1	-
	one or more members of the governing body?	7a	1	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		<u> </u>	<u> </u>
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		16.18	120
	the year by the following:	1.3		
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	ļ	/
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	- 1		,
Sooti	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	9	odo	√
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ilue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Ť
	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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Es As		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	-	/	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	12c	1	
14	Did the organization have a written document retention and destruction policy?	14	 •	/
15	Did the process for determining compensation of the following persons include a review and approval by		** · ·	78.1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	20000	1
b	Other officers or key employees of the organization	15b		1
	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			ليال ع.
	with a taxable entity during the year?	16a	_	1
D	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			<u> </u>
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100	<u> </u>	Щ
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for 6104 requires and 6104 requir	on 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 documents, conflict of in	nterest	policy	y, and
200	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 i	ecoras	: >	
	Steve Smith, 158 Roadrunner Ave, New Braunfels, TX 78130			

Form 990 (2017).		

		9-	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	an	d
		,	_
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part V	/11							

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.

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 no	or any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than our		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익호	悥	Q	줎	9.∓	T,	from the	related organizations	other compensation
	related	d d	Į	Officer	ğ e	함	Former	organization	(W-2/1099-MISC)	from the
	organizations		ğ	-	Key employee	ye st	"	(W-2/1099-MISC)	1	organization
	below dotted line)	7 ई	먑	ł	¥	ğ				and related organizations
		8	Institutional trustee		"	Highest compensated employee				
			å			ated				
(4) Part Part Part										
(1) Bart Den Boer	0	,		١,				_	_	_
Chairman	 	✓	-	✓				0	0	0
(2) George Shawrelh	0							_		
Treasurer	<u>-</u>	✓		✓				0	0	. 0
(3) Scott Tjernagel	0	,								•
Secretary	-	✓	_	✓				0	0	00
(4) Frederick Zahn	0									
Director		/	_					0	0	0
(5) Bishara Awad	40									
Director	1	\						60000	0	0
(6) Darrell Cates	0									
Director	 	✓						0	0	0
(7) Michael Batarseh	. 0									
Director	ļ	✓						0	0	0
(8) Fahed Abu Akel	0									
Director		✓						0	0	0
(9) Jack Sara	0								ĺ	
Director		✓						0	0	0
(10) Mary Floy-Federer	0					·				
Director		✓						0	0	0
(11) Safy Jacob	<u> </u>									
Director		✓						0	o	0
(12)										
(13)										
(14)										
	1		ľ				- 1			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	(()	lighes	st C	ompensated E	mployees (c	ontinu	ued)
	(A) Name and title	(B) Average hours per	box,	unles	s pe	more rson	than on the state of the state	an ee)	(D) Reportable compensation	(E) " Reportable compensation related		(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)					-							
(19)												
(20)	-											
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total			•	•			> >	60000		0	0
d 2	Total (add lines 1b and 1c)	not limited	to th	nose	· list	ted	above	e) w				
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o	or tr	ust ind	ee, ividi	key e	emp	oloyee, or high	est comper	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	porta an \$ ⁻	ble (150,	con ,000	npei)? <i>[</i>	nsatio f "Ye	n a s,"	nd other comp complete Sch	pensation from nedule J for 	m the suci	e h
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe comp	nsat lete	tion <i>Scl</i>	fro ned	m any ule J	un for s	related organia such person	zation or ind	ividua 	al 5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat port compe	ed in nsati	depo on fo	end or ti	ent ne c	contr alenc	act lar y	ors that receive year ending wit	ed more than th or within t	n \$10 he or	0,000 of ganization's tax
	(A) Name and business add	Iress							(B) Description of s	services		(C) Compensation
				_				<u> </u>				
2	Total number of independent contractor received more than \$100,000 of compens	ors (includi	ng bi	ut n	ot nizat	limi tion	ted to) th	nose listed ab	ove) who		

	90 (2017	<u> </u>						Page 9
Par	VIII	Statement of Reve Check if Schedule O		oonse or note t	o any line in this	s Part VIII		п
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints	1a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ifts, r'Ar	d	Fundraising events . Related organizations						
s, g	e	Government grants (con						
r	f	All other contributions, gi	ifts, grants,					
ğ Ş		and similar amounts not inc		1010366				
명	g	Noncash contributions includ			· · · · · · · · · · · · · · · · · · ·			
	h	Total. Add lines 1a-1	<u> </u>	Business Code	1010366			
Program Service Revenue	2a	On-Line Education Rec	gistrations	611710	5683	5683		0
æ	b							
Ž.	С							
Sel	d							
угап	e f	All other program sen		·	 			
Po	g	Total. Add lines 2a-2	f	.	5683	* : y k 3 % ('	, # 6 1 8 12	
	3	Investment income	(including divide	ends, interest,				
	١.	and other similar amo	•		830			
	5	Income from investment Royalties		ona proceeas	0		0	0
	"	noyaliles	(ı) Real	(II) Personal	Min (Min			
	6a	Gross rents	0			\$ 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		
	b	Less rental expenses	0					
	C	Rental income or (loss)	0					
	d 7a	Net rental income or (Gross amount from sales of	(i) Securities	▶ (II) Other	0	0	0	0
	' a	assets other than inventory	0					
	ь	Less: cost or other basis						
	j	and sales expenses .	0					
	C	Gain or (loss)	0	L	4			
	d	Net gain or (loss) .		<u> ▶</u>	0	0	0	0
nue	8a	Gross income from fu	ındraising					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		events (not including \$	0					
Other Reve		of contributions reported	ed on line 1c).					
þer	١.	See Part IV, line 18 .	a		4			
δ		Less: direct expenses Net income or (loss) for		events >	1		. % %	
	9a			CVCILIS . P		**************************************	2 % % ***	
		See Part IV, line 19 .				***		
	Ь	Less: direct expenses			1			
	C	Net income or (loss) f		vities ▶	0	0	C	0
	iua	Gross sales of in returns and allowance						
	ь	Less: cost of goods s	_					
	С	Net income or (loss) f			0	0	C	0
		Miscellaneous R	levenue	Business Code	·			
	11a				0	0	<u> </u>	0
	b				 		 	
	ď	All other revenue .			1	 		
	e	Total. Add lines 11a-	11d	>	0	431 71212	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	12	Total revenue. See in	nstructions	<u> </u>	1016879	6513		0
								Form 990 (2017)

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 respor	ise or note to any li	ne in this Part IX				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) ' Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	828071	828071				
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0				
	trustees, and key employees	60000	0	60000			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	1		
7	Other salaries and wages	0	0	0	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits		0	0	0		
10	Payroll taxes	0	0	0	0		
11	Fees for services (non-employees):				-		
a	Management	39000		39000	0		
b	Legal	0		0			
c d	Accounting	0		0	0		
e	Professional fundraising services. See Part IV, line 17	- 0			0		
f	Investment management fees	0		0	o d		
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0			
12	Advertising and promotion	3365					
13 14	Office expenses	10350					
15	Royalties	0		.	<u>_</u>		
16	Occupancy	0	0				
17	Travel	4839	0	4839			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	o	0	i a		
19	Conferences, conventions, and meetings .	0	0	0	O		
20	Interest	0					
21	Payments to affiliates	0		0			
22 23	Depreciation, depletion, and amortization . Insurance	0	0	0	0		
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	Entertainment	776		776			
b	Dues & Subscriptions Training	1895			1895		
ď	Non-Business Related Expense (Refund)	-2443					
e	All other expenses						
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	 			 		
20	organization reported in column (B) joint costs from a combined educational campaign and		!				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if	945952	828071	115986			

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
		,	(A) Beginning of year		(B) End of year
	1	Cash → non-interest-bearing	21747	1	16549
	2	Savings and temporary cash investments	224065	2	300228
	3	Pledges and grants receivable, net	0	_	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			94. "Sun/Alle Y
		trustees, key employees, and highest compensated employees.			
	}	Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section	1. 4 4 1 3 4 5 5 C	\$ N	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
	}	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		. 1	
Ś		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
æ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or		. 10	
		other basis. Complete Part VI of Schedule D 10a 0		,	
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	245812	16	316777
	17	Accounts payable and accrued expenses	388	17	426
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
		Tax-exempt bond liabilities	0	20	0
		Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
es		Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and		_12_	
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
_		Secured mortgages and notes payable to unrelated third parties	0		0
		Unsecured notes and loans payable to unrelated third parties	0	24	0
		Other liabilities (including federal income tax, payables to related third			ı
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		-	
	26	Total liabilities. Add lines 17 through 25	388	25 26	0
	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	388	20	426
es.		complete lines 27 through 29, and lines 33 and 34.		162	
Š		Unrestricted net assets	man Waller and a Mail Son	27	
ala		Temporarily restricted net assets		28	
8		Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	3 4 4 3 3 4 4 5 7 7	74	2.18 . 27 . 27 . 18 . 18 . 18 . 18 . 18 . 18 . 18 . 1
Ä		complete lines 30 through 34.		i W	
Net Assets or Fund Balances		Capital stock or trust principal, or current funds	245424	30	316351
set		Paid-in or capital surplus, or land, building, or equipment fund	0		0.0001
As		Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Ę		Total net assets or fund balances	245424		316351
_		Total liabilities and net assets/fund balances	245424		316351
					Form 990 (2017)

Form 9	90 (2017)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	··-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	16879
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	<u>45952</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			70 <u>927</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	<u>45424</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		3	<u> 16351</u>
Part	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: Cash Accrual Other				2700
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain i	n 🏥		
	Schedule O.			<u> E.</u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 🕌 🕆	· · · · · · · · · · · · · · · · · · ·	1
	reviewed on a separate basis, consolidated basis, or both:		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	Separate basis Consolidated basis Both consolidated and separate basis				نند
þ	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a 🚝 📜	.*.	į
	separate basis, consolidated basis, or both:				·
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		**.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt [
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i		o oue	A.77
	Schedule O.		M.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i		,,,,,,,,,,	~ (.886
	the Single Audit Act and OMB Circular A-133?		. За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	'	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization Employer identification number 26-0747442 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3316% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions)

Part								
	(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 unde	er the tests lis	sted below, p	lease comple	te Part III.)		
	on A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014_	(c) 2015	(d) 2016	(e) 2017	(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						and .	
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		7.4					
Secti	on B. Total Support			ΓΧ				
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	√(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4			<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						S.	
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	. (see instruction		d, third, fourth		12 ear as a section	n 501(c)(3)	
-	organization, check this box and stop he	, -						
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2017 (line					14	%	
15	Public support percentage from 2016 Scl					15	%	
16a	331/3% support test—2017 / If the organization qua						. –	
b	box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2017. If the organization did not check 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 this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th meets the "fac	e "facts-and-o ts-and-circum	circumstances stances" test.	" test, check	this box and	stop here.	
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a				

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.)

	ii the organization rails to quality	under the te	sts listed bei	ow, piease co	mpiete Part	<u> .)</u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	ľ					
	received. (Do not include any "unusual grants.")	856997	908911	945304	992475	_ 1010366	4714053
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	l 0	اه	o	o	اه	0
3	Gross receipts from activities that are not an	<u>`</u>					
	unrelated trade or business under section 513		o	o	o	5683	5683
4	Tax revenues levied for the	<u>~</u>		<u>_</u>		3063	
7	organization's benefit and either paid to	<u> </u>					
	or expended on its behalf	1					_
_	•	0	0	0	0		0
5	The value of services or facilities	İ					
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	. 0	0
6	Total. Add lines 1 through 5	856997	908911	945304	992475	1016049	4719736
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	. 0	. 0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		Ì				
	or 1% of the amount on line 13 for the year	1 0	o	0	0	o	0
С	Add lines 7a and 7b	0	C	0	0	0	0
8	Public support. (Subtract line 7c from		***		. 10 10 10 10 10 10 10 10 10 10 10 10 10	3.49	<u></u>
	line 6.)						4719736
Section	on B. Total Support] ** *>		, w ·		<u> </u>	47 10700
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	856997	908911	945304	992475	1016049	4719736
10a	Gross income from interest, dividends,		000011	0-10004	352470	1010010	47 10700
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	203	317	512	882	830	2744
b	Unrelated business taxable income (less	203	317	312	002		2/44
	section 511 taxes) from businesses				i	j	
	acquired after June 30, 1975		_[_ [_ [_[
	•	0	0	0	0	0	0
_	Add lines 10a and 10b	203	317	512	882	830	2744
11	Net income from unrelated business		i i		ļ	1	
	activities not included in line 10b, whether]	
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or			1	1	İ	
	loss from the sale of capital assets				ļ		
	(Explain in Part VI.)		0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	857200	909228		993357	1016879	4722480
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Section	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2017 (line	B, column (f) di	vided by line 1	3, column (f))		15	99 9 %
16	Public support percentage from 2016 Scl		•			16	999 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (v line 13. colun	nn (f))	17	06 %
18	Investment income percentage from 2016					18	04 %
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
IJ	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di			•			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name	of the organization				1	imployer iden	tification number
	ehem Bible Co					26-0	747442
Par	General Information Form 990, Part IV, line	n on Activit 14b.	ies Outside	the United States. Com	plete if the organiz	ation answe	ered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	organization	maintain rece e grants or as	ords to substantiate the amesistance, and the selection	ount of its grants an criteria used to a	and other ward the	☑Yes □No
2	For grantmakers. Describ assistance outside the Unit	e in Part V ed States.	the organizat	ion's procedures for moni	toring the use of	its grants	
3	Activities per Region. (The fo	ollowing Part	L line 3 table	can be duplicated if addition	nal snace is neede	d)	
	(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 rice, type of	(f) Total expenditures for and investments in the region
(1)	Middle East & North Africa	1	1	Program Services	Grant Oversight		82807
(2)							
(3)							
(4)							
(5)				_			_
(6)	-						
(7)							
(8)							
(9)							
(10)							
(11)							
(12)			- -		V 1944		
<u>. </u>							
(14)							
(15)							
(16)							
(17)				0.78. * .av	, vo. The data 1988 ATV		
	Sub-total						828071
Þ	Total from continuation sheets to Part I					£ ,	

c Totals (add lines 3a and 3b)

828071

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

													}	}	
(i) Method of valuation (book, FMV, appraisal, other)															
(h) Description of noncash assistance															
(g) Amount of noncash assistance		0													
(f) Manner of cash disbursement		828071 Wire Transfer													
(e) Amount of cash grant		828071													
(d) Purpose of grant		Operations													
(c) Region	Middle East &	North Africa													
(f applicable)									138						
(a) Name of organization					1823 a.m.										
-	<u>S</u>	ଷ	ල	• 3	(2)	. (9	6	6	6	(F	(12)	39	(14)	(15)	(16)

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Page	4

Part	V Foreign Forms		
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 Corporation (see Instructions for Form 926)	, Yes	☑ 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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	🗹 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 Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ 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 Fund (see Instructions for Form 8621)	☐ Yes	☑ 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 Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ 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 Instructions for Form 5713; don't file with Form 990)	Yes	☑ No

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	1

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.

Part 1 Line 2: Bethiehem Bible Co has a board member on site at the recipient organization	on to oversee the disbursement and use of the funds
given.	
······································	
······································	
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SCHEDULE O (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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Bethlehem Bible Co	26-0747442
Part VI Line No. 8b - There are no committees within the organization that have the authority to act or	behalf of the governing body
Part VI Line No. 11b - The form 990 along with accompanying schedules are emailed to each director	Review and discussion of the 990 is
held at the following Board of Directors meeting. Any director is able to call an unscheduled meeting	in the event of immediate questions
Part VI Line No. 19 - All governing documents, conflict of interest policy, and financial statements are	made available to the public upon
written request Requested documents are mailed to the inquirer	
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