Form <b>990-T</b>	l E	Exempt Orga	nization Bus			ax Be	eturr	ı L	OMB No 1545-0687				
		aı (aı	nd proxy tax und	er se	ction 6033(e))	140			2040				
	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019								2018				
Department of the Treasury	treent of the Treasury  Go to www irs gov/Form990T for instructions and the latest information.												
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)												
A Check box if address changed	Name of organization ( Check box if name changed and see instructions )								DEmployer identification number (Employees' trust, see instructions)				
B Exempt under section	Print HERITAGE CHRISTIAN SCHOOLS, INC.							35-1111818					
X = 501(c)(3)	Type	Tues   William, Succes, and room of suite no. If a 1 0 box, see manualing							E Unrelated business activity code (See instructions)				
408(e) 220(e)	',,,,	6401 EAST 7											
408A 530(a) 529(a)	INDIANAPOLIS, IN 46250								099				
C Book value of all assets at end of year		F Group exemption numb											
<u>fn</u>		trust	Other trust										
Describe the number of the organization's unrelated trades or businesses.													
	trade or business here If only one, complete Parts I-V If more than one,												
<del>-</del>	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or												
<del></del>	Tousiness, then complete Parts III-V  I'Buring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes No												
If "Yes," enter the name a				11-2003	idially controlled group.				.5 NO				
Jahe books are in care of					Teleoh	one numbe	r <b>&gt;</b> 3	17-	813-3886				
		de or Business Inc			(A) Income		Expenses		(C) Net				
cl.a Gross receipts or sale	 es	-		Γ									
			c Balance	1c									
Less returns and allow Cost of goods sold (S	Schedule	A, line 7)		2									
3 Gross profit Subtract				3					· ·				
4a Capital gain net incom	ne (attac	h Schedule D)		4a									
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b									
c Capital loss deduction				4c									
5 Incomo (loss) from a	partnors	chip or an S corporation (a	tach statoment)	5									
6 Rent income (Schedule C)													
7 Unrelated debt-finance	7 Unrelated debt-financed income (Schedule E)												
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)													
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
	Exploited exempt activity income (Schedule I)												
,													
•													
Part II Deductio			e (See instructions for	13 or limita	0.								
		utions, deductions must				s income )	)						
14 Compensation of off	ficers, di	rectors, and trustees (Sche	dule K)		RECEI	/FD	$\neg$	14					
15 Salaries and wages	jes				1								
16 Repairs and mainten	ance		S JUL 17 2020 SSO SS				16						
	ad debts					ZUZU	8	17					
•	nterest (attach schedule) (see instructions)												
	Taxes and licenses					OGDEN, UT							
	Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)					21							
						22a 2							
23 Depletion	·					<u>.</u>		23					
24 Contributions to defe	erred co	mpensation plans					24						
	· · · · · · · · · · · · · · · · · · ·							25					
, -								26					
27 Excess readership co								27					
28 Other deductions (at	Other deductions (attach schedule)							28					
	•							29	0.				
	· · · ·							30	0.				
	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31	<u></u>				
32 Unrelated business t	taxable ii	ncome Subtract line 31 fro	m line 30					32	0.				

Form 990-1	(2018) HERITAGE CHRISTIAN SCHOOLS, INC.	35-11:	11818	Page <b>2</b>				
Partil								
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)	33	0.				
34	Amounts paid for disallowed fringes	,	34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ons)	35					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum							
	lines 33 and 34		36					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<i>7</i> 8	87	1,000.				
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	•						
	enter the smaller of zero or line 36		68	0.				
Partil	Vi Tax Computation		1					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	<b>•</b>	39	0.				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on I	line 38 from						
,,	Tax rate schedule or Schedule D (Form 1041)	<b>.</b>	40					
41	Proxy tax. See instructions	•	41					
42	Alternative minimum tax (trusts only)	•	42	<del></del>				
43	Tax on Noncompliant Facility Income See instructions	43						
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.				
Parti\								
		I5a						
b	Other credits (see instructions)	I5b						
c		15c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	I5d						
	Total credits Add lines 45a through 45d		45e					
46	Subtract line 45e from line 44		46	0.				
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	_				
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.				
50 a	Payments. A 2017 overpayment credited to 2018	(0a						
b	2018 estimated tax payments	оь 1,000	-					
С	Tax deposited with Form 8868	ОС						
d	Foreign organizations Tax paid or withheld at source (see instructions) 5	iod						
		i0e						
		50f						
9	Other credits, adjustments, and payments. Form 2439							
_	Form 4136 ☐ Other Total ► 5	0g						
51	Total payments Add lines 50a through 50g	/1	51	1,000.				
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	' Ą	52					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	_					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	1,000.				
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 🔀	55	1,000.				
[Part]	[1] Statements Regarding Certain Activities and Other Information	(see instructions)						
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		•	Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the for	eign country						
	here >			<b> </b>				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	feror to, a foreign trust?		<u> </u>				
	If "Yes," see instructions for other forms the organization may have to file							
58	Enter the amount of tax exempt interest received or accrued during the tax year > \$	<del> </del>						
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h	ements, and to the best of my kn has any knowledge	owledge and belief, it	is true,				
Sign Here	May tr							
Here	Signature of officer Date Title		the preparer shown but					
				YesNo				
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN					
Paid	by COR MAME by COR MAME INLI	self- employed	P0127	1102				
Prepa								
Use Only Firm's name ►KSM BUSINESS SERVICES, INC. Firm's EIN ► 35-2123203								
	P.O. BOX 40857	Dhana na	(317) 58	0-2000				
	Firm's address ► INDIANAPOLIS, IN 46240-0857	Phone no	(2TI) 20	0 2000				

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