

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasure	Do not enter social security numbers on this form as it may
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the late

be made public. Q N Open to Public

Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 7b Net unrelated business taxable income from Form 990-T, line 34 7c Prior Year 8 Contributions and grants (Part VIII, line 1h)		artment of mal Reven	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	DOR	Inspection
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City or form, state or province, country, and ZIP or foreign postal code Amended return MILLER, SD 57382 Giros recognits 5 1,804,11	\Box		•	400 STINSHINE DRIVE	·	605-853-3071
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- u	8	Contribut	ions and grants (Part VIII, line 1h)	592,173	1,010,286
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 106,352 104,8: 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,435,305 1,804,11 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	₹ ₹	9	Program	service revenue (Part VIII, line 2g)	735,923	687,837
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 106,352 104,8: 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,435,305 1,804,10 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	¥ \$	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	857	1,203
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22 Net assets or fund balances. Subtract line (2) (150 10 10 10 10 10 10 10 10 10 10 10 10 10	ASSe	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Date B-24-IB	je s	<u> </u>			$\overline{}$	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date B-24-IB	-0				1,190,690	4,424,335
Sign Here Signature of officer Thomas Young President Signature of officer Thomas Type or print name and title Paid Preparer Use Only Way the IRS discuss this return with the preparer shown above? (see instructions) May the IRS discuss this return with the preparer (other than officer) is based on all information of which preparer has any knowledge Date 8-24-18 Print/Type preparer's name President Preparer's signature Check if g. 8 - 2018 is elf-employed Firm's address Phone no						
Sign Here Signature of officer President B-24-18	UI tri	nger pena ne correc	inies of perju f_and compl	ry, i declare that I have examined this return, including accompanying schedules and statements, and to till ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ne pest of m adae	ly knowledge and belief, it is
Sign Here Signature of officer President B-24-18 Paid Preparer Use Only Firm's address ► N/A Self-Prepared Firm's address ► N/A Self-Preparer Shown above? (see instructions)			T .			
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Print/Type preparer's name Preparer's signature Craig D. Brockel Use Only Firm's name ► N/A Self-Prepared Firm's address ► May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature R. 8 - 20/8 Check ☐ if self-employed Firm's EIN ► Phone no	He	ere:	1		8-27	-10
Preparer Use Only Craig D. Brockel R. 8 - 2018 Check in fixed prepared Firm's cell Firm's cell Firm's address Phone no						
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For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (203)	Fo	r Paperv	vork Redu	ction Act Notice, see the separate instructions. Cat No 11282Y		Form 990 (2017)



	90 (2017)		Page 2
Part			r
1	Creck if Schedule O contains a response or note to any line in this Part III		<u>. L</u>
'	We believe that Sunshine Bible Academy exists to assist parents with their responsibility to raise their children		
	in the nurture and admonition of the Lord by integrating God's truth in all areas of life.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		[Z] N.=
	If "Yes," describe these new services on Schedule O.	☐ Yes	₩ INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am	
	services?		✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	/(code:/(Experiess #/(totalless #/(tot		'
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses		

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Part	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 candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	√	
b	of its total assets reported in Part X, line 169 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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		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		✓
	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		1
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	1	
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		1
			000	

Form 99			1	Page 4
Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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 employees? If "Yes," complete Schedule J	23		1
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		1
b c	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 to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	W. W.	À À	**************************************
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ ·
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		*
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related experience? If "Yes," complete Schedule R, Part V, line R.	35b		✓
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		✓
0,	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	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			\$ % }
b	Enter the number of Forms 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			211
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	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]			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	.4 34.
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O .</i> .	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country. ▶	70	¥ ,x	×2° 3
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	\ \\ \\ \\ \\	* 1	\$ X.
	(FBAR)		ø	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	zn šin	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	** *	X .	, 4,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		14. A.	1.
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _	,	,
الم		7c		√
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	, W.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		-
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.5.1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 7 1
	sponsoring organization have excess business holdings at any time during the year?	8	4. 24 1	1
9	Sponsoring organizations maintaining donor advised funds.	\$. <i>j</i> .	,	2 6 4
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		✓
10	Section 501(c)(7) organizations. Enter	À. "		* K 2" *
а	Initiation fees and capital contributions included on Part VIII, line 12			10 C al
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	. 3,5	M	, i i i i
11	Section 501(c)(12) organizations. Enter:	» %		1
a	Gross income from members or shareholders		***	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		2	134
40-	· · · · · · · · · · · · · · · · · · ·		\$	a. £.
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	A s	* %,* ,
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10 ° 1	* ,* ,	2 1 1 2 1 2 1
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	, 5%	
a	Note. See the instructions for additional information the organization must report on Schedule O.	.5a	7 J. P. J.	× × × 1
b	Enter the amount of reserves the organization is required to maintain by the states in which	[%]		े हुँ के कि
-	the organization is licensed to issue qualified health plans	3	1.7	KEN
С	Enter the amount of reserves on hand		4.4	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	3A.	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	990	(2017)

Part			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI		
Secti	on A. Governing Body and Management	_ 	
		Y	es No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a s	1 1 1 1 1	3. 12.1
	If there are material differences in voting rights among members of the governing body, or		
	if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.		
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Solid any officer, director, trustee, or key employee have a family relationship or a business relationship with	\$ \T	
2	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? .	3	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1
6	Did the organization have members or stockholders?	6	✓
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	1
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	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4 4	123
	the year by the following:		
а	The governing body?	8a 🗸	
þ	Each committee with authority to act on behalf of the governing body?	8b v	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		le)
	the state of the s		es 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,		
	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 v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		, * · · ·
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a ✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120 4	<u></u>
Ū	describe in Schedule O how this was done	12c V	
13	Did the organization have a written whistleblower policy?	13	1
14	Did the organization have a written document retention and destruction policy?	14	1
15	Did the process for determining compensation of the following persons include a review and approval by		* 1 × 5
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	1
b	Other officers or key employees of the organization	15b	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
100	with a taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		<u> </u>
	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	
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)((3)s only)
	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 int financial statements available to the public during the tax year	erest po	licy, and
20		oords: ►	
۷.	State the name, address, and telephone number of the person who possesses the organization's books and re	cords: >	•
	Craig D. Brockel 400 Sunshine Drive Miller, SD 57362 (605) 853-3071		

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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.

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	r any relate	d org	anız	atic	n c	ompe	ensa	ated any curren	it officer, director	r, or trustee.
(A)				(1	C)					
Name and Title	(B) Average hours per week (list any	box, office	(do not check more than one box, unless person is both ar officer and a director/trustee)			an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tom Young, Chairman	,									
28195 Cowan Place Pierre, SD 57501	3	✓		1				lo	О	0
(2) Paul Beckwith, Vice-Chariman										
5500 SD Hwy 34 Pierre, SD 57501	3	1		1				0	0	0
(3) Dave Van Huevelen, Secretary				ļ	-					
2001 5th St. Emmetsburg, IA 50536	3	1		✓	L.		L	0		0
(4) Daniel Paul, Treasurer]	
5935 92nd St SW Carson, ND 58529	3	✓	L	1				0	0	0
(5) Gaven Banık						-		ľ		
26496 460th Ave Hartford, SD 57033	2	✓	_			L	L	0	. 0	0
(6) Phil Hamburger				1		}	1	1		
32887 170th St. Seneca, SD 57473	2	✓	L_			L		0	0	0
(7) Ken Shay						i		Ì		
406 N Tyler Pierre, SD 57501	2	✓	L_		L		<u> </u>	0	0	0
(8) Andy Michaelis				1	ł				İ	
21350 369th Ave Wessington, SD 57381	2	✓	L		<u> </u>	<u> </u>	L_	0	0	0
(9) Brad Ufen										
21527 357th Ave Miller, SD 57362	2	✓	L	<u> </u>	L.		L	0	0	0
(10) Jason B. Watson						[Į.		
310 Seaman Street Miller, SD 57362	40				✓			42,457	0	0
(11) Craig D. Brockel							1			
310 Mmaper Place Miller, SD 57362	40			_	1		ļ	31,353	0	0
(12)						İ				
(13)			-		-					
(14)		-				-				<u></u>
	L		l _		1	Ι.	1	1		_

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	<mark>mployees</mark> (co	ntinued)
	,				•	C)					
	· (A)	(B)	(4	-4 -1-		ition			(D)	(E)	(F)
	Name and title	Average					than o		Reportable	Reportable	Estimated
		hours per					or/trust		compensation	compensation fr	
		week (list any hours for	95	5	Q	~	열포	יק	from the	related organizations	other compensation
		related	함	stitu	Officer	Key e	핥	Form	organization	(W-2/1099-MIS	
		organizations	햧	Ιŧο	"	employee	st c	ᄪ	(W-2/1099-MISC)		organization
		below dotted	역출	nal		Š	" Š				and related
		line)	Individual trustee or director	nstitutional trustee		g	Pen				organizations
		1	0	tee]	Highest compensated employee]]		
					ļ	<u> </u>	ă	_			
(15)	***]	1						
				<u> </u>		<u> </u>		L			
(16)											
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(23)			<u> </u>								
						<u> </u>]		<u> </u>		
(24)											
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(25)		Ţ-				T^{-}		1			
S:!			İ								
1b	Sub-total	L	L		Ь.		Ь	┢	 		
c	Total from continuation sheets to Part	 VII Sectio	n A	•	•	•			} 		
<u> </u>				•	•	•	• •		33810		
_ <u>d</u> _	Total (add lines 1b and 1c)							<u> </u>			
2	Total number of individuals (including bu		to th	nose	e lisi	ted	above	e) w	tho received m	ore than \$100	0,000 of
	reportable compensation from the organ	ization >									
_											Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compens	AR 14 1AE 014 1625 V 11800 2
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual	•			3 ✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation froi	m the
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	s,"	complete Sch	edule J for	such ()
	ındıvıdual										. 4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tıon	fro	m anv	v ur	related organiz	zation or indiv	vidual 🔝 🔭
_	for services rendered to the organization										. 5
Section	on B. Independent Contractors	~ <u>-</u>	_ <u> </u>			_		_	· ·		
1	Complete this table for your five highest	compensat	od in	don	ond	lant	contr	act	ors that receive	nd more than	\$100,000 of
•	compensation from the organization. Rep										
	year.	Joil compe	iisaii	011 11	Oi ti		alenc	ıaı j	year ending wit	ar or within th	le organization 3 tax
				-				r-			
	(A) Name and business add	trace							(B) Description of s	ervices	(C) Compensation
								1	————————		Оотрепации
								1_			
		_						Г			
								T			
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	o th	nose listed ab	ove) who	A ARY CAR A LA
	received more than \$100,000 of compens										

Form **990** (2017)

Part	VIII	Statement of Reve							
	144 33	Check if Schedule O	contains	a res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		1a					
Gra	b	Membership dues .		1b					
ts, (Arr	С	Fundraising events .		1c		, «^ , , , , , ,			
Gif	d	Related organizations		1d	590,398				
ns,	е	Government grants (con	tributions)	1e			# '- '-		
er (f	y and grand, grand,							
현				1f	382,350	LaSa No. 1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			37,538				
_	h	Total. Add lines 1a-1	r <u>.</u>	<u> </u>	Business Code	1,010,286		Lung of Allert And Allert	The second second second
Program Service Revenue	200	Tuitian and Face					ia. Zii ic		
Seve	2a b	Tuition and Fees			611710	687,837			
SeF	ט			•					
ervi	d								
n Si	e								
grar	f	All other program serv							· · · · · · · · · · · · · · · · · · ·
Pro	g	Total. Add lines 2a-2			•	687,837	f (\$ \$ \$ 68:60)		7, 5, 3, 4, 5, 1
	3	Investment income	(including	dıvıd	ends, interest,	007,037			**************************************
		and other similar amo			•	1,203			
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ▶	-,			
	5								
			(ı) Real		(ii) Personal			, , , , , , , , , , , , , , , , , , ,	4, 4, 4, 5, 5,
	6a	Gross rents		6,200				lianisti	
	b	Less rental expenses							
	С	Rental income or (loss)		6,200		i di di di di di di di di di di di di di	A. M. M. M. M. M. M. M. M. M. M. M. M. M.		
	d	Net rental income or (▶	6,200			
	7a	Gross amount from sales of	(i) Securit	es	(ii) Other		7 3 5 5 7 8 7 8 7 8 8 7 8 8 8 8 8 8 8 8 8 8	5 8 5 8 8 8	
		assets other than inventory				·	2 × 22		Ž.
	b	Less cost or other basis and sales expenses .				\$ 8° + 1, 7 - 1,	,	۰. ۵	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
							aa Kataa a		
	d	Gain or (loss) Net gain or (loss) .		_		anadriin alli oli alla anti il solla anti		alon in a same a language	and the second s
	l "	ivet gain or (loss) .		• •	· · · · · · · · · · · · · · · · · · ·	F. 454, K	<u> </u>	P-25- 1911 (244-196)	7: 1 V 190
e	8a	Gross income from fu	ındraising					agni i	
ē		events (not including \$	83,2	43					
ě		of contributions reporte	ed on line 1	<u>73</u> C).			(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- F					83,243				
Other Reve	b	Less: direct expenses		. b	35/2.0				
0	С	Net income or (loss) fi			events . ►	83,243		addaecac_1*colescodii.Uic. Nia4s.	Brander (1996 Antonium Amerika Sandahan) Amerika (1996 - Sandahan)
	9a	Gross income from ga	ımıng actıvı	ties.				\$5: 43 Jan 15	20 C W 20 C
		See Part IV, line 19		· a					
	b	Less: direct expenses							
	С	Net income or (loss) fi	-	_	vities ▶				
	10a	Gross sales of in							
		returns and allowance		· a			TO TOWN	1 2 2 2 4 3 W	
	b	Less cost of goods s					L.C. Mass	drii dii dii	Sallamana a a sa sa sa sa sa sa sa sa sa sa sa s
	<u>C</u>	Net income or (loss) fi		ot inve	 	, gr , s , s , voc			
	-	Miscellaneous R			Business Code		- 1	i	
	11a	Co-curricular Events			611710	8,289			
	b	Other Income			611710	7,105			
	C d	All other revenue .						-	
	e	Total. Add lines 11a-				45.00		iyaya wa	.
	12	Total revenue. See in				1 904 163		1.2-7.1.4.4 <u>2.3.</u>	<u> </u>

	<i>'</i> _	. 490 .
Part IX	Statement of Functional Expenses	
Section 50	1(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	🗀

	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	586,676	586,676		
9	Other employee benefits	284,206	284,206		
10	Payroll taxes	43,295	43,295		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Lobbying	<u> </u>			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		* · · · · · · · · · · · · · · · · · · ·	***************************************	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,210	10,210		
13	Office expenses				
14	Information technology				
15	Royalties				<u> </u>
16 17	Occupancy	<u> </u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	137,836	137,836		
23	Insurance	47,208	47,208		
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.)				
а	Tuition Discounts	04.635	94 C25	* 38° * 7 GG /	2. 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.
b	Utilities	84,635 78,096			
c	Fuel & Propane	33,743			
d	Food Service	74,443			
е	All other expenses Schedule O	163,364			
25	Total functional expenses. Add lines 1 through 24e	1,543,712			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
					Form 990 (2017)

9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b	Р	art X	Balance Sheet		_	
Cash—non-interest-bearing				ırt X		
3 Pietges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule D. 6 Loans and other receivables from other disqualified persons (as defined under section 4856(17)), persons described in section 4958(10),		•		(A)		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 6 Leans and other receivables from the disqualified persons (as defined under section 4556(1)), persons described in section 4556(1)(1), persons described in section 4556(1)(1	Cash—non-interest-bearing	60,743	1	41,968
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(ff)), person described in section 4958(ff)), person described in section 4958(ff)), person described in section 4958(ff), person described in section 4958(ff)), person described in 4958(ff)), person described in 4958(ff), person describe		2			_	
A Accounts receivable, net 17,965 4 8,217		3			3	
trustees, key employees, and highest compensated employees. Complete Part Int O Schedule I. 6 Loses and other receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(f)(s)(g), and contributing employees and sponsoring organizations of section 501(c)(g) voluntary employees and sponsoring organizations (see instructions). Complete Part II of Schedule I. 7 Notes and loans receivable, net experience or organizations (see instructions). Complete Part II of Schedule I. 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D. 10b Loss: accumulated depreciation 10b 2,619,722 11a Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,268,603 16 4,470,733 17 Accounts payable and accrued expenses 1,000 17 1,465 18 Grants payable . 9 Deferred revenue 2 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Losas and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquilifed persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to urrelated third parties 23 Unsecured notes and loans payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other liabilities including federal income tax, payables to related third parties 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D. 27 Granizations that follow SFAS 117 (ASC 958), check here b and complete lines 30 through 34. 36 Total assets or found balances. 39 Total assets 30 through 34. 30 Capital stock or trust principal, or current funds 31 Pad-i		4		17,965	4	8,217
4958(f)(I), persons described in section 4958(c)3(B), and contributing employers and sponsoring organizations of section 501(c)(B) outlarly employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	trustees, key employees, and highest compensated employees.		5	
9 Prepaid expenses and deferred charges	ts	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	
9 Prepaid expenses and deferred charges	SSe	7	Notes and loans receivable, net		7	
10a	ä	8	Inventories for sale or use	3,586	8	2,696
b Less: accumulated depreciation		9		6,445	9	6,891
11		10a	other book Complete Bort VI of Cohodule D			
12 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 14 14 15 15 14 15 15 15		ь			10c	4,315,489
13 Investments — program-related. See Part IV, line 11 13 14 14 15 15 14 15 15 15		11			11	
14		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11.		13	Investments—program-related. See Part IV, line 11		13	
16		14			14	
17 Accounts payable and accrued expenses 1,000 17 1,465 18 Grants payable 18 18 19 Deferred revenue 76,913 19 44,939 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 26 Total liabilities. Add lines 17 through 25 77,913 26 46,404 27 Unrestricted net assets 9, and lines 33 and 34. 28 Temporarily restricted net assets 9, and lines 33 and 34. 29 Permanently restricted net assets 9. 29 Permanently restricted net assets 9. 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 4,190,690 33 4,424,335 Total net assets or fund balances 4,190,690 33 4,424,335		15	Other assets. See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	4,268,603	16	4,470,739
19 Deferred revenue		17	Accounts payable and accrued expenses	1,000	17	1,465
20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 4,190,690 33 4,424,335		_		76,913	19	44,939
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		1				
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 30 Organizations that do not follow SFAS 117 (ASC 958), check here 30 Organizations that do not follow SFAS 117 (ASC 958), check here 30 Departmently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 4,190,690 33 4,424,335		21		-	21	
Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	abilities	22	trustees, key employees, highest compensated employees, and			
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	ı	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24			24	
Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		77.040		40.404
27 Unrestricted net assets	9	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	35 99	}	
Temporarily restricted net assets	Š	27	· · · · · · · · · · · · · · · · · · ·			
Permanently restricted net assets	<u>ala</u>					
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	8			2/3,680		∠46,8/5
30 Capital stock or trust principal, or current funds	or Func		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
31 Paid-in or capital surplus, or land, building, or equipment fund	ts	30		The state of the s		
32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,424,335 34 Total liabilities and net assets/fund balances 1,426,603 34 34,470,739 35 36,470,739 37 38 39 39 39 39 39 39 39	SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances	ĕ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
34 Total liabilities and net assets/fund balances	e S	l		4,190,690	33	4,424,335
		34	Total liabilities and net assets/fund balances			4,470,739

Form 99	90 (2017)			Pa	ge 12
Pari	t 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)	1			4,163
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,54	3,712
3	Revenue less expenses. Subtract line 2 from line 1	3		26	0,451
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,19	0,690
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(26	6,806)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,42	4,335
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 If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.		2a		<u>/</u>
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		2b		√
	separate basis Consolidated basis Both consolidated and separate basis	u on a			¥.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		2.3
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
			Form	990	(2017)

· 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 chantable 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 SUNSHINE BIBLE ACADEMY 46-0230221 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). 2 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. 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.) ☐ 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 331/3% 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) d 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 III, 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 (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of isted in your governing (described on lines 1-10 other support (see support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A ((Form	990 or	990-EZ)	2017

Page 2

Part	Support Schedule for Organiz (Complete only if you checked t						
	Part III. If the organization fails t						/
	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.")			ļ	1		
2	Tax revenues levied for the					/	
2	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				/	ľ	
4	Total. Add lines 1 through 3		1		1		
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	* - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	³ % , ">∗\	3. %/s. *	ing The		
	on B. Total Support	T 4 5 20 4 2		/	T		
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
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	14.7%	Was A	N . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14		
12	Gross receipts from related activities, etc				.\	12	
13	First five years. If the Form 990 is for t				· ·		
Sooti	organization, check this box and stop for on C. Computation of Public Suppo			<u> </u>	· ·/· · ·		· · ► []
14	Public support percentage for 2017 (line			1 column (f)		14	%
15	Public support percentage from 2016 Sc			11, COIGITHT (1))	/.	15	
16a	331/3% support test — 2017. If the organ			x on line 13, ai	nd line 14 is 3		
	box and stop here. The organization qua				//.		▶ 🗀
b	33 ¹ / ₃ % support test—2016. If the organ this box and stop here. The organization	ization did not n qualifies as a	check a box o publicly suppo	on line 13 or 16 orted organizat	Sa, and line 15 ¹ ion	ss 33 ¹ / ₃ % or m	ore, check · · ► []
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	neck this box a	and stop here.	Explain in
b	10%-facts-ánd-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and s	stop here.
18	Private foundation. If the organization dinstructions						see
						nedule A (Form 99	0 or 990-EZ) 2017

Part		8		. , , ,			
	(Complete only if you checked the						der Part II.
<u> </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.) /	
	on A. Public Support	1 2 2 2 1 2	T	I		/	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201 ⁷ 7	(f) Total
1	Gifts, grants, contributions, and membership fees			Ì			
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		<u> </u>				
2	sold or services performed, or facilities	1					
	furnished in any activity that is related to the	1		Ì	1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the	\ \					
	organization's benefit and either paid to	[\	\		/		
	or expended on its behalf		1	<u> </u>			
5	The value of services or facilities	i			1		
	furnished by a governmental unit to the		\				
	organization without charge	L		/			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified			1	Į		
	persons that exceed the greater of \$5,000		/ '	1			
	or 1% of the amount on line 13 for the year		j j	\			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)	Ž. 🔻 ,					
	on B. Total Support			\			
Calen	dar year (or fiscal year beginning in)	(a) 20,13	(b) 2014	(c) 2015,	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			1			
10a	Gross income from interest, dividends,				\	ļ	
	payments received on securities loans, rents,				1]	
	royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less/				1	1	
	section 511 taxes) from businesses		}				
	acquired after June 30, 1975				1	İ	
C	Add lines 10a and 10b /				1		
11	Net income from unrelated business				1		
	activities not included in line 10b, whether			1	\		
	or not the business is regularly/carried on						
12	Other income. Do not include gain or					1	-
	loss from the sale of capital assets					1	
	(Explain in Part VI.)					",	
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12.)					1	
14	First five years. If the Form 990 is for the		n's first, secon	ıd, thırd, fourti	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, chéck this box and stop he		<u> </u>	· · · · · ·		· · · ½ ·	🕨 🛚
Secti	on C. Computation of Public Support						
15	Public support percentage for 2017 (line		•	13, column (f))		15	%
16	Public support percentage from 2016 Sc			<u></u>	<u> </u>	16	<u>%</u>
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017			-		17	<u>%</u>
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						, <u> </u>
þ	331/3% support tests—2016. If the organization						
	line 18 is not more than 331/3%, check this	box and stop I	nere. The organ	ization qualifies	s as a publicly s	upported organ	ization) 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🔲

'SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
SUNS	HINE BIBLE ACADEMY		46-0230221
Pa	Organizations Maintaining Donor Adv Complete if the organization answered '		ds or Accounts.
		(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 funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?		
Pai	t II Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education) Preservation of	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not of	on a
	historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy requipolations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing o	conservation easements during the year
•	►\$	g, narrating or violations, and emoreting e	onservation casements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	in the second se	· · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of	consentation easements in its revenue	
•	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fina	and expense statement, and
	organization's accounting for conservation easeme		
Par	Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SF		revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo	·	
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, edi	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		. > \$
b	Assets included in Form 990, Part X		> \$

Cat No 52283D

Schedule D (Form 990) 2017

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

Schedi	ile D (Form 990) 2017						Page 2
	Organizations Maintaining	Collections of	Art Historical	Treasures or O	ther Similar Ass	sets (contu	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot					
а	☐ Public exhibition		d 🗌 Loa	n or exchange prog	grams		
b	☐ Scholarly research		e 🗌 Oth	er			
С	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.			-			ın Par
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta					□ No
Par	Complete if the organization 990, Part X, line 21.	_	" on Form 990,	Part IV, line 9, or	reported an am	ount on Fo	orm
1a	Is the organization an agent, trustee	custodian or oth	ner intermediary	for contributions o	r other assets not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in P						□ No
_	in too, onplain the allangement in t	arr xiii arra compi	oto the following	Table.	An	nount	
С	Beginning balance			1	c		
d	Additions during the year			h			
е	Dark British			1	e		
f	- P 1 1			1	4		
	· ·						
2a	Did the organization include an amount	nt on Form 990, P				? 🗌 Yes	☐ No
	Did the organization include an amount of "Yes," explain the arrangement in P		art X, line 21, for	escrow or custodia	al account liability?	? 🗌 Yes	☐ No
b	Did the organization include an amount if "Yes," explain the arrangement in P t V Endowment Funds.		art X, line 21, for	escrow or custodia	al account liability?	Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	art X, line 21, for e if the explanati	escrow or custodia on has been provid Part IV, line 10.	al account liability?	<u></u>	
b	If "Yes," explain the arrangement in P tV Endowment Funds.	art XIII. Check her	art X, line 21, for e if the explanati	escrow or custodia on has been provid	al account liability?	· · ·	
b	If "Yes," explain the arrangement in P tV Endowment Funds.	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
b Par	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance Contributions	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
b Par 1a	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
b Par 1a b	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance Contributions	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
Par 1a b	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
Par 1a b c	If "Yes," explain the arrangement in P TV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
Par 1a b c	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
Par 1a b c	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990,	escrow or custodia on has been provid Part IV, line 10.	al account liability? led on Part XIII .	<u></u>	
Par 1a b c d e	If "Yes," explain the arrangement in PtV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	art XIII. Check her	art X, line 21, for e if the explanati " on Form 990, (b) Prior year	escrow or custodia on has been provided Part IV, line 10.	al account liability? led on Part XIII . (d) Three years back	<u></u>	
Par 1a b c d e f g	If "Yes," explain the arrangement in PtV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the complete o	art XIII. Check her answered "Yes (a) Current year the current year er	art X, line 21, for e if the explanati " on Form 990, (b) Prior year	escrow or custodia on has been provided Part IV, line 10.	al account liability? led on Part XIII . (d) Three years back	<u></u>	
Par 1a b c d e f g	If "Yes," explain the arrangement in PtV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	art XIII. Check her answered "Yes (a) Current year the current year er	art X, line 21, for e if the explanati " on Form 990, (b) Prior year	escrow or custodia on has been provided Part IV, line 10.	al account liability? led on Part XIII . (d) Three years back	<u></u>	
1a b c d e f g 2 a	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowments.	art XIII. Check here answered "Yes (a) Current year the current year ere the current year ere %	art X, line 21, for e if the explanati " on Form 990, (b) Prior year	escrow or custodia on has been provided Part IV, line 10.	al account liability? led on Part XIII . (d) Three years back	<u></u>	
1a b c d e f g 2 a b	If "Yes," explain the arrangement in Ptv Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment	art XIII. Check here answered "Yes (a) Current year the current year ere the current year ere %	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1)%	escrow or custodia on has been provided Part IV, line 10.	al account liability? led on Part XIII . (d) Three years back	<u></u>	
1a b c d e f g 2 a b	If "Yes," explain the arrangement in Ptv Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and	art XIII. Check here answered "Yes (a) Current year the current year ere the current year ere % % 2c should equal 1	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1)%	escrow or custodia on has been provided Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four year	
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Ptv Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment	art XIII. Check here answered "Yes (a) Current year the current year ere the current year ere % % 2c should equal 1	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1)%	escrow or custodia on has been provided Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four year	rs back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in P IV Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the	art XIII. Check here answered "Yes (a) Current year the current year ere the by % 2c should equal 1 e possession of the	art X, line 21, for e if the explanation. " on Form 990, (b) Prior year and balance (line 1) "" "" "" "" "" "" "" "" ""	escrow or custodia on has been provided Part IV, line 10. (c) Two years back g, column (a)) held	al account liability? led on Part XIII . (d) Three years back as:	(e) Four year	rs back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Ptv Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by	art XIII. Check here answered "Yes (a) Current year the current year ere the by % 2c should equal 1 e possession of the	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1%	escrow or custodia on has been provided Part IV, line 10. (c) Two years back page of the	al account liability? led on Part XIII . (d) Three years back as:	(e) Four year	rs back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Ptv Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Permanent endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by (i) unrelated organizations	art XIII. Check here answered "Yes (a) Current year the current year ere the current year ere % 2c should equal 1 e possession of the	art X, line 21, for e if the explanation on Form 990, (b) Prior year and balance (line 1%	escrow or custodia on has been provided Part IV, line 10. (c) Two years back and g, column (a)) held that are held and account and account to the column (a).	al account liability? led on Part XIII . (d) Three years back as:	(e) Four year	rs back

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	78,120	-	40 - 30 - 46 - 3	78,120
b	Buildings	6,264,529		2,190,336	4,074,193
C	Leasehold improvements				
d	Equipment	491,102		355,444	135,658
е	Other	101,511		73,993	27,518
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	(, column (B), line 1	0c.)	4,315,489

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)	Part VII	Investments - Other Securi		rm 000 Dort IV lu	no 11h Con Form	2000 Part V line 12
22 Closely-held equity interests		(a) Description of security or cat	egory	r	(c) Me	thod of valuation
(3) Other (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (10)	(1) Financia	l derivatives			 	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. Ine 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 25. Calabity for uncertain income taxes Calabity for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(A)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					ļ	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15, line 15, line 15, line 15, line 16, line 16, line 17, line 16, line 17, line 16, line 17, line 17, line 11d. See Form 990, Part X, line 15, line 16, line 17, line 16, line 17, line 1			·	· ·	 	
Gio Gio						
Gi						
Total, Column (b) must equal from 990, Part X, col (B) line 12) ►						
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11c. See Form 990, Part X, Inne 13.	(H)				 	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11c. See Form 990, Part X, Inne 13.	Total. (Column	(b) must equal Form 990, Part X, col (B) line 12) ▶		1 3 4 8 X	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part VIII			rm 990 Part IV. III	ne 11c. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13) (a) Description (b) Book value (c) Society (d) Society (e) Society (e) Society (f) Society (f) Society (g) Soc					(c) Me	thod of valuation
(2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X	(1)				3551 57 6111	o your manor raido
(6) (9) (17) (9) (9) (18) (19) (19) (1014) (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, Inne 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1014) (
(6) (7) (8) (9) Cottorn (b) must equal Form 990, Part X, col (B) line 13) ► Part IX						
(6) (7) (8) (9) 10tal. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) 10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description f liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (1) Folial. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)					
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (2) Federal income taxes (3) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			 			
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	2. Liability fo	r uncertain tax positions in Part XIII,	provide the text of the footn	ote to the organization	on's financial statem	ents that reports the

	Reconciliation of Revenue per Audited Financial Stater		
	Complete if the organization answered "Yes" on Form 990		
	otal revenue, gains, and other support per audited financial statements	s	. 1
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	3 84
	et unrealized gains (losses) on investments	2a	
	onated services and use of facilities	2b	
	ecoveries of prior year grants	2c	
	ther (Describe in Part XIII.)	_2d	<u></u>
	dd Ines 2a through 2d		<u>2e</u>
	ubtract line 2e from line 1		3
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4 1	
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII)	4b	
	dd lines 4a and 4b		· · 4c
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
art XI			
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12	1.
	otal expenses and losses per audited financial statements		• • •
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
	onated services and use of facilities	2a	
	rior year adjustments	2b	- Anna Ya
	ther losses	2c	
	ther (Describe in Part XIII.)	2d	
	dd lines 2a through 2d		2e
	ubtract line 2e from line 1		3
	nounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII)	4b	
	dd lines 4a and 4b		4c
5 To art XII	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I Supplemental Information.	ine 18.)	5
ovide tl	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a , lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa		
	, into 2d and 4b, and rait All, lines 2d and 4b. Also complete this pa		
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	, inico 2d and 45, and 7 art Air, inico 2d and 45. Also complete this pa		
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	, inico 2d and 40, and 1 art Air, inico 2d and 40. Also complete this pa		
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	, into 2d and 4b, and 1 art Air, intes 2d and 4b. Also complete this pa		

Schedule D (Form	n 990) 2017 Page	e 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SUNSHINE BIBLE ACADEMY

Employer identification number 46-0230221

bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Alsa the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to. Students' rights or privileges? Employment of faculty or administrative staff? Scholarships or other financial assistance? Scholarships or other financial assistance? Scholarships or other financial assistance? Scholarships or other financial assistance? Styles of facilities? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	-
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Athletic programs?	Educational policies?	5e		-
Other extracurricular activities?	Use of facilities?	5f		_
If you answered "Yes" to any of the above, please explain If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	Athletic programs?	5g	}	_
Does the organization receive any financial aid or assistance from a governmental agency?		5h		
Does the organization receive any financial aid or assistance from a governmental agency? 6a Has the organization's right to such aid ever been revoked or suspended? 6b				
Has the organization's right to such aid ever been revoked or suspended?				****
	Does the organization receive any financial aid or appletance from a governmental agency?	6a	هنا	
			 	

	Form 990 or 990-EZ) 2017	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SUNSHINE BIRLE ACADEMY

20112	HINE BIBLE ACADEMIT						0230221
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on f	Form 990, Part IV,	line 17.
1	Indicate whether the organization				ourna actuation C	thook all that apply	
-	==	on raised juilus			-		
a					on of non-govern	_	
b	Internet and email solicitation	ons	f		ion of government	-	
C	Phone solicitations		g Ŀ	☐ Special	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a wri						
_	or key employees listed in Forn		_			-	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pi	ursuant to agreem	ients under which tr	ne fundraiser is to be
	(s) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	odraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					1		
2							
3			<u> </u>				
4		1					
5			 		-	·····	
6			-				
7							
8		-	-		-		
9			-				
10			 	 			
				<u> </u>			
Total	, ,			. ▶			
3	List all states in which the organistration or licensing	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

, .							

Schedule G (Form 990 or 990-EZ) 2017

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 SBA Auction (event type)	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	83,243			83 243
<u>u</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	83,243			83,243
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs .		:		
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary Subtra	act line 10 from line 3, c	olumn (d) .	▶	
	irt III	Gaming. Complete if the than \$15,000 on Form 9		ed Yes on Form 99	Part IV, line 19, or	r reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				ļ
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct (4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d) , .		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		in each of these states	?	
10		ere any of the organization's g "Yes," explain.	aming licenses revoked	-	•	

Schedu	ale G (Form 990 or 990-EZ) 2017				Pa	ge 3
11 12	Does the organization conduct gaming activities with nonmembers?	ity		Yes Yes		
13	Indicate the percentage of gaming activity conducted in:				_	%
a b	The organization's facility					%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:					
	Name ►					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization receives gaminevenue?			Yes		No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party.					
	Name ▶					
	Address ▶				·	<u>-</u>
16	Gaming manager information:					
	Name >	-				
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	□ Director/officer □ Employee □ Independent contractor					
17 a b	Mandatory distributions ls the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?			Yes		No
Part		i) ar forr	nd (1 nati	v); aı on.	nd	
		-				
		_				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

Types of Property Ca		HINE BIBLE ACADEMY					4	5-02302	221		
Check if applicable interests and the contributions or items contributed amounts reported on Form 990, Part VIII, line 1g oncash contribution amounts reported on Form 990, Part VIII, line 1g oncash contribution amounts of items contributed amounts reported on Form 990, Part VIII, line 1g oncash contribution amounts of items contributed amounts reported on Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Form 990, Part VIII, line 1g oncash contribution amounts of Part 1g oncash contribution amounts of Part 1g oncash contributions of Part 1g oncash contribution amounts of Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contributions on Part 1g oncash contrib	Part	Types of Property	T ()		(c)		τ		4.13		
1 Art — Works of art			Check if	Number of contributions or	Noncash contr amounts repo	rted on	•		of dete		-
3 Att—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 8 Intellectual property 9 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Partnership, LLC, or trust interests 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential 16 Real estate—Commercial 17 Real estate—Commercial 18 Real estate—Commercial 19 Food inventory √ 5 8,662 Food 10 Drugs and medical supplies 11 Taxodermy 12 Historical artifacts 12 Securities 14 Archeological artifacts 15 Cliffied Fee Fee Fee Fee Fee Fee Fee Fee 16 Other ► (Equipment) √ 1 9,200 Lawnnewer 17 Other ► (Equipment) √ 1 9,200 Lawnnewer 18 Other ► (Equipment) √ 1 9,200 Lawnnewer 19 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization apy property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 Juring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 Juring the year, did the organization hiere or related organizations to solicit, process, or sell noncash contributions? 31 Taxodermy 19 Juring 19 Juring 19 Juring 19 Juring 19 Juring 19 Juring 19 Juring 19 Juring	1	Art-Works of art				··········					
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Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? The second related organizations to solicit, process, or sell noncash contributions? The second related organizations to solicit, process, or sell noncash contributions? The second related organizations to solicit, process, or sell noncash contributions? The second related organization to solicit, process, or sell noncash contributions? The second related organization to solicit, process, or sell noncash contributions?	h			e notating period				•		₹5. E	5 3 -4
contributions?				stance policy that require	ne the rowers	of any ne	nneton	dard			
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	J.		giii accer		ss the review	or any m	Jiistai	iuaru	24	300	154
contributions?	322		a third nad		· · · · · · · · · · · · · · · · · · ·	oee or or	 حمم الد	nach	31		\ <u> </u>
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	JEG			ies or related organization	s to somett, proc	,coo, ui st	ii iiON	Casii	20-		,
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	£.							•	3∠a	. , ,	1 (1 / 1 / 1
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	-		amount iii	column (c) for a type of pro	perty for writerio	Ciurrir (a) i	J CHE	skeu,		# 1 3 2 1 3	

	Form 990) 2017 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
,_	or a combination of both. Also complete this part for any additional information.

	,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number SUNSHINE BIBLE ACADEMY** 46-0230221 Other Expenses - Form 990, Page 10, Line 24e Instructional/Co-Curricular \$ 32,535 Student Life 3,609 Custodial 9,799 Supplies & Repairs 40,461 Vehicles 5,055 Administrative 71,905 TOTAL EXPENSES \$ 163,364 FORM 990, PART VI, LINE 11A The Form 990, and its attachments, are prepared by Craig D. Brockel, CPA. He is the business manager of Sunshine Bible Academy. Before the form is filed with the Internal Revenue Service, it is reviewed by the Superintendent of the school and is on file to all board members and the general public for review and inspection. FORM 990, PART VI, LINE 19

FORM 990, PART VI, LINE 12c

There is a Conflict of Interest policy that precludes a school board member from performing any labor or furnish any equipment for compensation. It also precludes a school board member from having an interest in any contract with the school that may have

Copies of all financial statements and documents are reviewed and approved by the board members at its monthly board meetings.

They are on file at the business office and are available for inspection and review by the general public upon request at any time.

remunerative awards to any board member. Such activities are monitored at the monthly board meetings.

FORM 990, PART XI, LINE 9

Decrease in Restricted Cash Accounts \$ (26,806)

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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	<u> </u>
•	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public 2017 Inspection

Employer identification number 46-0230221

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity SUNSHINE BIBLE ACADEMY

Part II

Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led
1					Yes	2
Scholarship/Cattle	South Dakota	501(c)(3)				>
	Cat No	50135Y		Schedule R (I	Form 990) 2017
	ship/Cattle	South Dakota South Dakota	South Dakota South Dakota	South Dakota 501(c)(3) South Dakota 501(c)(3)	South Dakota South Dakota Cat No 50135Y Legal domicile (state Exempt Code section Public charry status Direction country) (if section 501(c)(3)) (if section 501	South Dakota (South Dakota Cat No 50135Y Cat No 50135Y Legal domicile (status) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3)) (if section 501(c)(3))

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Celebratic State Comparison of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity				(g) Share of end- year assets				(i) eneral or nanaging partner?	(k) Percentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 Index 94, because it had one or more related organization treated as a corporation or trust during the tax year. Index 1, because it had one organization related organization treated as a corporation or trust during the tax year. Index 1, because it had one organization or related organization treated as a corporation or trust during the tax year. Index 1, because it had one organization or related organization answered "Yes" on Form 990 Index 1, because it had one organization or related organization organizatio									Yes	S.	×		
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Inc 34, because it had one or more related organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or frust during the tax year. (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(2)												
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related Organizations freated as a corporation or trust during the tax year. (b) Name, address, and EIN of related Organization from the front of	2)									-		-	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the Organization answered "Yes" on Form 990 line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(9)										+	-	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990													
Name, address, and ElN of related organization (d) (d) (d) (b) (Logal dominile) (Econp. S corp, or fund) (Conp. S corp, or fund) (M) (H) (G) (H) (H) (G) (H) (H) (H		i elated Organizat had one or more r	ions Taxable elated organi	as a Corpora zations treatec	ation or dasaco	I rust. Comproperation or	plete if the trust durir	organizat ng the tax	ion ansv year.	vered "Yes" (n Form	990, 7	art I<,
	(a) Name, address, and EIN of relatec	i organization	(b) Primary activity	(c) Legal dor (state or foreig	micile gn country)	(d) Direct controlling entity	(C corp, S co	entity Si	(f) hare of tota income	(g) Share of end-of-year asse	(h) Percen	tage Sec	(I) tion 512(b) controlled entity?
9) 6) 6) 7)											-	>	Se
2) 3) 4) 6) 6)	1)						· · · · · ·						
9)	2)												
5)	(6							-			-		
6)	4)				-							-	-
(9)	(6										-	-	-
L	(9)												
	T.								{ { {				

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	ie following transactions with one or more related organizations listed in Parts II-IV?	nizations listed in Parl	s II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .				1a
b Gift, grant, or capital contribution to related organization(s)				1
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan quarantees to or for related organization(s)				1d
• Loans or Iran quarantees by related organization(s)				1
6 Diving Complete Control of Cont				
Uniderias iroffi felated organization(s)				=
g Sale of assets to related organization(s) .				19
h Purchase of assets from related organization(s)				+
i Exchange of assets with related organization(s)				-
i Lease of facilities, equipment, or other assets to related organization(s)				-
			•	1000 1000 1000 1000 1000 1000 1000 100
k Lease of facilities, equipment, or other assets from related organization(s)				1k
	ization(s)	•	· · ·	=
	(c)			
_	zation(s)			E
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)r			무
o Sharing of paid employees with related organization(s)				10
				The state of the s
p Rembursement baid to related organization(s) for expenses				10
a Beimhirsement baid by related organization(s) for expenses				
				- 13
Other transfer of cash or property to related organization(s)	·			-
				18
2 If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line,	including covered relationships and transaction thresholds.	uships and transactive	on thresholds.
(a)	(g)	(0)	(p)	
Name of related organization	Transaction tyne (a s)	Amount involved	Method of determining amount involved	ig amount involved
	(c 1) ad(c			
£				
11				
(2)				
60				
(4)				
(9)				
	-			
[6]				
			Schedue	Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Sections 512—514)	(a) (b) (c) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	<u>.</u>	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
				sections 512-514)	Yes No					Yes No	Τ.
	(1)										
	(2)										
	(6)										
)										

Schedule R (Form 990) 2017 Page 5
Part VII Provide additional information for responses to questions on Schedule R. See instructions
Schedule R (Form 990) 2017