Form 990-T	Exempt Organization Bus	iness Incor	ne Tax Return	OMB No 1545-0687
•	(and proxy tax unde	er section 6033((e)) \ \(\% \)	2017
**	For calendar year 2017 or other tax year beginning $\underline{\mathtt{JUN}}$ 1,			<u>8</u> ZU 1/
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ins ► Do not enter SSN numbers on this form as it may			Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name ch	anged and see instruct	tions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print LEXINGTON CHRISTIAN ACA	ADEMY, INC	•	61-1161777
X 501(a)(3)	Number, street, and room or suite no. If a P.O. box,	, see instructions.		E Unrelated business activity codes (See instructions)
408(e)220(e)	Type 450 W. REYNOLDS ROAD			,
408A530(a)	City or town, state or province, country, and ZIP or	foreign postal code		
529(a)	LEXINGTON, KY 40503			711210
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>		
31,195,2			c) trust 401(a)	trust Other trust
		EE STATEMEI		Yes X No
•	the corporation a subsidiary in an affiliated group or a parent	t-subsidiary controlled	group?	Yes X No
J The books are in care of	and identifying number of the parent corporation. ► JOHN MORGAN	<u></u>	Telephone number ► 8	59-422-5700
	d Trade or Business Income	(A) Incom		
1a Gross receipts or sale		(14) 1110011	(2) = (2)	(0)
b Less returns and allo		1c		
2 Cost of goods sold (S		2		
3 Gross profit. Subtract		3		
4a Capital gain net incon		4a		
	4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction	n for trusts	4c		
5 Income (loss) from p	artnerships and S corporations (attach statement)			
6 Rent income (Schedu	ile C)	6		
	ed income (Schedule E)	7		
	yalties, and rents from controlled organizations (Sch. F)	8		
	f a section 501(c)(7), (9), or (17) organization (Schedule G)			
	vity income (Schedule I)	10		
11 Advertising income (S	·	11 27,	263.	27,263.
	structions; attach schedule) STATEMENT 2	13 27,		27,263
	ons Not Taken Elsewhere (See instructions for			277200
	contributions, deductions must be directly connected			
14 Compensation of off	ficers, directors, and trustees (Schedule K)	- .		14
215 Salaries and wages	RECE	IVED		15 5,861
16 Repairs and mainter 217 Bad debts 18 Interest (attach sche 19 Taxes and licenses	nance			16 1,098
217 Bad debts	APR 2	4 2019 OSO-SE		17
18 Interest (attach sche	APR 2	4 ZUI9 6		18
				19
20 Charitable contributi	ons (See instructions for limitation rules) OGDE	N, UT	. 1 270	20
Charitable contribution Charit		2		22b 1,270
Less depreciation ci	aimed on Schedule A and elsewhere on return	22	<u> </u>	23
Depletion	orrad companyation plans			24
Employee benefit pr	erred compensation plans			25
26 Excess exempt expe	~			26
27 Excess readership c				27
28 Other deductions (at		SEE S	STATEMENT 3	28 3,452
· ·	dd lines 14 through 28	·	•	29 11,681
	axable income before net operating loss deduction. Subtract	line 29 from line 13		30 15,582
	eduction (limited to the amount on line 30)		STATEMENT 4	31 2,226.
32 Unrelated business t	axable income before specific deduction. Subtract line 31 fro			32 13,356
	Generally \$1,000, but see line 33 instructions for exceptions)			33 1,000
	taxable income Subtract line 33 from line 32. If line 33 is g	reater than line 32, ent	er the smaller of zero or	4.5.5
line 32			<u>></u>	34 12,356
	- Danaguary Dadustian Act Nation and instructions			→ Form MMULE 1 (2011)

Form 990-1		1-11617	77 Page 2
Part I			
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1	
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		~
	Income tax on the amount on line 34 SEE STATEMENT 5	35	2,160.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	_	-
	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax See instructions	▶ 37	
38	Alternative minimum tax	<i>1</i> 38	
39	Tax on Non-Compliant Facility Income. See instructions	u u 39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	99 40	2,160.
Part I			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		- ·
	Total credits Add lines 41a through 41d	410	
42	Subtract line 41e from line 40	42	
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		
44	Total tax Add lines 42 and 43	48 44	2,160.
	Payments: A 2016 overpayment credited to 2017		
	2017 estimated tax payments 45b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		
	Backup withholding (see instructions) 45e		
	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments: Form 2439		
	Form 4136 Other Total ▶ 45g		-
46	Total payments. Add lines 45a through 45g	12 3-	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	$\{2, \frac{1}{4}\}$	78.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	S3► <u>48</u>	2,238.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49	
<u>50</u>	Enter the amount of line 49 you want: Credited to 2018 estimated tax		
Part V		is)	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here	440	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trustz	<u> </u>
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge	and belief it is true
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of thy knowledge	and belief, it is true,
Here	W W I SIN IS FINANCE/CFO		IRS discuss this return with
	Signature of officer Date Title		erer shown below (see ons)? X Yes No
	Print/Type preparer's name Preparer's signature Date Chec		TIN
Paid	hon woney and 1/2/19	employed .	D00410506
Prepa			P00418596 27-1235638
Use O	nly Firm's name ► MCM CPAS & ADVISOR LLP Firm 333 WEST VINE STREET	n's EIN 🕨	41-1433030
		ne no QEO	-514-7800
	THE THEATHER TO THE THEATHER THE THEATHER THEATH	10. 003	Form 990-T (2017)
			101111 000 1 (2017)

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A		₹			
Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold St	ubtract lu	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section	263A (w	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	y)	
Description of property	· · · · · · · · · · · · · · · · · · ·							
/1\					***************************************			
(1)								
(3)								
(4)								
(4)	2. Rent receiv	red or accrued						
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directi columns 2(a) a	y conne nd 2(b)	cted with the income (attach schedule)	ın
(1)	·							
(2)								
(3)								
(4)		<u> </u>						
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De		Income (see	instructions)					
			2. Gross income from		3. Deductions directly conto debt-finan		perty	
1 Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)								
(2)								
(3)				1				
(4)	-							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)		 	%	 		+		
(2)			%					
(3)			%					
(4)			%_					
					ater here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions if	ncluded in colum	n 8	•					0.

Form 990-T (2017)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
2)						
3)]	<u> </u>		
4)						
otals (carry to Part II, line (5))	0.	0.				0
1210 (1211) 12 1 211 11 mile (0)				· · · · · · · · · · · · · · · · · · ·	·	5 000 T (001

Form **990- I** (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					-		
(3)			-				
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.		•		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	•
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

2,226.

FORM 990-T	DESC	CRIPTION OF	F ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED Y	STATEMENT	1
RENTAL OF	SCHOOL I	FACILITIES	TO OUTSIDE PARTI	ES		
TO FORM 99	0-T, PAGI	E 1				
FORM 990-T			OTHER INCOME		STATEMENT	2
DESCRIPTIO	N				TUUOMA	
FACILITY R	— ENTAL - I	DUAL USE			, 27,2	63.
TOTAL TO F	ORM 990-	r, PAGE 1,	LINE 12		27,2	63.
FORM 990-T		· · · · · · · · · · · · · · · · · · ·	OTHER DEDUCTI	ONS	STATEMENT	3
DESCRIPTIO	N	-			AMOUNT	
UTILITIES INSURANCE INTEREST	_				1,3 2: 1,8	93.
TOTAL TO F	ORM 990-	r, PAGE 1,	LINE 28		3,4	52.
FORM 990-T		NET	OPERATING LOSS D	EDUCTION	STATEMENT	4
TAX YEAR	LOSS ST	USTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
05/31/12 05/31/13 05/31/16	1	22,482. 9,705. 229.	22,482. 7,708. 0.	0. 1,997. 229.	1,99 22	

2,226.

NOL CARRYOVER AVAILABLE THIS YEAR

FORM	990-T LINE 35C TAX COMPUTAT	rion		STATEMENT	5
1.	TAXABLE INCOME		12,356		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	r	12,356		
3.	LINE 1 LESS LINE 2		. 0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	NT	0		
5.	LINE 3 LESS LINE 4		0		
6.	INCOME SUBJECT TO 34% TAX RATE	• • •	0		
7.	INCOME SUBJECT TO 35% TAX RATE	• • •	0		
8.	15 PERCENT OF LINE 2	• • •	1,853		
9.	25 PERCENT OF LINE 4	• • •	0		
10.	34 PERCENT OF LINE 6	• • •	0		
11.	35 PERCENT OF LINE 7	• • •	0		
12.	ADDITIONAL 5% SURTAX		0		
13.	ADDITIONAL 3% SURTAX	• • •	0		
14.	TOTAL INCOME TAX		_	1,8	353
			_		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20)17	2,595		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	214 151	1,086 1,074		,
18.	TOTAL TAX PRORATED	365		2,1	60