

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">LAKE CHRISTIAN MINISTRIES, INC.</p>		D Employer identification number <p style="text-align: center;">54-2034650</p>
	Doing business as		E Telephone number <p style="text-align: center;">540-297-3214</p>
	Number and street (or P.O. box if mail is not delivered to street address) <p style="text-align: center;">13157 OLD MONETA RD/ P O BOX 695</p>	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MONETA VA 24121</p>		G Gross receipts \$ 958,529
F Name and address of principal officer: <p style="text-align: center;">JIM LASETER 91 HARBOUR COURT SMITH MOUNTAIN LAKE VA 24121</p>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () • (insert no.) 4947(a)(1) or 527

J Website: • **lakechristianministries.org** **H(c)** Group exemption number •

K Form of organization: Corporation Trust Association Other • **L** Year of formation: **2001** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO ORGANIZE, CONDUCT, SUPPORT AND PROMOTE BENEVOLENT ACTIVITIES TO SELECTED RESIDENTS OF THE SMITH MOUNTAIN LAKE, VIRGINIA COMMUNITY.</p>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	4
	6 Total number of volunteers (estimate if necessary)	225
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 387,813 Current Year: 598,318
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,733 4,633
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,447 153,430
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	465,993 756,381
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		91,202 108,885
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) • 1,427		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		97,341 106,186
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	395,202 459,747	
19 Revenue less expenses. Subtract line 18 from line 12	70,791 296,634	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 689,894 End of Year: 1,009,469
	21 Total liabilities (Part X, line 26)	2,465 20,596
	22 Net assets or fund balances. Subtract line 21 from line 20	687,429 988,873

Part II Signature Block

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 is 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 <p style="text-align: center;">PAUL MARX</p>	Date <p style="text-align: center;">TREASURER</p>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <p style="text-align: center;">Timothy A. Blanks</p>	Preparer's signature <p style="text-align: center;">05/13/21</p>	Date <p style="text-align: center;">05/13/21</p>	Check <input type="checkbox"/> if self-employed PTIN <p style="text-align: center;">P00111139</p>
	Firm's name <p style="text-align: center;">Brockman, Drinkard & Pennington, PC</p>	Firm's EIN • 54-1247987		
	Firm's address <p style="text-align: center;">104 Archway Court Lynchburg, VA 24502</p>	Phone no. 434-846-8458		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO ORGANIZE, CONDUCT, SUPPORT AND PROMOTE BENEVOLENT ACTIVITIES TO SELECTED RESIDENTS OF THE SMITH MOUNTAIN LAKE, VIRGINIA COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 346,341 including grants of \$ 244,676) (Revenue \$)

THE ORGANIZATION AND CONDUCT OF BENEVOLENT ACTIVITIES AND SUPPORT FOR NEEDY RESIDENTS OF THE SMITH MOUNTAIN LAKE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses • 346,341

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country • See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records •
PAUL MARX **13157 OLD MONETA RD**
MONETA **VA 24121** **540-297-3214**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE WINTERS EXEC DIRECTOR	40.00 0.00			X				44,100	0	0
(2) RANDY AGEE DIR	1.00 0.00	X						0	0	0
(3) JON ATCHUE DIR	1.00 0.00	X						0	0	0
(4) JIM BENNETT DIR	1.00 0.00	X						0	0	0
(5) JAMES CASKIE DIR	1.00 0.00	X						0	0	0
(6) LINDSEY COLEY DIR	1.00 0.00	X						0	0	0
(7) BILL COPENING DIR	1.00 0.00	X						0	0	0
(8) KATE ELLIS SECRETARY	2.00 0.00	X		X				0	0	0
(9) DAVE ENGLISH DIR	1.00 0.00	X						0	0	0
(10) DAVID GRING DIR	1.00 0.00	X						0	0	0
(11) CARLA LAESTER DIR	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JIM LASETER	3.00									
CURRENT CHAIR	0.00	X		X			0	0	0	
(13) PAUL MARX	3.00									
TREASURER	0.00	X		X			0	0	0	
(14) JACQUELINE OLIVER	1.00									
DIR	0.00	X					0	0	0	
(15) ROBERT RIDDICK	1.00									
DIR	0.00	X					0	0	0	
(16) ANN SAAD	1.00									
DIR	0.00	X		X			0	0	0	
(17) RICH SOURS	1.00									
DIR	0.00	X					0	0	0	
(18) KAREN SUTPHIN	1.00									
DIR	0.00	X					0	0	0	
1b Subtotal							44,100			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							44,100			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization • **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	598,318			
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,250			
	h Total. Add lines 1a-1f		598,318			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,859		3,859	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,600			
		(ii) Other	737			
		7a				
		b Less: cost or other basis and sales exps.	7b	2,563		
	c Gain or (loss)	7c	37	737		
	d Net gain or (loss)			774	774	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	353,015				
	b Less: direct expenses	8b	199,585			
c Net income or (loss) from fundraising events			153,430			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		756,381	774	0	3,859	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	244,676	244,676		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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 Other salaries and wages	98,422	14,763	83,659	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,024	154	870	
10 Payroll taxes	9,439	1,416	8,023	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,680		3,680	
d Lobbying				
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				
13 Office expenses	4,481	243	2,811	1,427
14 Information technology				
15 Royalties				
16 Occupancy	54,020	47,171	6,849	
17 Travel	725	72	653	
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	26,233	26,233		
23 Insurance	6,697	2,399	4,298	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AUTOMOBILE EXPENSE	6,034	6,034		
b SUPPLIES	3,180	3,180		
c BANK CHARGES	721		721	
d LICENSES	415		415	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	459,747	346,341	111,979	1,427
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	45,208	1	44,283
	2	Savings and temporary cash investments	307,747	2	626,177
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,288	9	5,802
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	466,248		
	10b	Less: accumulated depreciation	178,078	10c	288,170
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	29,481	12	45,037
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	689,894	16	1,009,469	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,465	25	20,596
	26	Total liabilities. Add lines 17 through 25	2,465	26	20,596
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here • <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	601,354	27	936,763
	28	Net assets with donor restrictions	86,075	28	52,110
	Organizations that do not follow FASB ASC 958, check here • <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	687,429	32	988,873
33	Total liabilities and net assets/fund balances	689,894	33	1,009,469	

Part 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	756,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	459,747
3	Revenue less expenses. Subtract line 2 from line 1	3	296,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	687,429
5	Net unrealized gains (losses) on investments	5	4,810
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	988,873

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

• **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

LAKE CHRISTIAN MINISTRIES, INC.

Employer identification number

54-2034650

Part I 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 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 33 1/3% 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 33 1/3% 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.)
- 11 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,861	266,193	287,388	387,813	598,318	1,834,573
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	294,861	266,193	287,388	387,813	598,318	1,834,573
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)						369,853
6 Public support. Subtract line 5 from line 4						1,464,720

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	294,861	266,193	287,388	387,813	598,318	1,834,573
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	559	1,073	3,900	2,733	3,859	12,124
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						1,846,697

12 Gross receipts from related activities, etc. (see instructions) 12 621,130

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	79.32 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.45 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Dotted lines for supplemental information.

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

2020

Open to Public Inspection

Name of the organization

LAKE CHRISTIAN MINISTRIES, INC.

Employer identification number

54-2034650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment • %
 - b Permanent endowment • %
 - c Term endowment • %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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		27,000		27,000
b Buildings		283,338	58,551	224,787
c Leasehold improvements				
d Equipment		104,947	87,203	17,744
e Other		50,963	32,324	18,639
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				288,170

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL PROTECTION LOAN	17,400
(3) PAYROLL LIABILITIES	3,196
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,596

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	763,441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,810	
b	Donated services and use of facilities	2b	2,250	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	7,060
3	Subtract line 2e from line 1		3	756,381
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	756,381

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	461,997
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,250	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,250
3	Subtract line 2e from line 1		3	459,747
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	459,747

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Organization follows professional standards in accounting for income taxes. Under these standards, an organization must recognize the tax benefit associated with tax taken for tax return purposes when it is more likely than not the position will be sustained. The implementation of these standards had no impact on the Organization's financial statements. The Organization's income tax filings are subject to audit by various taxing authorities. Open audit periods include its years ending December 31, 2017 through 2020. In evaluating the Organization's revenue sources, Organization management does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. For the year ended December 31, 2020, there

Part XIII Supplemental Information *(continued)*

were no interest or penalties recorded in the Organization's financial statements.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LAKE CHRISTIAN MINISTRIES, INC.

Employer identification number

54-2034650

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>VARIOUS FUNDRAI</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	353,015			353,015
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	353,015			353,015
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	199,585			199,585
	10 Direct expense summary. Add lines 4 through 9 in column (d)				199,585
11 Net income summary. Subtract line 10 from line 3, column (d)				153,430	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes % No	Yes % No	Yes % No	
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name •
Address •

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization • \$ and the amount of gaming revenue retained by the third party • \$

c If "Yes," enter name and address of the third party:
Name •
Address •

16 Gaming manager information:
Name •
Gaming manager compensation • \$
Description of services provided •
 Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year • \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
• Attach to Form 990.
• Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

LAKE CHRISTIAN MINISTRIES, INC.

Employer identification number

54-2034650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 COMMUNITY HLTH/WELFARE	5000	192,722	51,954	COST	FOOD
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

GRANTEES (CLIENTS) ARE THOURGHLI INTERVIEWED TO DETERMINE NEED FOR ASSISTANCE IN MEETING THEIR FOOD, MEDICAL, HOUSING AND TRANSPORTATION NEEDS. CLIENTS ARE LIMITED BY MONTHLY QUOTAS AND ARE MONITORED BY VOLUNTEER STAFF PERSONNEL.

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

2020

**Open to Public
Inspection**

Name of the organization

LAKE CHRISTIAN MINISTRIES, INC.

Employer identification number

54-2034650

Form 990, Part VI, Line 2 - Related Party Information Among Officers

JIM LAESTER

CARLA LAESTER

CURRENT CHAI

DIR

HUSBAND & WIFE

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

COPY GIVEN TO TREASURER FOR REVIEW PRIOR TO FILING

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH OFFICER IS REQUARID TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY

Form 990, Part VI, Line 15a - Compensation Process for Top Official

**THE BOARD CHAIR REQUESTS INPUTS FOR THE ANNUAL PERFORMANCE REVIEW OF THE
EXECUTIVE DIRECTOR FROM BOARD MEMBERS, DIRECT REPORTS AND VOLUNTEERS OF THE
ORGANIZATION.**

A REVIEW IS PREPARD AND COMPENSATION PACKAGE PRESENTED TO THE FINANCE

**COMMITTEE. AFTER A VOTE, THE BOARD CHAIR THEN PRESENTS THE REVIEW AND THE
COMPENSATION PACKAGE TO THE EXECUTIVE DIRECTOR.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON WRITTEN REQUEST TO BOARD OF DIRECTORS

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

• Attach to your tax return.

• Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

LAKE CHRISTIAN MINISTRIES, INC.

Identifying number
54-2034650

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,233

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,233
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

54-2034650

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
12	REFRIGERATOR	7/17/08	1,237			X	619	7 HY 200DB	1,237	0
			<u>1,237</u>				<u>619</u>		<u>1,237</u>	<u>0</u>
Other Depreciation:										
2	98' GRUMMAN P30	8/28/08	5,000				5,000	5 MO S/L	5,000	0
3	OVERHAUL 98 FOOD VAN	9/24/08	3,394				3,394	5 MO S/L	3,394	0
5	EQUIPMENT	2/02/07	1,262				1,262	7 MO S/L	1,262	0
6	EQUIPMENT	3/09/07	700				700	7 MO S/L	700	0
7	REFRIGERATOR	6/01/07	1,220				1,220	7 MO S/L	1,220	0
8	REFRIGERATOR	8/03/07	1,220				1,220	7 MO S/L	1,220	0
9	FREEZER	11/16/07	1,249				1,249	7 MO S/L	1,249	0
10	DELL COMPUTER	2/20/08	587				587	5 MO S/L	587	0
11	DELL BACKUP SERVER	4/23/08	713				713	5 MO S/L	713	0
13	(2) FREEZERS	2/10/09	2,551				2,551	7 MO S/L	2,551	0
14	TRAILER	11/20/09	1,300				1,300	5 MO S/L	1,300	0
15	WALK-IN FREEZER	3/01/10	7,995				7,995	7 MO S/L	7,995	0
16	3-DOOR COOLER	4/07/10	1,650				1,650	7 MO S/L	1,650	0
17	2-DOOR COOLER	11/02/11	1,250				1,250	7 MO S/L	1,250	0
18	BUILDING	11/23/12	148,994				148,994	40 MO S/L	26,384	3,725
19	FAN - WARHOUSE	6/30/10	260				260	7 MO S/L	260	0
20	TELEPHONE SYSTEM	4/02/10	228				228	7 MO S/L	228	0
21	FILE CABINETS	12/30/11	318				318	7 MO S/L	318	0
22	LAND	1/01/12	27,000				27,000	0 -- Land	0	0
23	ORIGINAL BUILDING	1/01/12	123,000				123,000	40 MO S/L	24,600	3,075
24	INSPIRON 17 NOTEBOOK	8/01/13	591				591	5 MO S/L	591	0
25	COMPUTER	10/02/13	680				680	5 MO S/L	680	0
26	COMPUTER OPTIPLEX 3010	12/03/13	870				870	5 MO S/L	870	0
27	GENERATOR	12/10/14	51,682				51,682	7 MO S/L	37,531	7,383
28	PERSONAL COMPUTER (2) AND PRINT	8/05/14	1,274				1,274	5 MO S/L	1,274	0
29	COMPUTER	9/04/14	1,048				1,048	5 MO S/L	1,048	0
30	LAPTOP	11/18/14	1,103				1,103	5 MO S/L	1,103	0
31	BUILDING MODIFICATION FOR COOL	9/01/15	1,000				1,000	15 MO S/L	289	67
32	WALK IN REFRIGERATOR	3/05/15	2,670				2,670	7 MO S/L	1,844	381
33	8' X 8' BUILT IN COOLER	10/12/15	8,322				8,322	7 MO S/L	5,053	1,188
34	FORD TRUCK	3/16/16	10,195				10,195	5 MO S/L	7,646	2,039
35	WALK IN REFRIGERATOR	7/08/16	2,506				2,506	10 MO S/L	877	251
36	DELL LAPTOP COMPUTER	10/31/16	768				768	5 MO S/L	486	154
38	FREEZER	10/04/17	598				598	7 MO S/L	192	85
39	DELL DESKTOP COMPUTER	3/31/18	822				822	3 MO S/L	480	274
40	DELL MONITOR	3/31/18	160				160	3 MO S/L	93	54
41	TURBO AIR FREEZER	7/18/18	2,778				2,778	7 MO S/L	562	397
42	2016 FORD TRANSIT 250 VAN	9/19/18	15,378				15,378	5 MO S/L	3,845	3,075
43	2016 GMC VAN	9/05/18	15,596				15,596	5 MO S/L	4,159	3,119
44	BI-PARTING DOOR	3/08/19	4,844				4,844	39 MO S/L	104	124
45	DELL COMPUTER	4/15/20	869				869	3 MO S/L	0	217
46	NETWORK CAT6 CABLE	7/09/20	3,468				3,468	5 MO S/L	0	347
47	CHEST FREEZER - WHIRLPOOL	8/17/20	499				499	7 MO S/L	0	24
48	CHEST FREEZER - WHIRLPOOLS	8/28/20	499				499	7 MO S/L	0	24
49	1999 F350 VAN	10/30/20	1,400				1,400	5 MO S/L	0	47
50	BEDFORD WATER CONNECTION	11/02/20	5,500				5,500	5 MO S/L	0	183
	Total Other Depreciation		<u>465,011</u>				<u>465,011</u>		<u>150,608</u>	<u>26,233</u>
	Total ACRS and Other Depreciation		<u>465,011</u>				<u>465,011</u>		<u>150,608</u>	<u>26,233</u>
	Grand Totals		466,248				466,630		151,845	26,233
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>466,248</u>				<u>466,630</u>		<u>151,845</u>	<u>26,233</u>

54-2034650

VA Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
12	REFRIGERATOR	7/17/08	1,237	1,237	1,237	0	0	0
			<u>1,237</u>	<u>1,237</u>	<u>1,237</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
2	98' GRUMMAN P30	8/28/08	5,000	5,000	5,000	0	0	0
3	OVERHAUL 98 FOOD VAN	9/24/08	3,394	3,394	3,394	0	0	0
5	EQUIPMENT	2/02/07	1,262	1,262	1,262	0	0	0
6	EQUIPMENT	3/09/07	700	700	700	0	0	0
7	REFRIGERATOR	6/01/07	1,220	1,220	1,220	0	0	0
8	REFRIGERATOR	8/03/07	1,220	1,220	1,220	0	0	0
9	FREEZER	11/16/07	1,249	1,249	1,249	0	0	0
10	DELL COMPUTER	2/20/08	587	587	587	0	0	0
11	DELL BACKUP SERVER	4/23/08	713	713	713	0	0	0
13	(2) FREEZERS	2/10/09	2,551	2,551	2,551	0	0	0
14	TRAILER	11/20/09	1,300	1,300	1,300	0	0	0
15	WALK-IN FREEZER	3/01/10	7,995	7,995	7,995	0	0	0
16	3-DOOR COOLER	4/07/10	1,650	1,650	1,650	0	0	0
17	2-DOOR COOLER	11/02/11	1,250	1,250	1,250	0	0	0
18	BUILDING	11/23/12	148,994	148,994	26,384	3,725	3,725	0
19	FAN - WARHOUSE	6/30/10	260	260	260	0	0	0
20	TELEPHONE SYSTEM	4/02/10	228	228	228	0	0	0
21	FILE CABINETS	12/30/11	318	318	318	0	0	0
22	LAND	1/01/12	27,000	27,000	0	0	0	0
23	ORIGINAL BUILDING	1/01/12	123,000	123,000	24,600	3,075	3,075	0
24	INSPIRON 17 NOTEBOOK	8/01/13	591	591	591	0	0	0
25	COMPUTER	10/02/13	680	680	680	0	0	0
26	COMPUTER OPTIPLEX 3010	12/03/13	870	870	870	0	0	0
27	GENERATOR	12/10/14	51,682	51,682	37,531	7,383	7,383	0
28	PERSONAL COMPUTER (2) AND PRINT	8/05/14	1,274	1,274	1,274	0	0	0
29	COMPUTER	9/04/14	1,048	1,048	1,048	0	0	0
30	LAPTOP	11/18/14	1,103	1,103	1,103	0	0	0
31	BUILDING MODIFICATION FOR COOL	9/01/15	1,000	1,000	289	67	67	0
32	WALK IN REFRIGERATOR	3/05/15	2,670	2,670	1,844	381	381	0
33	8' X 8' BUILT IN COOLER	10/12/15	8,322	8,322	5,053	1,188	1,188	0
34	FORD TRUCK	3/16/16	10,195	10,195	7,646	2,039	2,039	0
35	WALK IN REFRIGERATOR	7/08/16	2,506	2,506	877	251	251	0
36	DELL LAPTOP COMPUTER	10/31/16	768	768	486	154	154	0
38	FREEZER	10/04/17	598	598	192	85	85	0
39	DELL DESKTOP COMPUTER	3/31/18	822	822	480	274	274	0
40	DELL MONITOR	3/31/18	160	160	93	54	54	0
41	TURBO AIR FREEZER	7/18/18	2,778	2,778	562	397	397	0
42	2016 FORD TRANSIT 250 VAN	9/19/18	15,378	15,378	3,845	3,075	3,075	0
43	2016 GMC VAN	9/05/18	15,596	15,596	4,159	3,119	3,119	0
44	BI-PARTING DOOR	3/08/19	4,844	4,844	104	124	124	0
45	DELL COMPUTER	4/15/20	869	869	0	217	217	0
46	NETWORK CAT6 CABLE	7/09/20	3,468	3,468	0	347	347	0
47	CHEST FREEZER - WHIRLPOOL	8/17/20	499	499	0	24	24	0
48	CHEST FREEZER - WHIRLPOOLS	8/28/20	499	499	0	24	24	0
49	1999 F350 VAN	10/30/20	1,400	1,400	0	47	47	0
50	BEDFORD WATER CONNECTION	11/02/20	5,500	5,500	0	183	183	0
	Total Other Depreciation		<u>465,011</u>	<u>465,011</u>	<u>150,608</u>	<u>26,233</u>	<u>26,233</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>465,011</u>	<u>465,011</u>	<u>150,608</u>	<u>26,233</u>	<u>26,233</u>	<u>0</u>
	Grand Totals		466,248	466,248	151,845	26,233	26,233	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>466,248</u>	<u>466,248</u>	<u>151,845</u>	<u>26,233</u>	<u>26,233</u>	<u>0</u>

54-2034650

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
12	REFRIGERATOR	7/17/08	1,237		0	0	618	619
44	BI-PARTING DOOR	3/08/19	4,844		0	0	0	4,844
	Grand Total		<u>6,081</u>		<u>0</u>	<u>0</u>	<u>618</u>	<u>5,463</u>

54-2034650

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

54-2034650

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
12	REFRIGERATOR	7/17/08	1,237	0	0
			<u>1,237</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
2	98' GRUMMAN P30	8/28/08	5,000	0	0
3	OVERHAUL 98 FOOD VAN	9/24/08	3,394	0	0
5	EQUIPMENT	2/02/07	1,262	0	0
6	EQUIPMENT	3/09/07	700	0	0
7	REFRIGERATOR	6/01/07	1,220	0	0
8	REFRIGERATOR	8/03/07	1,220	0	0
9	FREEZER	11/16/07	1,249	0	0
10	DELL COMPUTER	2/20/08	587	0	0
11	DELL BACKUP SERVER	4/23/08	713	0	0
13	(2) FREEZERS	2/10/09	2,551	0	0
14	TRAILER	11/20/09	1,300	0	0
15	WALK-IN FREEZER	3/01/10	7,995	0	0
16	3-DOOR COOLER	4/07/10	1,650	0	0
17	2-DOOR COOLER	11/02/11	1,250	0	0
18	BUILDING	11/23/12	148,994	3,725	0
19	FAN - WARHOUSE	6/30/10	260	0	0
20	TELEPHONE SYSTEM	4/02/10	228	0	0
21	FILE CABINETS	12/30/11	318	0	0
22	LAND	1/01/12	27,000	0	0
23	ORIGINAL BUILDING	1/01/12	123,000	3,075	0
24	INSPIRON 17 NOTEBOOK	8/01/13	591	0	0
25	COMPUTER	10/02/13	680	0	0
26	COMPUTER OPTIPLEX 3010	12/03/13	870	0	0
27	GENERATOR	12/10/14	51,682	6,768	0
28	PERSONAL COMPUTER (2) AND PRINTER	8/05/14	1,274	0	0
29	COMPUTER	9/04/14	1,048	0	0
30	LAPTOP	11/18/14	1,103	0	0
31	BUILDING MODIFICATION FOR COOLER	9/01/15	1,000	66	0
32	WALK IN REFRIGERATOR	3/05/15	2,670	382	0
33	8' X 8' BUILT IN COOLER	10/12/15	8,322	1,189	0
34	FORD TRUCK	3/16/16	10,195	510	0
35	WALK IN REFRIGERATOR	7/08/16	2,506	251	0
36	DELL LAPTOP COMPUTER	10/31/16	768	128	0
38	FREEZER	10/04/17	598	86	0
39	DELL DESKTOP COMPUTER	3/31/18	822	68	0
40	DELL MONITOR	3/31/18	160	13	0
41	TURBO AIR FREEZER	7/18/18	2,778	397	0
42	2016 FORD TRANSIT 250 VAN	9/19/18	15,378	3,076	0
43	2016 GMC VAN	9/05/18	15,596	3,119	0
44	BI-PARTING DOOR	3/08/19	4,844	124	0
45	DELL COMPUTER	4/15/20	869	290	0
46	NETWORK CAT6 CABLE	7/09/20	3,468	693	0
47	CHEST FREEZER - WHIRLPOOL	8/17/20	499	71	0
48	CHEST FREEZEER - WHIRLPOOLS	8/28/20	499	71	0
49	1999 F350 VAN	10/30/20	1,400	280	0
50	BEDFORD WATER CONNECTION	11/02/20	5,500	1,100	0
	Total Other Depreciation		<u>465,011</u>	<u>25,482</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>465,011</u>	<u>25,482</u>	<u>0</u>
	Grand Totals		<u>466,248</u>	<u>25,482</u>	<u>0</u>

54-2034650

VA Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	VA
Prior MACRS:				
12	REFRIGERATOR	7/17/08	1,237	0
			<u>1,237</u>	<u>0</u>
Other Depreciation:				
2	98' GRUMMAN P30	8/28/08	5,000	0
3	OVERHAUL 98 FOOD VAN	9/24/08	3,394	0
5	EQUIPMENT	2/02/07	1,262	0
6	EQUIPMENT	3/09/07	700	0
7	REFRIGERATOR	6/01/07	1,220	0
8	REFRIGERATOR	8/03/07	1,220	0
9	FREEZER	11/16/07	1,249	0
10	DELL COMPUTER	2/20/08	587	0
11	DELL BACKUP SERVER	4/23/08	713	0
13	(2) FREEZERS	2/10/09	2,551	0
14	TRAILER	11/20/09	1,300	0
15	WALK-IN FREEZER	3/01/10	7,995	0
16	3-DOOR COOLER	4/07/10	1,650	0
17	2-DOOR COOLER	11/02/11	1,250	0
18	BUILDING	11/23/12	148,994	3,725
19	FAN - WARHOUSE	6/30/10	260	0
20	TELEPHONE SYSTEM	4/02/10	228	0
21	FILE CABINETS	12/30/11	318	0
22	LAND	1/01/12	27,000	0
23	ORIGINAL BUILDING	1/01/12	123,000	3,075
24	INSPIRON 17 NOTEBOOK	8/01/13	591	0
25	COMPUTER	10/02/13	680	0
26	COMPUTER OPTIPLEX 3010	12/03/13	870	0
27	GENERATOR	12/10/14	51,682	6,768
28	PERSONAL COMPUTER (2) AND PRINTER	8/05/14	1,274	0
29	COMPUTER	9/04/14	1,048	0
30	LAPTOP	11/18/14	1,103	0
31	BUILDING MODIFICATION FOR COOLER	9/01/15	1,000	66
32	WALK IN REFRIGERATOR	3/05/15	2,670	382
33	8' X 8' BUILT IN COOLER	10/12/15	8,322	1,189
34	FORD TRUCK	3/16/16	10,195	510
35	WALK IN REFRIGERATOR	7/08/16	2,506	251
36	DELL LAPTOP COMPUTER	10/31/16	768	128
38	FREEZER	10/04/17	598	86
39	DELL DESKTOP COMPUTER	3/31/18	822	68
40	DELL MONITOR	3/31/18	160	13
41	TURBO AIR FREEZER	7/18/18	2,778	397
42	2016 FORD TRANSIT 250 VAN	9/19/18	15,378	3,076
43	2016 GMC VAN	9/05/18	15,596	3,119
44	BI-PARTING DOOR	3/08/19	4,844	124
45	DELL COMPUTER	4/15/20	869	290
46	NETWORK CAT6 CABLE	7/09/20	3,468	693
47	CHEST FREEZER - WHIRLPOOL	8/17/20	499	71
48	CHEST FREEZEER - WHIRLPOOLS	8/28/20	499	71
49	1999 F350 VAN	10/30/20	1,400	280
50	BEDFORD WATER CONNECTION	11/02/20	5,500	1,100
	Total Other Depreciation		<u>465,011</u>	<u>25,482</u>
	Total ACRS and Other Depreciation		<u>465,011</u>	<u>25,482</u>
	Grand Totals		<u>466,248</u>	<u>25,482</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

LAKE CHRISTIAN MINISTRIES, INC.**54-2034650**

		2019	2020	Differences	
Revenue	1. Contributions, gifts, grants	1. 387,813	598,318	210,505	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5. 2,733	3,859	1,126	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	774	774	
	8. Net income or (loss) from fundraising events	8. 75,447	153,430	77,983	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	465,993	756,381	290,388
Expenses	13. Grants and similar amounts paid	13. 206,659	244,676	38,017	
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 91,202	108,885	17,683	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 3,497	3,680	183	
	19. Occupancy, rent, utilities, and maintenance	19. 48,643	54,020	5,377	
	20. Depreciation and Depletion	20. 25,861	26,233	372	
	21. Other expenses	21. 19,340	22,253	2,913	
	22. Total expenses. Add lines 13 through 21	22.	395,202	459,747	64,545
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	70,791	296,634	225,843
Other Information	24. Total exempt revenue	24. 465,993	756,381	290,388	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 2,733	4,633	1,900	
	27. Total assets	27. 689,894	1,009,469	319,575	
	28. Total liabilities	28. 2,465	20,596	18,131	
	29. Retained earnings	29. 687,429	988,873	301,444	
	30. Number of voting members of governing body	30. 18	18		
31. Number of independent voting members of governing body	31. 18	17			
32. Number of employees	32. 4	4			
33. Number of volunteers	33. 200	225			

Form 990	Tax Return History	2020
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Name LAKE CHRISTIAN MINISTRIES, INC.	Employer Identification Number 54-2034650
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	294,861	266,193	287,388	387,813	598,318	
Membership dues						
Program service revenue						
Capital gain or loss	754	84	340		774	
Investment income	559	1,073	3,900	2,733	3,859	
Fundraising revenue (income/loss)	5,041	66,242	75,007	75,447	153,430	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	301,215	333,592	366,635	465,993	756,381	
Grants and similar amounts paid	211,363	212,996	177,259	206,659	244,676	
Benefits paid to or for members						
Compensation of officers, etc.			40,000			
Other compensation			10,756	91,202	108,885	
Professional fees	4,088	2,852	3,386	3,497	3,680	
Occupancy costs	33,748	35,517	37,281	48,643	54,020	
Depreciation and depletion	20,755	20,425	21,857	25,861	26,233	
Other expenses	31,702	32,579	21,593	19,340	22,253	
Total expenses	301,656	304,369	312,132	395,202	459,747	
Excess or (Deficit)	-441	29,223	54,503	70,791	296,634	
Total exempt revenue	301,215	333,592	366,635	465,993	756,381	
Total unrelated revenue						
Total excludable revenue	1,313	1,157	4,240	2,733	4,633	
Total Assets	530,410	561,387	613,104	689,894	1,009,469	
Total Liabilities			1,458	2,465	20,596	
Net Fund Balances	530,410	561,387	611,646	687,429	988,873	

54-2034650

Federal Statements

FYE: 12/31/2020

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 3,859		14			
Total	\$ 3,859					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$		14			
Total	\$ 0					

54-2034650

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 2,250
<\$12,000 CONTRIBUTORS	
Cash Contribution	202,716
ANONYMOUS DONORS	
Cash Contribution	137,958
GREATER LYNCBHURG COMMUNITY	
Cash Contribution	15,945
TRINITY ECUMENICAL PARISH	
Cash Contribution	38,849
BYRON AND NANCY YOST	
Cash Contribution	25,600
PENSKE	
2016 GMC VAN	
2016 FORD TRANSIT VAN	
JOAN KASPROWICZ	
Cash Contribution	100,000
CAPPS HOME BUILDING CENTER	
Cash Contribution	75,000
Total	\$ <u>598,318</u>

54-2034650

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
<\$12,000 CONTRIBUTORS	\$ 202,716	\$ 165,782
ANONYMOUS DONORS	137,958	101,024
BEDFORD COMMUNITY HEALTH FOUNDATION		
BETHLEHEM UNITED METHODIST CHURCH		
COMMUNITY FOUNDATION SERVING		
RESURRECTION CATHOLIC CHURCH		
GREATER LYNCBHURG COMMUNITY	15,945	
TRINITY ECUMENICAL PARISH	38,849	1,915
UNITED WAY OF CENTRAL VA		
TERRY CLARK & PETER SCHULTHEISS		
BYRON AND NANCY YOST	25,600	
SHERMAN CRAIGHEAD		
JOHN & CHARLENE MARESCA		
DAVID & CINDY CAPPELLARI		
PENSKE		
PAUL & ALICE MARX		
EDWARD & JANET GORSKI		
BONSALL HART		
WILLIAM & CAROLYN KOONTZ		
SARAH HANCOCK MCCLAIN		
SANDRA VIA		
COUMMUNITY FOUNDATION FOR		
JOAN KASPROWICZ	100,000	63,066
CAPPS HOME BUILDING CENTER	75,000	38,066
Total	<u>\$ 596,068</u>	<u>\$ 369,853</u>

54-2034650

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 3,859
Total	\$ <u>3,859</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
VARIOUS FUNDRAISERS	\$ 353,015
Total	\$ <u>353,015</u>