			PUBLIC DIS		RE COPY
			EXTENDED TO FEBRUARY 18, 20	25	
	0	nn	Return of Organization Exempt From	Income I ax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundati	ons) 2023
Depa	rtment o	f the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Intern	al Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
<u>A</u> F	or the			MAR 31, 202	
В с а	heck if pplicable	e:	forganization	D Employer ident	ification number
	Addres change	e BELH	EL BIBLE VILLAGE		
	Name change	e Doing b	usiness as	62-6019	872
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone numb	ber
	Final return/		HAMILL RD	423-842	
	termin- ated Ameno	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,636,655.
	return	LIV2	ON, TN 37343	H(a) Is this a group	
	Applic tion pendir	r name a	nd address of principal officer: ROSALIND CONNOR	for subordinate	
		2001	HAMILL ROAD, HIXSON, TN 37343	H(b) Are all subordinates	
		empt status:	X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 5 BETHELBIBLEVILLAGE.ORG		a list. See instructions
	Vebsit			H(c) Group exempt	M State of legal domicile: TN
	orm of I rt I	Summary	X Corporation Trust Association Other L Y	ear of formation: 1954	M State of legal domicile: TIN
			e the organization's mission or most significant activities: OUR MISS		שמדער
e	•	CHRTST-	CENTERED HOMES AND EDUCATION FOR CHILD	REN FOUTPPT	NG AND
Governance		Check this bo		/ .*	
veri			ting members of the governing body (Part VI, line 1a)		3 20
Go			lependent voting members of the governing body (Part VI, line 1b)		1 20
8 8			of individuals employed in calendar year 2023 (Part V, line 2a)		
Activities &			of volunteers (estimate if necessary)		
ctiv			d business revenue from Part VIII, column (C), line 12		
Ă			business taxable income from Form 990-T, Part I, line 11		b 0.
				Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)	3,451,162	
nue	9	Program servi	ce revenue (Part VIII, line 2g)	62,652	. 161,554.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	-216,735	
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,079	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,476,158	
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1·3)	0	
			to or for members (Part IX, column (A), line 4)	0	-
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,580,320	
sue			undraising fees (Part IX, column (A), line 11e)	0	. 0.
Expenses			ing expenses (Part IX, column (D), line 25) 89,066.	<u> </u>	
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	609,994 2,190,314	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		
s		Revenue less	expenses. Subtract line 18 from line 12	1,285,844 Beginning of Current Yea	-
Net Assets or Fund Balances	00	Total "	Dart V line 16)	9,540,233	
\sse Bala	20		Part X, line 16)	475,920	
let ∕ ind	21		i (Part X, line 26) fund balances. Subtract line 21 from line 20	9,064,313	
	22 Irt II	Signature		J,004,JIJ	• ,0,0,101•
		-	I declare that I have examined this return, including accompanying schedules and stat	ements and to the hest of	my knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		ny knowlodgo and bollol, it is
,	301100	and complete.			

	Signature of officer				Date		
Sign	°				Dale		
Here	KEVIN CARDWELL, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	CHRISTIAN BENNETT	CHRISTIAN		12/03	/24 ^{if} self-employed	P0190227	2
Preparer	Firm's name MAULDIN & JENKINS	, LLC			Firm's EIN 58-	-0692043	
Use Only	Firm's address 200 W M.L.K. BLVD), STE 1100	1				
	CHATTANOOGA, TN 3	7402-1239			Phone no. 423 -	-756-6133	
May the IF	RS discuss this return with the preparer shown abo	ove? See instruction	s			X Yes	No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form 990 (;	2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) BETHEL BIBLE VILLAGE	62-6019872	Page 2
Pa	rt 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:		
	OUR MISSION IS TO PROVIDE CHRIST-CENTERED HOMES AND EDUC.	ATION FOR	
	CHILDREN, EQUIPPING AND INSPIRING THEM TO FULFILL GOD'S	PLAN FOR THE	L R
	LIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		21 INU
•			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2, 181, 322. including grants of \$) (Reven		55 4.)
	BETHEL PROVIDES RESIDENTAL CARE FOR CHILDREN AGES 5-17 W	HO ARE	
	STRUGGLING WITH EMOTIONAL OR BEHAVIORAL ISSUES; THE CHIL	DREN LIVE IN	
	FAMILY-STYLE HOMES WHERE HOUSEPARENTS PROVIDE LOVE, CARE	, GUIDANCE,	
	SUPERVISION, AND ACCOUNTABILITY, ALONG WITH COUNSELING A	ND WRAP-AROU	ND
	SOCIAL SERVICES FOR EACH CHILD. THE CHILDREN ATTEND SCHO		
	ON-CAMPUS FULLY ACCREDITED SCHOOL, BETHEL CHRISTIAN ACAD		
	ALSO PROVIDES EDUCATIONAL AND SOCIAL SERVICES TO NON-RES		
	STUDENTS.	IDBNIIKD DAI	
	STODENIS:		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,181,322.		
			00 (2 2 2 2 2

Form	990	(2023)

Form 990 (2023) BETHEL BIBLE VILLAGE
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)?			1
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X 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	4		X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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	6		X 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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
_	Schedule D, Part III	8		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?	_		v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	1
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	A	<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	-11	<u> </u>
b		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	arr		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023)

Form	990	(2023)
	330	

 Form 990 (2023)
 BETHEL
 BIBLE
 VILLAGE

 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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	<u></u>		
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
-	Did the exercited comply with healy in withhelding vulce for reportable neumants to yandare and reportable coming	1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) BETHEL BIBLE VILLAGE 62-6019	872	P	age 5
Par	t 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 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990	(2023))
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BETHEL BIBLE VILLAGE

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 C) contains a re	senonse c	r note to an	v line in this Part	VI
Oncon in	Ouriculie C	0011121113 2 10	Japonac c		y mic mic monor are	VI

X

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	20	<u>)</u>		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, 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	y befoi	e filing the form?	11a	X	
b	Describe on 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	′es," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			77
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'S			
0.00	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed TN	100-	- ////			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-1 (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d finan	cial	
•	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 boo		d records			
	HARRIET BRUNKER, BETHEL BIBLE VILLAGE - 423-842-575)/				
	3001 HAMILL ROAD, HIXSON, TN 37343					

I

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

Name and tille Average hours per bedreament at a structure, built any, box or bedreament at a structure, box or per bedreament bedreament at a structure, box or per bedreament bedreament at a structure, box or per bedreament box or per box or per	(A)	(B)			(0	C)			(D)	(E)	(F)
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Form 990 (2022)	TRUSTEE		Х						0.	0.	

Form 990 (2023
Part VII	6

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do	not ch		ition			Reportable	Reportable		Estimated
	hours per	box,	, unles	s per	rson i	s both	an	compensation	compensation		amount of
	week		cer and	d a di	irecto	or/trus T	ee)	from	from related		other
	(list any	rector						the	organizations	,	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC	′	from the
	organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	ndividual trustee or director	Institutional trustee	_	nploy	st cor	۲.	1000 1120)			organizations
	line)	Indivi	Institu	Officer	ƙey employee	Highest compensated employee	Former				
(18) RON BAILEY	2.00				-					\neg	
CHAIR		х		х				0.	C).	0.
(19) COREY WHITAKER	1.00									\neg	
TRUSTEE		х						0.	C).	0.
(20) STEPHEN PIKE	1.00									\neg	
TRUSTEE		х						0.	C).	0.
(21) STEVE JETT	1.00									\neg	
SECRETARY		х		х				0.	C).	0.
(22) WILLIAM DECOSIMO	1.00									\neg	
TRUSTEE		х						0.	C).	0.
(23) CECIL HAMMONTREE	1.00									\neg	
TRUSTEE		х						0.	C).	0.
(24) GIGI LAWLESS	1.00									\neg	
TRUSTEE		х						0.	C).	0.
(25) JIMMIE WEBB	1.00									\neg	
TRUSTEE		х						0.	C).	0.
										\neg	
1b Subtotal								200,361.	C).	14,136.
c Total from continuation sheets to Part VI								0.	C).	0.
d Total (add lines 1b and 1c)								200,361.	C).	14,136.
2 Total number of individuals (including but no								eceived more than \$100,0	000 of reportable		-
compensation from the organization						,		· ,			1
U											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ	
line 1a? If "Yes," complete Schedule J for su										- [3 X
4 For any individual listed on line 1a, is the su										Ì	
and related organizations greater than \$150										- [4 X
5 Did any person listed on line 1a receive or a			•							<u> </u>	
rendered to the organization? <i>If "Yes." com</i>	plete Schedule	e J fo	or su	ch r	oers	on .		~		[5 X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated ind	lepei	nden	nt co	ontra	actor	s th	nat received more than \$	100,000 of comper	nsat	ion from
the organization. Report compensation for t	-	-									
(A)								(B)			(C)
Name and business	address							Description of s	ervices	C	ompensation
MPL CONSTRUCTION COMPANY								CONSTRUCTION	/RENOVAT		
115 CEDAR LN, CHATTANOOGA	, TN 37	42	1					ION			132,216.
										_	

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 1

	990 t VI					VILLAGE			62-6019	872 Pa
		Check if Schedule O	<u>conta</u>	ains a resp	onse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excl from tax un
	1 .	Endorstad compaigna		10	1					sections 512
and Other Similar Amounts		Federated campaigns								
DOL						163 503				
Å,		Fundraising events				163,593.				
ilar										
<u>i</u>		e Government grants (cont								
E.	f	All other contributions, gifts	•			1 700 101				
÷		similar amounts not include				1,782,121.				
pc		Noncash contributions included in	lines 1	la-1f 1g	\$	381,034.				
a	h	Total. Add lines 1a-1f					1,945,714.			
						Business Code				
	2 a	BCA				611110	65,054.	65,054.		
Revenue	b	-				611110	49,648.	49,648.		
nue	c	TITLE 1				611110	46,752.	46,752.		
ev	c	INDEPENDENT LIVING	PROG	RAM		611110	100.	100.		
,œ	e									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					161,554.			
	3	Investment income (inclu	ding	dividends,	intere	st, and				
		other similar amounts)					124,017.			124,
	4	Income from investment	of tax	-exempt b	ond p	roceeds				
	5	Royalties	<u></u>							
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a	10	,800.					
	b	Less: rental expenses	6b	4	,510.					
		Rental income or (loss)	6c	6	,290.					
	c	Net rental income or (los	s)				6,290.			6,
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a	9,875	,792.					
	b	Less: cost or other basis								
ē		and sales expenses	7b	9,724	,483.	15,800.				
enue	c	Gain or (loss)		151	,309.	-15,800.				
		d Net gain or (loss)					135,509.			135,
e		Gross income from fundrais								
5		including \$	-	-						
		contributions reported or								
		Part IV, line 18			8a	137,744.				
	b					89,169.				
	c	Net income or (loss) from			·		48,575.			48,
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory,			<u> </u>					
		and allowances			10a	381,034.				
	h	Less: cost of goods sold								
		Net income or (loss) from					152,509.			152,
+			24/00		<i></i>	Business Code	,			, ,
	11 a	3								
ant	b									
ver	с С									
ω		d All other revenue								
2						1 1		1	1	
Revenue		Total. Add lines 11a-11d								

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 ______ if following SOP 98-2 (ASC 958-720)

26

orm 990 (2023) Part IX Statement of F	BETHEL BIBLE			62-601	L9872 Page
Section 501(c)(3) and 501(c)(4)	· · · · · · · · · · · · · · · · · · ·		r organizations must con	nplete column (A).	
	dule O contains a respons				
Do not include amounts repor	ted on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VII	II.	Total expenses	expenses	general expenses	expenses
1 Grants and other assistance	to domestic organizations				
and domestic governments.	See Part IV, line 21				
2 Grants and other assista	nce to domestic				
individuals. See Part IV, I	line 22				
3 Grants and other assista	nce to foreign				
organizations, foreign go	· •				
individuals. See Part IV, I					
4 Benefits paid to or for me					
5 Compensation of current			1		o o-
trustees, and key employ		206,230.	173,540.	24,638.	8,05
6 Compensation not included					
persons (as defined under s					
persons described in sectior		1 000 100	1 004 505		FA 99
7 Other salaries and wages		1,289,126.	1,084,785.	154,011.	50,33
8 Pension plan accruals and c					
section 401(k) and 403(b) e				21 000	10 50
9 Other employee benefits		257,065.	215,454.	31,020.	10,59
0 Payroll taxes		108,407.	90,859.	13,082.	4,46
1 Fees for services (nonem					
a Management					
b Legal		20 000		20 000	
c Accounting		38,900.		38,900.	
d Lobbying					
e Professional fundraising ser	· · ·	24,036.	24,036.		
f Investment management		24,030.	24,030.		
g Other. (If line 11g amount e					
column (A), amount, list line		19,357.	9,306.	1,616.	8,43
Advertising and promotic		19,557.	9,500.	1,010.	0,43
13 Office expenses					
I4 Information technology					
15 Royalties16 Occupancy					
6 Occupancy					
18 Payments of travel or ent					
for any federal, state, or l					
19 Conferences, convention	· · · · · ·				
21 Payments to affiliates					
22 Depreciation, depletion, a		204,259.	175,516.	28,743.	
23 Insurance	····· Γ	80,183.	76,174.	2,205.	1,80
24 Other expenses. Itemize exp above. (List miscellaneous e line 24e amount exceeds 10 amount, list line 24e expens	enses not covered expenses on line 24e. If 1% of line 25, column (A),				
a MAINTENANCE		76,330.	72,514.	2,099.	1,71
b UTILITIES		71,802.	68,211.	1,975.	1,61
c MISCELLANEOUS	s l	48,265.	38,929.	9,116.	22
C WIDCEDDAMEOO					
d EDUCATION		42,698.	42,698.		
				11,694.	1,83

Form 990 (2023)

62-6019872 Page 11

I U		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	180,370.	1	125,932.		
	2	Savings and temporary cash investments	777,458.	2	1,969,286.		
	3	Pledges and grants receivable, net	1,456,667.	3	69,671.		
	4	Accounts receivable, net			2,600.	4	5,934.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	sons (as defined				
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				28,299.	9	37,262.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,602,453.			
	b	Less: accumulated depreciation	10b	6,209,010.	2,042,371.	10c	2,393,443.
	11	Investments - publicly traded securities		4,982,206.	11	5,452,995.	
	12	Investments - other securities. See Part IV, line		6,597.	12	6,597.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	63,665.	15	184,467.		
	16	Total assets. Add lines 1 through 15 (must equ			9,540,233.	16	10,245,587.
	17	Accounts payable and accrued expenses		291,787.	17	435,620.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forn					
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			22		
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24).	. Complete Part X	10/ 100		170 966
		of Schedule D		······ -	184,133.	25	179,866.
	26			v	475,920.	26	615,486.
ŝ		Organizations that follow FASB ASC 958, che	eck here	e X			
nce	07	and complete lines 27, 28, 32, and 33.			6 254 925	07	9 102 221
alaı	27	Net assets without donor restrictions	<u>6,254,925</u> 2,809,388.	27	<u>8,192,231.</u> 1,437,870.		
dВ	28	Net assets with donor restrictions	2,009,500.	28	1,457,070.		
'n		Organizations that do not follow FASB ASC 9	56, che				
٩. ۲		and complete lines 29 through 33.		20			
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea		t fund		29 20	
lsse	30 31	Retained earnings, endowment, accumulated in				30 31	
Net Assets or Fund Balances	32				9,064,313.	32	9,630,101.
Ž	33	Total net assets or fund balances			9,540,233.	32 33	10,245,587.
	33	TOTAL HADINGES AND HEL ASSELS/10110 DAIANCES			5,540,255.	55	10,245,507

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

Form	990 (2023) BETHEL BIBLE VILLAGE	62-601	9872	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	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)		2,574		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,589	9,48	87.
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,064	1,3:	13.
5	Net unrealized gains (losses) on investments	5	524	1,94	49.
6	Donated services and use of facilities	6	56	5,1	58.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,630),1	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name of	me of the organization Employer identification number										
	BETH	EL BIBLE V	ILLAGE				6	2-6019872			
Part I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction					
The orgar	nization is not a private found										
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
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 gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
	See section 509(a)(2). (Con										
	An organization organized a	•		•				_			
12	An organization organized a	-	-	-			•				
	more publicly supported or	-						Sheck the box on			
-	lines 12a through 12d that	• •					-				
a	Type I. A supporting orga		-	•	-						
	the supported organization			majority o	it the aired	tors or trustee	es of the su	ipporting			
ь Г	organization. You must o	-		ion with it	oupporte	d organizatio	n(n) by boy	up a			
b ∟	_ Type II. A supporting org control or management o	-				•		•			
	organization(s). You mus			ame perso	ns that co	ntioi or manaç	Je i le supp	Joned			
с	Type III functionally inte			in connect	ion with a	and functional	lv integrate	ed with			
•	its supported organization						ly integrate	, with,			
d	Type III non-functionally		-				ted organiz	zation(s)			
	that is not functionally int	• •					Ũ				
	requirement (see instructi			•		-					
e	Check this box if the orga	-	-				II, Type III				
	functionally integrated, or					<i></i>	<i>,</i> ,				
f Ent	er the number of supported o	organizations									
	vide the following informatior		d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Total											

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2435473.	2434691.	2301165.	3451162.	1945714.	<u>12568205.</u>		
2	Tax revenues levied for the organ-								
	ization'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	2435473.	2434691.	2301165.	3451162.	1945714.	<u>12568205.</u>		
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)						2765492.		
	Public support. Subtract line 5 from line 4.						9802713.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	2435473.	2434691.	2301165.	3451162.	1945714.	<u>12568205.</u>		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	147,936.	226,867.	272,183.	173,859.	134,817.	955,662.		
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						<u>13523867.</u>		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
_	organization, check this box and stop								
	ction C. Computation of Publi					I I			
14	Public support percentage for 2023 (I					14	72.48 %		
15	Public support percentage from 2022					15	74.79 %		
16a	33 1/3% support test - 2023. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2022. If the c								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	-							
	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	0					10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2023		

Schedule A	Form 990) 2023

BETHEL BIBLE VILLAGE

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
h	Amounts included on lines 2 and 3 received						
N	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
						1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
	check this box and stop here	~		·	-		
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
-	ction D. Computation of Invest						,.
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
190	more than 33 1/3%, check this box ar						
Ь	33 1/3% support tests - 2022. If the						∟ % and
Di la	line 18 is not more than 33 1/3%, che	-					
20						•	
20	Private foundation. If the organization	п ии посспеска	box on line 14, 19	a, or 190, check t	his box and see ins	SUDCLIONS	

BETHEL BIBLE VILLAGE

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

chedule A	(Form 990) 2023	BETHE	L BIBLE	I VILLAGE
Part IV	Supporting	Organizations (c	ontinued)	

Part IV

1

2

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

	directors, or trustees at all times during the tax year? 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.
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? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

	. or controlled the		
Section C. T	pe II Suppor	ting Organiz	zations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? 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). 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 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? 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.
- b Did the activities described on 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? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

•	All other Type III non-functionally integrated supporting organizations must		,	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

4

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

Г Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions

	(Form 990) 2023 Type III Non-F u	BI Inctiona
Part V	Type III Non-Fu	Inctiona

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ied)	
Section	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	č		8	
9	Distributable amount for 2023 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
۵	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	BETHEL E				62-6019872 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	, 5a, 6, 9a, 9b, t IV, Section E,	9c, 11a, 11b, and lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a 11c; Part IV, Section B, line 3a, and 3b; Part V, line 1; Pa mplete this part for any addi	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

				~.				No. 154	E 0047		
SC	HEDULE D	Supplementa							5-0047		
(Forn	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10						<u>'UZ</u>	3		
	ment of the Treasury	A	ttach to Form 990.					en to F			
-	Revenue Service	Go to www.irs.gov/Form99	0 for instructions a	nd th	e latest information.	_		pectio			
Nam	e of the organizati	on BETHEL BIBLE VILLA	GE			Emp	loyer identifi 62-60				
Par	t I Organiza	ations Maintaining Donor Advise	-	er Si	imilar Funds or Ac	coun					
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.								
			(a) Donor ac	lvise	d funds (b) Fund	ds and other a	account	ts		
1	Total number at e	nd of year									
2		f contributions to (during year)									
3		f grants from (during year)									
4		t end of year									
5	-	on inform all donors and donor advisors in v	-								
6		on's property, subject to the organization's on inform all grantees, donors, and donor a					Y	es	No No		
6	0	poses and not for the benefit of the donor o	0	0							
	impermissible priv		,			U		es	No		
Par		ation Easements. Complete if the org					······				
1		servation easements held by the organization			· · · · ·						
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation of a histo	rically i	important lan	d area			
	Protection of	f natural habitat			Preservation of a certi	fied his	toric structure	Э			
	Preservation	n of open space									
2	•	through 2d if the organization held a qualif	ied conservation cor	ntribu	ution in the form of a cor						
	day of the tax yea						Held at the En	d of the	Tax Year		
a		onservation easements				2a					
b	6					2b					
C d		vation easements on a certified historic stru				2c					
u		vation easements included on line 2c acqu ture listed in the National Register	•			2d					
3		vation easements modified, transferred, rel				<u> </u>	during the tax				
	year		, 3		, 3		5				
4	Number of states	where property subject to conservation eas	ement is located								
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	pecti	ion, handling of						
	,	orcement of the conservation easements it						es	No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	s, an	d enforcing conservatio	n easei	ments during	the yea	r		
_					.						
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, an	d ent	forcing conservation eas	sement	s during the y	ear			
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirem	onte	of section 170(b)(4)(B)(i)						
U)(4)(B)(ii)?	•					es	No		
9		be how the organization reports conservation									
		d include, if applicable, the text of the footn									
	organization's acc	ounting for conservation easements.		_			_				
Par		ations Maintaining Collections of		Trea	asures, or Other S	imilar	^r Assets.				
		f the organization answered "Yes" on Form									
1a	e e	elected, as permitted under FASB ASC 95	•								
		easures, or other similar assets held for put				ce of p	OUDIIC				
L.		Part XIII the text of the footnote to its finar				choot	works of				
D	-	elected, as permitted under FASB ASC 95 sures, or other similar assets held for public									
		ing amounts relating to these items.	combition, educatio	n, or	researen in jurti erande	or pub					
	-	ded on Form 990, Part VIII, line 1				ģ	6				
							\$				
2	.,	received or held works of art, historical trea					·				
	-	unts required to be reported under FASB A									

	а	Revenue included on Form 990, Part VIII, line 1	\$_
_	b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

Sche		BIBLE VILLA				<u>62-60</u>			_{age} 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant ı	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ır assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arrang		e if the organization	answered "Yes" or	i Form 990,	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets no	t included		_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amoun	t	
	Beginning balance								
d	Additions during the year								
е	o ,								
f	Ending balance				1 f		7.4		_
	Did the organization include an amount on Fo				llity?	····· ∟	Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if				10	<u></u>	<u></u>		
Iu		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ware hack	(e) Four	Veare	hack
4.	Designing of year belonce	1,411,391.	1,529,247.	2,517,669.		48,821.		,183,	
1a հ	o o ,	1,411,351.	1,525,247.	2,517,005.	1,5	40,021.	2	,103, 615,	
b	Contributions	146,131.	-36,401.	49,430.	8	20,654.			
с А	Net investment earnings, gains, and losses Grants or scholarships							,	
d	Other expenditures for facilities								
e		446,158.	81,455.	1,037,852.	2	37,578.		716,	599.
f			,	_,,		14,228.			534.
g	End of year balance	1,111,364.	1,411,391.	1,529,247.		17,669.	1	,948,	
2	Provide the estimated percentage of the curr	, ,		, ,	,	,		, ,	
- a	Board designated or quasi-endowment	33.2111	%						
b	Permanent endowment 66.7889	%	_/0						
c		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	-	tion that are held ar	d administered for t	he				
	organization by:	C C]	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulate epreciation		(d) Boo	k valu	e
1a	Land		7	9,739.			7	9,7	39.
	Buildings				142,2	03.	1,60		
	Leasehold improvements			4,807.	40,43			4,3	
	Equipment				026,3	90.		2,5	
	Other		14	0,210.				0,23	
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		(line 10c. column	<i>(</i> B))			2,39	3,4	43.

Schedule D (Form 990) 2023

Part VII	Investments	- Other Securit	ties	
Schedule D) (Form 990) 2023	BETHEL	BIBLE	VILLAGE

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) 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. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) 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, line 15, col. (B)) 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes DEFERRED COMPENSATION LIABILITY 179,866 (2) (3) (4) (5) (6) (7) (8) (9) 179,866.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Sche	dule D (Form 990) 2023 BETHEL BIBLE VILLAGE			62-0	6019872 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	ts With			
	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	3,339,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	524,949.		
b	Donated services and use of facilities	2b	264,563.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	789,512.
3	Subtract line 2e from line 1			3	2,550,132.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,036.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	24,036.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,574,168.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·	
1	Total expenses and losses per audited financial statements			1	2,773,856.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	208,405.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	208,405.
3	Subtract line 2e from line 1			3	2,565,451.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,036.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	24,036.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,589,487.
Pa	t 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 V, LINE 4:

TO PROVIDE FUNDS FOR THE CURRENT AND FUTURE SUPPORT OF THE OPERATIONS OF

THE ORGANIZATION.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023		
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service										
Name of the organization	Iame of the organization Employer identification number BETHEL BIBLE VILLAGE 62-6019872									
Part I Fundrais		Complete if the organization answe	ared "V	'es" or	Form 990 Part IV li	ine 1				
	complete this part			03 01	11 onn 550, 1 art 10, 1		. 1 0111 000			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events									
compensated at le	•	· /·		ug. ee.						
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		by) to (or retained by)		
			Yes	No						
Total										
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n registration		

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

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
		COUNTRY		1	(add col. (a) through
		CONNECTION (event type)	GOLF CLASSIC (event type)	(total number)	col. (c))
e			(event type)	(total humber)	
Sevenue	1 Gross receipts	184,908.	108,197.	8,232.	301,337.
	2 Less: Contributions	112,513.	49,607.	1,473.	163,593.
	3 Gross income (line 1 minus line 2)	72,395.	58,590.	6,759.	137,744.
	4 Cash prizes				
	5 Noncash prizes		2,797.	626.	3,423.
Direct Expenses	6 Rent/facility costs	530.	8,000.	345.	8,875.
rect EX	7 Food and beverages	31,217.	2,913.	145.	34,275
	8 Entertainment	23,745.			23,745.
	9 Other direct expenses	3,069.	13,520.	2,262.	18,851.
1	10 Direct expense summary. Add lines 4 through	9 in column (d)			89,169.
1	11 Net income summary. Subtract line 10 from li	ne 3, column (d)			48,575.

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.

nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
ş	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
	Is the organization licensed to conduct gaming act	tivities in each of these s	states?		Yes No
D	If "No," explain:				
	Were any of the organization's gaming licenses rev			/ear?	Yes No

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Scł	edule G (Form 990) 2023	BETHEL BIBLE	VILLAGE	62-6	019	872	Page 3
11	Does the organization conduct gan	ning activities with nonme	nbers?			Yes	No
			or a member of a partnership or other e				
	to administer charitable gaming? \dots					Yes	No No
13	Indicate the percentage of gaming	activity conducted in:					
i	The organization's facility				13a		%
					13b		%
14	Enter the name and address of the	person who prepares the	organization's gaming/special events bo	ooks and records:			
	Name						
	Address						
15	Does the organization have a contr	act with a third party from	whom the organization receives gaming	; revenue?		Yes	No No
I	If "Yes," enter the amount of gamir	ng revenue received by the	organization \$	and the amount			
	of gaming revenue retained by the						
(If "Yes," enter name and address o	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:						
		state law to make charitab	le distributions from the gaming proceed	ds to			
	retain the state gaming license?					Yes	🗌 No
I	Enter the amount of distributions re	equired under state law to	be distributed to other exempt organiza	tions or spent in the			
	organization's own exempt activitie		\$				
Pa			anations required by Part I, line 2b, colu ny additional information. See instructior		: III, lin	es 9, 9	b, 10b,
	150, 150, 10, and 170, as a		ly additional mormation. See instruction	15.			
				_			

Part IV	Supplemental Information (continued)

(Form 990)

<u>(8)</u> <u>(9)</u> (10) Total

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Part III

(a) Name of interested person

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB	No.	1545-0047	

01

2023	
Open to Public	

Internal Revenue Service	Go to wy	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection					
Name of the organization	on Employer					identification number			nber				
	BETHEL BI	BLE VILL	AGE				62	-60	198'	72			
Part I Excess E	Benefit Transacti	ons (section 5	01(c)(3	8), secti	on 501(c)(4), and sec	ction 501(c)(29) organ	izatio	ns onl	y)				
	the organization ans												
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization			ified (c	(c) Description of transaction				(d) Corre Yes		rected?	
(1)			5							+ "		NU	
<u>(1)</u> (2)										+			
(3)										+	-+		
<u>(4)</u>										+			
(5)										+			
										+			
Part II Loans to	f tax, if any, on line 2, and/or From Int	above, reimburs	ed by	the orç	ganization			\$					
•	amount on Form 990				·		, -		e e ge				
(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) App by boa comm	oroved ard or littee?	(i) W agreer	ritten ment?	
			То	From			Yes	No	Yes	No	Yes	No	
_(1)													
(2)													
(3)													
_(4)													
_(5)									µ]	<u> </u>		L	
_(6)													
(7)											I		

\$

(d) Type of

assistance

(c) Amount of

assistance

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

Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between interested person and

the organization

Schedule L (Form 990) 2023

(e) Purpose of

assistance

BETHEL BIBLE VILLAGE

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)GARY YERBEY	TRUSTEE	7,175.	BACKFILL CU		X
(2)GARY YERBEY	TRUSTEE	9,100.	PAVILION		Х
(3)					
(4)					
_(5)					
_(6)					
(7)					
_(8)					
_(9)					
(10)					
Part V Supplemental Information	1				

· ואי

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GARY YERBEY

(D) DESCRIPTION OF TRANSACTION: BACKFILL CURBS

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

	Inspection
Employer	identification number
6	2-6019872

20

BETHEL	BIBLE	VILLAGE	
			_

Pa	rt I Types of Property						
		(a)	(b)	(C)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	<u>_</u>
		applicable		Form 990, Part VIII, line 1g	noncash continbu	tion amount	<u> </u>
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		381,034.	FMV - THRIF	I STOR	E S
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiza	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
~~	5					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of th			·			v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	aliay that re	a visco the soview	f any nonatondard contribut	ianal	01	x
31	Does the organization have a gift acceptance po				ions?	31	
з∠а	Does the organization hire or use third parties o		-			220	x
h	contributions? If "Yes," describe in Part II.					32a	- 23
ы 33	If the organization didn't report an amount in co	lumn (c) for	a type of proporty	for which column (a) is choo	ked		
55	describe in Part II.		a type of property	TO WHICH COUTHIN (a) IS CHEC	neu,		

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Schedule M (Form 990) 2023

62-6019872 Page 2

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

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



BETHEL BIBLE VILLAGE

62-6019872

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSPIRING THEM TO FULFILL GOD'S PLAN FOR THEIR LIVES.

FORM 990. PART IV, LINE 29

THE ORGANIZATION OPERATES A THRIFT STORE IN WHICH IT SELLS DONATED

ITEMS TO PROVIDE FUNDS FOR OPERATIONS AND ALSO TO PROMOTE THE

ORGANIZATION IN THE COMMUNITY. THE FAIR VALUE OF THE ITEMS AT THE TIME

OF DONATION IS NOT READILY DETERMINABLE. THEREFORE, THE ORGANIZATION

DOES NOT RECORD THE CONTRIBUTION OF THE DONATED ITEMS TO BE SOLD IN THE

THRIFT STORE. REVENUE FROM SALE OF DONATED MERCHANDISE IS RECOGNIZED

ONLY UPON SALE TO CUSTOMERS DUE TO SIGNIFICANT UNCERTAINTIES ABOUT ITS

VALUE PRIOR TO SALE. SALES ARE NOT A PART OF THE ORGANIZATION'S ONGOING

MAJOR OR CENTRAL OPERATIONS AND ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM DECOSIMO (TRUSTEE) AND STEPHANIE GRAHAM (TRUSTEE) HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEE ONLY GIVES RECOMMENDATIONS. THEY DO NOT HAVE AUTHORITY TO ACT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE 990, WHICH IS THEN

DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR

TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS ALL FINANCIAL TRANSACTIONS OF THE BOARD AND RELATED

PARTIES BI-MONTHLY. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS

REQUIRED BY EACH TRUSTEE, EMPLOYEE, AND CERTAIN OTHER AGENTS AS IDENTIFIED

BY THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT AND CEO'S SALARY ARE DETERMINED BY THE BOARD. ALL OTHER

EMPLOYEE SALARIES OF THE ORGANIZATION ARE DETERMIED BY THE PRESIDENT AND

CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.