

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

			Return of C	Drganization E	xempt	From I	nco	me Tax		OMB No. 1545-0047
Forn	9	90	Under section 501(c), 52	7, or 4947(a)(1) of the Int	ernal Rever	nue Code (e	xcept	private founda	tions)	2019
		of the Treasury	► Do not enter	Social Security number	s on this for	m as it may l	be mad	le public.		Open to Public
		enue Service	Information	about Form 990 and its	instructions	is at www.ir	s.gov/f	form990.		Inspection
AF	or th		ndar year, or tax year begi	-	01, 2019 ,	and endin	g			/30, 20 ₂₀
B c	ock if a	- Baablai	e of organization GLORIA DEC					D Employer id	entifica	ation number
	-	FKA	A GLENDALE CHRISTIA	N CHURCH SCHOOLS	S, INC.					
_	Addre chang	ge Doing	Business As		<u>, </u>			26-2534		
X	Name	change	per and street (or P.O. box if mail is	s not delivered to street address	5)	Room/suite		E Telephone n		4.2.0
Х	1	City	6 S. GOLDEN AVE					(417) 37	9-54	430
	Term Amer		or town, state or province, country, RINGFIELD, MO 65807					C	40 P	2,417,395.
	returi	1	e and address of principal officer:	DANA FREDRICK				G Gross receip H(a) Is this a gro		
	pend	ing	6 S. GOLDEN AVE, S					subordinates	?	
1	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) o	or 527		H(b) Are all subord		(see instructions)
			IADEOACADEMY.ORG/)	4947 (a)(1) 0	n 521		H(c) Group exem		
			X Corporation Trust	Association Other		L Year of		., .		of legal domicile: MO
	art I	Summarv					lonnati			
	1	Briefly descri	be the organization's mission of	or most significant activities	: GLORIA	DEO AC	ADEM	Y PARTNER	S WI	TH PARENTS
e			TE STUDENTS IN A H							
and		RIGOROUS	CLASSICAL CURRICU	LUM.						
Governance	2	Check this bo	x if the organization of							
Go	3		ting members of the governing						3	12.
	4		dependent voting members of						4	12.
itie:	5		of individuals employed in cal						5	130.
Activities &	6		of volunteers (estimate if neces						6	100.
Ă	7a	Total unrelate	ed business revenue from Part \	/III, column (C), line 12					7a	0.
			business taxable income from						7b	0.
								Prior Year		Current Year
е	8	Contributions	and grants (Part VIII, line 1h)	COPY FOR					0.	1,122,818.
enu	9	Program serv	ice revenue (Part VIII, line 2g)			FUR			0.	1,289,194.
Revenue	10	investment in	come (Part VIII, column (A), Im	ies 3, 4, anu 7u)					0.	968.
-	11	Other revenu	e (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)					0.	-11,297.
	12		- add lines 8 through 11 (mus	•					0.	2,401,683.
	13		milar amounts paid (Part IX, col						0.	0.
	14		to or for members (Part IX, colu						0.	0.
ses	15		er compensation, employee ben						0.	1,010,032.
Expenses			fundraising fees (Part IX, colum	n (A), line 11e)					0.	22,518.
Exp			ing expenses (Part IX, column	(D), line 25) ▶	65,343	·			_	202 012
	17		es (Part IX, column (A), lines 1						0.	302,912.
	18		es. Add lines 13-17 (must equa						0.	1,335,462.
r s	19	Revenue less	expenses. Subtract line 18 from	m line 12			Regime	ning of Current		End of Year
Net Assets or Fund Balances	20	Total accets (Dart X line 16)				Legin	1,003,24		2,308,347.
Asse Bal	20		Part X, line 16) s (Part X, line 26)					997,49		1,388,122.
Vet /	22		fund balances. Subtract line 2					5,75		920,225.
	rt II	Signature						-,		
			, I declare that I have examined the	nis return, including accompa	nying schedul	les and statem	nents, ar	nd to the best o	f my ki	nowledge and belief, it is
true	, corre	ect, and complete	e. Declaration of preparer (other that	n officer) is based on all inform	nation of whic	h preparer has	s any kn	owledge.		
Sig		Signatur	e of officer					Date		
Her	е									
		Type or	print name and title							
		Print/Type pre	parer's name	Preparer's signature		Date		Check	if P	TIN
Paid		KAYLA M	BELL					self-employ	ed]	P01682975
	arer	Firm's name	▶ BKD, LLP					Firm's EIN 🕨	44-0	0160260
	Only	Firm's address	▶ 910 E ST LOUIS #200/PO					Phone no.		-865-8701
Мау	the I	RS discuss th	is return with the preparer show	vn above? (see instructions)	<u></u>	<u> </u>	<u></u>		X Yes No
_			ion Act Notice, see the separa							Form 990 (2019)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	GLENDALE CHRISTIAN CHURCH SCHOOLS, INC.	26-2534427
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	2110 S BLACKMAN RD	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	SPRINGFIELD, MO 65809	

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of **>**

Т	elephone No. ► Fax No. ►			
• If	the organization does not have an office or place of business in the United States, check this box			►
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			this is
for t	he whole group, check this box			attach
	t with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt	orc	aniza	ation return
	for the organization named above. The extension is for the organization's return for:			
	► calendar year 20 or			
	▶ and ending 120 and ending ▶ X tax year beginning 07/01, 20 19, and ending	20	20	
		20-		
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	^		
2	Change in accounting period	1		
20				
Ja	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			0.
	nonrefundable credits. See instructions.	3a	*	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS			
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	188	79-EC) for payment
instr	letions			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

FO	rm 990 (2019) Page Z
P	art 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:
	GLORIA DEO ACADEMY PARTNERS WITH PARENTS TO EDUCATE STUDENTS IN A
	HISTORIC BIBLICAL WORLDVIEW THROUGH A RIGOROUS CLASSICAL CURRICULUM.
	SEE SCHEDULE O FOR ADDITIONAL INFORMATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?

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

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

4a (Cod	e:) (Expenses \$ 884,317. including grants of \$) (Reve	enue \$ 1,183,600.)
WE 1	PROVIDE A CLASSICAL BASED EDUCATION TO OUR STUDENTS IN	
COL	LABORATION WITH PARENTS. THIS MEANS TWO DAYS OF THE WEEK,	
CHI	LDREN ARE IN THE CLASSROOM WITH EDUCATORS. TWO DIFFERENT DAYS	
OF 7	THE WEEK, CHILDREN ARE AT HOME AND PARENTS ARE USING THE	
CLA	SSROOM CURRICULUM TO ALSO TEACH THEIR CHILDREN. THIS PROVIDES A	J
SEAI	MLESS TRANSITION BETWEEN CLASS DAYS AND HOMESCHOOL DAYS, WHILE	
ALL(OWING PARENTS TO PLAY A CRUCIAL AND VALUABLE PART IN THEIR	
CHI	LD'S EDUCATION. WE SERVICE OVER 400 STUDENTS CURRENTLY, AND	
HAV	E OVER 100 MORE ON OUR WAITING LIST. OUR STUDENT BODY INCREASES	5
EACI	H YEAR AS THE COMMUNITY RESPONDS TO THE UNIQUE EDUCATION STYLE	
WE (OFFER.	

4b	(Code:) (Expenses \$	40,310. including	grants of \$) (Revenue \$	99,362.)
	WE PROVIDE A	N ARRAY OF	SCHOOL ACTIVITIES	THAT, WHEN	MATCHED WITH	
	OUR CURRICUL	UM, PROVIDE	FOR A WELL-ROUND	ED EDUCATION	I FOR OUR	
	STUDENTS. TH	ESE ACTIVIT	IES INCLUDE MUSIC	AND DRAMA (CLASSES,	
	ATHLETIC PRO	GRAMS, AND	CLUB ACTIVITIES (S	SUCH AS GARI	DENING,	
	COOKING, AND	FINANCE).				

 4c (Code: _____) (Expenses \$______6,703. including grants of \$______) (Revenue \$______6,232.)

 WE PLACE A STRONG EMPHASIS ON PUBLIC SPEAKING. OUR STUDENTS ENGAGE

 IN SPEECH AND DEBATE CLASSES, AS WELL AS TOURNAMENTS, AROUND THE

 STATE. WE BELIEVE THAT A CRITICAL ASPECT OF EDUCATION IS THE

 ABILITY FOR A STUDENT TO ARTICULATE THEIR POSITION ON A TOPIC, AND

 EFFECTIVELY COMMUNICATE THEIR POSITION AND PERSUADE OTHERS.

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

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

 4e Total program service expenses ▶ 931,330.

GLORIA DEO ACADEMY INC

-	990 (2019)		F	Page 3
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
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,"			37
•	complete 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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,"		v	
h	complete Schedule D, Part VI	11a	X	
Q	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"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	Х	
	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,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	1 4 -		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any 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		Х
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	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	1
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

JSA 9E1021 2.000 5939RP K929 5/16/2021 9:12:45 PM V 19-8.4F

Form **990** (2019)

Page 3

Form 990 (2019)

Page 4

Part	V 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		Х
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		Х
24 a	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L.		240		
ام	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C		00-		х
~~	"Yes," complete Schedule L, Part IV	28c		 X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Dart		30	17	L
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2 000	Form	990	(2019)

Form 990 (2019)

Page 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 130							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
h	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		Х				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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						
7	Organizations that may receive deductible contributions under section 170(c).							
	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						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
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.							
	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:							
	Initiation fees and capital contributions included on Part VIII, line 12							
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:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
40.0		12a						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.							
h	Enter the amount of reserves the organization is required to maintain by the states in which							
2	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	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		X				
	If "Yes," see 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		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

Form §	990 (2019) GLORIA DEO ACADEMY INC 26-253	1427	I	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Seci	ion A. Governing Body and Management		Yes	No
4.5	Enter the number of voting members of the governing body at the end of the tax year 12			
1a	Enter the number of voting members of the governing body at the end of the tax year $1a$ $1a$ $1a$	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	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 direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a 8b	Λ	x
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	150		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Ň	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record CAITLIN NELSON 3146 S. GOLDEN AVE SPRINGFIELD, MO 65807 417-379-5430	s 🕨		
JSA 9E1042	2.000	Form	990	(2019)

Page 7

Part VII	Compensation o	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Con	tractors								

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

(A)(B)Position(D)(E)(F)Name and titleAverage(do not check more than one hoursReportableReportableEstimated ambox, unless person is both ancompensationcompensationof other	ount
	ount
hours box, unless person is both an compensation compensation of other	
per weekofficer and a director/trustee)from thefrom relatedcompensat(list anyo=oxoorganizationorganizationsfrom the	on
(list any hours for related organizationsor n dividual trusteeor n dividual trusteeor m poly eor related organizationbelow dotted line)or relatedor related organizationor related organizationor related organizationor related organizationor related organizationbelow dotted line)or relatedor related organizationor related organizationor related organizationor related organizationbelow dotted line)or relatedor related organizationor related organizationor related organizationbelow dotted line)or relatedor related organizationor related organizationor related organizationor related organization <td>and</td>	and
hours for diversities and the second	ations
organizations $\begin{array}{c c} q & w & b \\ \hline c & c \\ c & c \\ \hline c & c \\ c $	
below 5 TF 8 PP	
(IISt any hours for related organizations organization is titutional below dotted line) organization is titutional related organization related organization is titutional related organizat	
(1)JOY DAVIS 40.00	
HEAD OF SCHOOL 0. X 45,063. 0.	0.
(2) DANA FREDERICK 1.00	
CHAIRMAN 0. X X 0. 0.	0.
(3)GEORGE WARD 1.00	
VICE CHAIRMAN 0. X X 0. 0.	0.
(4) ASHLEI WOELK 1.00	
SECRETARY 0. X X 0. 0.	0.
(5)WILL WORSHAM 1.00	
TREASURER 0. X X 0. 0.	0.
(6)RICK BEKEMEIER 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(7) TERESA HALL 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(8) ABBY MORRISON 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(9) GREG HERREN 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(10) TOM RANKIN 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(11) GREGG STADE 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(12) KAREN GOODIN 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(13) JUSTIN BUTLER 1.00	
BOARD MEMBER 0. X 0. 0.	0.
(14)	

Form 990 (2019)

GLORIA DEO ACADEMY INC

Form 990 (2019)									<u> </u>				Page 8
Part VII Section A. Officers, Directors,		ey Em	nplo			and H	ligl	-		yees (d	continue	,	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	erson	e than o is both or/truste	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed	am ((F) timated tount o other pensati	f
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	-MISC)	from the organization and related organizations			
		-											
1b Sub-total							►	45,063.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	-		•••	•••	•••			0. 45,063.		0.			0.
2 Total number of individuals (including but reportable compensation from the organiza	not limited to t		liste			e) who	o re	ceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch											3		X
4 For any individual listed on line 1a, is the	ne sum of rep	oortab	ole c	om	pen	satior	n ar	nd other compens	sation from	the			
organization and related organizations individual											4		Х
5 Did any person listed on line 1a receive for services rendered to the organization? <i>I</i>											5		x
Section B. Independent Contractors					-								
 Complete this table for your five highest of compensation from the organization. Report year. 													
(A) Name and business	address							(B) Description of se	rvices	С	(C) Compens	ation	
							-						
							+						
2 Total number of independent contractors more than \$100,000 in compensation from				niteo	d to 0		e li	sted above) who	received				

Form 990 (201	9)	GLC
Part VIII	Statement of	Revenue

		Check if Schedule O co	ontains a respo	nse or note to any	y line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ល ល	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
စ္ဦစ	c	Fundraising events		57,367.				
ĽÅ,	d	Related organizations		5775071				
ilai		Government grants (contribu						
in's,	e	3 (,					
r ic	f	All other contributions, gifts,	-					
he		and similar amounts not include		1,065,451.				
ĞĘ	g	Noncash contributions inclue						
n on		lines 1a-1f	1g	\$				
<u> </u>	h	Total. Add lines 1a-1f		•	1,122,818.			
				Business Code				
ice	2a	TUITION REVENUE		616000	1,130,648.	1,130,648.		
e S	b	SCHOOL ACTIVITIES		611710	105,594.	105,594.		
s n	c	DEVELOPMENT INCOME		611430	38,087.	38,087.		
e ve		OTHER INCOME		900099	14,865.	14,865.		
2 2 2 2 2 2	d				,			
Program Service Revenue	e							
	f	All other program service rev			1,289,194.			
	g	Total. Add lines 2a-2f			1,209,194.			
	3	Investment income (inclue	0	· · · ·				
		other similar amounts).			968.			968
	4	Income from investment of	•		0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss) .			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
	10	sales of assets	()					
-		other than inventory 7a						
Revenue	b	Less: cost or other basis						
ver		and sales expenses 7b						
Ś	с	Gain or (loss) 7c						
	d	Net gain or (loss)	• • • • • • <u>• • •</u>	<u> • </u>	0.			
Other	8a	Gross income from f	undraising					
0		events (not including \$	57,367.					
		of contributions reported						
		1c). See Part IV, line 18		4,415.				
	h	Less: direct expenses		15,712.				
	b C	Net income or (loss) from fu		• • • •	-11,297.			-11,297.
			_					
	9a	Gross income from	gaming	0.				
		activities. See Part IV, line 19						
	b	Less: direct expenses		0.				
	С	Net income or (loss) from g	aming activities	. <u></u> ▶	0.			
	10a	Gross sales of invente						
		returns and allowances	<u>10a</u>	0.				
	b	Less: cost of goods sold						
	с	Net income or (loss) from sa	les of inventory		0.			
s				Business Code				
e sou	11a							
nu								
Miscellaneous Revenue	b							
Sce	C L							+
ž	d	All other revenue						
		Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction	ons	🕨	2,401,683.	1,289,194.		-10,329.

GLORIA DEO ACADEMY INC

	D ACADEMY INC		26-25	34427 Page 1
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	45,063.	31,544.	13,519.	
6 Compensation not included above to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	893,135.	595,518.	255,222.	42,395
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.	FO 004	01 550	
10 Payroll taxes	71,834.	50,284.	21,550.	
11 Fees for services (nonemployees):				
a Management	0.		1 510	
b Legal	1,713.		1,713.	
c Accounting	8,755.		8,755.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	22,518.			22,51
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	4,148.	4,148.		
12 Advertising and promotion	1,349.		1,349.	
I3 Office expenses	42,016.	16,590.	25,426.	
14 Information technology	19,479.	19,111.	368.	
15 Royalties	0.			
6 Occupancy	74,769.	71,031.	3,738.	
1 7 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	8,550.	5,985.	2,565.	
20 Interest	34.		34.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,785.	6,785.		
23 Insurance	13,381.	8,831.	4,550.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) expensive list line 24e expenses on Schedule (A)				
(A) amount, list line 24e expenses on Schedule O.)	10 012	10 012		
a SUPPLIES	49,813.	49,813.		
bSCHOOL ACTIVITIES	47,013.	47,013.		430
c DEVELOPMENT	25,107.	24,677.		430
d				
e All other expenses	1 225 460	021 220	220 700	65 24
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functional campaign check here. 	1,335,462.	931,330.	338,789.	65,343
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

0.

following SOP 98-2 (ASC 958-720)

GLORIA DEO ACADEMY INC

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u>	<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	26,332.	1	86,377
2	Savings and temporary cash investments.	331,876.	2	553,432
3	Pledges and grants receivable, net	0.	3	958,818
4	Accounts receivable, net.	586,071.	4	536,212
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	(
7	Notes and loans receivable, net	0.	7	(
7 8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	7,032.	-	5,838
-	Land, buildings, and equipment: cost or other	· · · · · · · · · · · · · · · · · · ·		
	basis. Complete Part VI of Schedule D 10a 207, 766.			
h	Less: accumulated depreciation	42,625.	10c	164,188
11	Investments - publicly traded securities.	0.		
12	Investments - other securities. See Part IV, line 11.	0.		
13	Investments - program-related. See Part IV, line 11.	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	9,307.		3,48
16		1,003,243.	15	2,308,347
-	Total assets. Add lines 1 through 15 (must equal line 33)	10,474.		14,330
17	Accounts payable and accrued expenses	0.		14,550
18	Grants payable	987,019.	18	1,070,392
19	Deferred revenue.	0.		1,010,352
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0		
	controlled entity or family member of any of these persons	0.		
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third		1	
	parties, and other liabilities not included on lines 17-24). Complete Part X	0		202.40
	of Schedule D	0.	25	303,400
26	Total liabilities. Add lines 17 through 25	997,493.	26	1,388,122
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	5,750.	27	116,376
28	Net assets with donor restrictions.	0.	28	955,549
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
			1.01	1
32	Total net assets or fund balances	5,750.	32	1,071,925

Form 990 (2019)

GLORIA	DEO	ACADEMY	INC

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 1, 335, 462. 3 Revenue less expenses. Subtract line 2 from line 1 3 4 5, 750. 5 0. 6 0. 7 0.066, 221. 7 0.066, 221. 8 750. 5 0. 6 0. 7 0. 8 -466. 9 0. 10 1, 071, 925. 9 0. 10 1, 071, 925. 9 0. 10 1, 071, 925. 110 1, 071, 925. 12 1, 305, 462. 13 0.0 14 2, column (B) 15 0. 16 1, 071, 925. 9 0. 17 Accounting method used to prepare the Form 990. Cash< X Accrual Other	Form 99	0 (2019)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 401, 683. 2 Total expenses (must equal Part IX, column (A), line 25) 1, 335, 462. 3 1, 066, 221. 4 1, 335, 462. 3 1, 066, 221. 4 5, 750. 5 0. 6 0. 7 0. 7 0. 8 Prior period adjustments 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O), 10 Net assets or fund balances (explain on Schedule O), 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B). 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 If res, '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: 11 Separate basis Consolidated basis, or both: <	Part	XI Reconciliation of Net Assets				
1 Total expenses (must equal Part IX, column (A), line 25) 1, 335, 462. 2 1, 335, 462. 3 Revenue less expenses. Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 0. 6 0. 7 0. 8 -466. 9 0. 10 Net assets or fund balances at ned of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 1, 071, 925. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 2a Were the organization's financial statements audifed by an independent accountant? 2 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consoli		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 335, 462. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 066, 221. 3 1, 066, 221. 3 1, 066, 221. 4 5, 750. 5 0. 5 0. 5 Donated services and use of facilities 5 0. 5 0. 6 Donated services and use of facilities 7 0. 6 0. 7 Investment expenses 7 0. 6 0. 8 retroit changes in net assets or fund balances (explain on Schedule 0). 7 10 1,071,925. 9 O. 1 1,071,925. 1,071,925. 1,071,925. 9 O. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other,* explain in Schedule 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other,* explain in Schedule 0. 2a X 1 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	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
 A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net unrealized gains (losses) on investments Donated services and use of facilities Course of the services and use of facilities Prior period adjustments Prior Perior Perior Perior Period Prior Pinor Pino	2		2			
 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3	1,0		
a Net differing digits (0) investments b Donated services and use of facilities c Divestment expenses c Divestment expens	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,5	
0 0 0 0 1 Nextment expenses 7 0. 8 -46. 9 0. 9 0. 8 -46. 9 0. 10 8 -46. 9 0. 10 Net assets or fund balances (explain on Schedule O). 10 1.071.925. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 1.071.925. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1.071.925. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1.0 2a X 1 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited or a separate basis Both consolidated and separate basis 2b X 1 "Yes," check a b	5	Net unrealized gains (losses) on investments	5			
 a) Prior Priod adjustments b) Prior Priod adjustments c) Other changes in net assets or fund balances (explain on Schedule O). c) Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). c) Other changes in net assets and Reporting c) Check if Schedule O contains a response or note to any line in this Part XII. c) Part XII Financial Statements and Reporting C) Check if Schedule O contains a response or note to any line in this Part XII. c) Part Schedule O. c) Accounting method used to prepare the Form 990: c) Cash X Accrual c) Other d) Other f) the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? c) Beparate basis c) Consolidated basis c) Both consolidated basis c) Consolidated basis c) Both consolidated basis c) Both consolidated basis c) Both consolidated basis c) Consolidated basis c) Both consolidated basis c) B	6	Donated services and use of facilities	6			
 a Photo period adjustments the second process of the balances (explain on Schedule O). b Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). column (B). <licolumn (b).<="" li=""> column (</licolumn>	7	Investment expenses	7			
10 Note of anges in the basics of full balances (explain of obledue 0), 1,	8	Prior period adjustments	8		-	
32, column (B)) 1,071,925. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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 in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis D Were the organization's financial statements audited by an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the </th <th>9</th> <th>Other changes in net assets or fund balances (explain on Schedule O)</th> <th>9</th> <th></th> <th></th> <th>0.</th>	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 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 in Schedule O. Yes No 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII			10	1,0)71,9	925.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b 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 Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization require	Part	XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other_ Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 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?	1			_		
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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the X		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
 24 Write the organization's manufal statements complete or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		Schedule O.				
 reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consoli	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		<u>2a</u>		Χ
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		reviewed on a separate basis, consolidated basis, or both:				
 b Were the organization's financial statements addited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Separate basis Consolidated basis Both consolidated and separate basis				
 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	b	Were the organization's financial statements audited by an independent accountant?		_ 2b		Χ
 Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		separate basis, consolidated basis, or both:				
 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		Separate basis Consolidated basis Both consolidated and separate basis				
 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	of		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Image: Comparization changed either equired audit or audits? If the organization did not undergo the Image: Comparization changed either equired audit or audits? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Comparization equired either equired audit or audits?			-			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the a X		If the organization changed either its oversight process or selection process during the tax year, e	plain o	n		
Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Comparization did not undergo the			-			
Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Comparization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	e		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						Х
	b		ergo th	e		_
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•			

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service	1	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection			
Nam	e of t	he organization	GLORIA DE	CO ACADEMY IN	C			Employer identifi	cation number			
FK	A GI			HURCH SCHOOLS				26-25344				
Ра				•	<u> </u>			art.) See instructions				
	orga		•		is: (For lines 1 through			,				
1					tion of churches desc							
2	X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3 4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the											
4		hospital's nan	-	-		spilai ue	SCIIDEU II					
5					a college or universit		d or one	rated by a governme	ntal unit described in			
Ũ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7									om the general public			
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)						
9		-	-	-				I in conjunction with a				
		•	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the I	name, city, and state of	the college or			
		university:										
10		receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	,	n 331/3% of its			
11		•	•		usively to test for publi							
12		-	-		-				erry out the purposes ee section 509(a)(3).			
									nes 12e, 12f, and 12g.			
а	Г			-				orted organization(s),	-			
u						-		the directors or truste				
			-		e Part IV, Sections A							
b			-				n with its	supported organization	on(s), by having			
		control or m	nanagement o	of the supporting o	rganization vested in	the sam	e person	is that control or man	age the supported			
	_	_ organization	n(s). You must	complete Part IV	, Sections A and C.							
С		_ Type III fun	ctionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,			
	_		-		ns). You must comple							
d			-			-		ection with its support				
			-			-		ution requirement and	an attentiveness			
-	Г				omplete Part IV, Sect							
е			-		ionally integrated sup			nat it is a Type I, Type I	і, туре ш			
f	Fn				ionally integrated sup	porting c	Jiganizai	юп.				
				•	orted organization(s).							
		ame of supported	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
						Yes	No	matructions)	matructions)			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	al											
For	Paner	work Reduction 4	Act Notice, see the	e Instructions for Form	990 or 990-EZ			Schedule A	(Form 990 or 990-EZ) 2019			

Page 2

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	tion A. Public Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				1	1	
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp		-				
14	Public support percentage for 2019 (lir						%
15	Public support percentage from 2018 \$						%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the	ne "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						🕨 📖

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	F	I	1	I	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	0	,	, ,			
<u></u>	organization, check this box and stop here			<u></u>		<u></u>	· · · · ►
<u>3ec</u> 15	tion C. Computation of Public Sup Public support percentage for 2019 (line 8	•	•	(f))		45	0/
16	Public support percentage from 2018 Sche					15	<u>%</u> %
	tion D. Computation of Investmen					16	/0
	Investment income percentage for 2019 (li			12 oolump (f))		17	%
17 1 0	Investment income percentage for 2019 (in Investment income percentage from 2018					18	%
18 19 a	331/3% support tests - 2019. If the o						
194	17 is not more than 331/3%, check th						
h	331/3% support tests - 2018. If the org		-				
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• •			
JSA				.,, 100,		Schedule A (Form 9	
9E122	^{1 1.000} 5939RP K929 5/16/2021 9	:12:45 PM	V 19-8.4F	C	093110	•	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.*
- **10 a** 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 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.)

Yes No

Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	N Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		24	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
Secti	on 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?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019	ization	<u> </u>	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organized			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
<u>с</u>	Excess from 2017			
d	Excess from 2018			
 e	Excess from 2019			
-			Schodula	A (Form 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2019

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

0093110

Schedule B Schedule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2019		
Name of the organization	Employe	er identification number		
GLORIA DEO ACAD	EMY INC			
FKA GLENDALE CH	RISTIAN CHURCH SCHOOLS, INC. 26-2	2534427		
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Check if your organization is covered by the General Rule or a Special Rule.

contributor's total contributions.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

instructions.

General Rule

Special Rules

	8 (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC		Page 2 Employer identification number
Part I	FKA GLENDALE CHRISTIAN CHURCH S Contributors (see instructions). Use duplicate copi		26-2534427 eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	8 (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC FKA GLENDALE CHRISTIAN CHURCH S		Page 2 Employer identification number 26-2534427
Part I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

-	B (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC		Page 2 Employer identification number 26-2534427
Part I	FKA GLENDALE CHRISTIAN CHURCH S Contributors (see instructions). Use duplicate copie	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$51,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC		Page 2 Employer identification number
	FKA GLENDALE CHRISTIAN CHURCH S	CHOOLS, INC.	26-2534427
Part I	Contributors (see instructions). Use duplicate copie		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$7,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

-	8 (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC FKA GLENDALE CHRISTIAN CHURCH S		Page 2 Employer identification number 26-2534427
Part I	Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	8 (Form 990, 990-EZ, or 990-PF) (2019) organization GLORIA DEO ACADEMY INC		Page 2 Employer identification number
Part I	FKA GLENDALE CHRISTIAN CHURCH S		26-2534427
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of organiz	zation GLORIA DEO ACADEMY INC FKA GLENDALE CHRISTIAN CHURCH SCHOOLS		lentification number 534427
art II No	oncash Property (see instructions). Use duplicate copies		eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

Page 3

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
Name of or	rganization GLORIA DEO ACADEMY INC			Employer identification number	
	FKA GLENDALE CHRISTIAN			26-2534427	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I	(,	(0) 000	<u>g</u>	(*) g g	
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee	
(a) No				1	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use	of wift	(d) Decemination of how with in hold	
Part I		(0) 056	orgin	(d) Description of how gift is held	
	(e) Transfer of gift				
				nchin of transform to transform	
	Transferee's name, address, ar	IU ZIF T 4	Relatio	onship of transferor to transferee	
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

(Fo i Depa	HEDULE D rm 990) rtment of the Treasury nal Revenue Service	► Complete if t Part IV, line 6, 7,	Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, art IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. to to www.irs.gov/Form990 for instructions and the latest information.					
		GLORIA DEO ACADEMY INC				ployer identificat	Inspection	
FKA	A GLENDALE CHR	SISTIAN CHURCH SCHOOLS,	INC.			26-253442	27	
		tions Maintaining Donor Advi		imilar Funds o	or Acco	ounts.		
		e if the organization answered						
	•	5	(a) Donor advised			(b) Funds and	other accounts	
1	Total number at e	nd of year				· /		
2		of contributions to (during year)						
3		of grants from (during year)						
3 4		it end of year						
- 5		ion inform all donors and donor	advisors in writing that	the assets held	h in do	nor advised		
5	-	nization's property, subject to the					Yes No	
6	-	on inform all grantees, donors, a	-	-				
0	•	e purposes and not for the benef						
	•	issible private benefit?			•		Yes No	
Pa		tion Easements.						
		if the organization answered	"Yes" on Form 990. Pa	art IV. line 7.				
1		servation easements held by the						
		n of land for public use (for example			n of a h	istorically imp	oortant land area	
		of natural habitat	, ,			ertified histor		
		n of open space						
2		through 2d if the organization he	eld a qualified conservation	on contribution i	in the fo	orm of a cons	servation	
		ast day of the tax year.					End of the Tax Year	
а		onservation easements			2a			
b		tricted by conservation easements			2b			
С		vation easements on a certified			2c			
d		rvation easements included in (c						
		isted in the National Register			2d			
3		rvation easements modified, trai			ninated	I by the orga	nization during the	
	tax year 🕨							
4	Number of states	where property subject to conse	rvation easement is locate	ed ▶				
5	-	ation have a written policy reg				-		
	violations, and enf	orcement of the conservation eas	sements it holds?				Yes No	
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violation	ns, and enforcing	g conse	rvation easeme	ents during the year	
	▶							
7		es incurred in monitoring, inspect	ting, handling of violations	s, and enforcing o	conser	vation easeme	ents during the year	
	▶\$							
8		vation easement reported on line 2	• • •					
_)(4)(B)(ii)?						
9		be how the organization reports			•			
		d include, if applicable, the text o ounting for conservation easeme		anization's finan	ciai sta	tements that c	describes the	
D۵		tions Maintaining Collections		sures or Oth	or Sim	ilar Assots		
ı a		e if the organization answered				nai Assets.		
	•	v						
1a	of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote	ts held for public exhibits to rep to its financial statements	ition, education s that describes	, or re these it	search in fui tems.	rtherance of public	
b		n elected, as permitted under FA						
		sures, or other similar assets helling amounts relating to these iter		education, or re-	search	in iurtherand	e of public service,	
		ded on Form 990, Part VIII, line 1				▶ \$		
		d in Form 990, Part X						
2		n received or held works of a						
-	-	required to be reported under F			400010		. gain, provide the	
а		on Form 990, Part VIII, line 1.				▶ \$		
		Form 990. Part X						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
JSA 9E1268 1.000								
5939RP	K929	5/16/2021	9:12:45 PM	V 19-8.4F				

0093110

GLORIA DEO ACADEMY INC

Sche	dule D (Form 990) 2019											Page	2
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	ssets (c	ontinue		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its												
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan	or exch	ange	prograi	n				
b	Scholarly research			e	Other								
С	Preservation for future gene	rations											-
4	Provide a description of the organ	nization's	collections	s and expl	ain how t	they fu	rther	the org	ganization'	s exempt	purpose	in Pa	rt
	XIII.												
5	During the year, did the organization	on solicit	or receive of	donations of	of art, hist	orical tr	easu	res, or o	other simila	ar			
	assets to be sold to raise funds rath	ner than t	o be maint	ained as pa	art of the	organiz	ation'	s colled	ction?	[Yes	N	o
Ра	rt IV Escrow and Custodial A	rrangen	nents.										
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoun	t on For	m	
	990, Part X, line 21.												
1a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	liary for c	ontribu	tions	or othe	r assets no	t			
	included on Form 990, Part X?									[Yes	N	ο
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ole:							
										Amount			
с	Beginning balance						1c						
d	Additions during the year												
е	Distributions during the year												
f	Ending balance												
2a	Did the organization include an am							stodial	account lia	bility?	Yes	N	ю
b	If "Yes," explain the arrangement i									-			
	rt V Endowment Funds.				•								
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line	10.					
			rrent year	(b) Pric			vo year		(d) Three y	ears back	(e) Four y	ears back	k
1a	Beginning of year balance												
b	Contributions												
	Net investment earnings, gains,												
С	and losses												
٦													
d	Grants or scholarships												
е	Other expenditures for facilities												
,	and programs												
f	Administrative expenses												
g	End of year balance				- (line 4 -		- (-))						
2 a	Provide the estimated percentage Board designated or quasi-endown		rrent year	end balanc %	e (line 1g,	columr	1 (a))	neid as					
a h	Permanent endowment	% «		/0									
c	Term endowment	%											
C	The percentages on lines 2a, 2b, a	- ' -		100%									
20	Are there endowment funds not in				ation that	ara hal	dana	1 admir	victored for	the			
Ja	organization by:	the poss		ne organiza	ation that	are nei	u and	aunni	ilstered for	uie	Y	es No	_
											3a(i)		_
	(i) Unrelated organizations												
L	(ii) Related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the relate	•					(/ . .				3b		
4	Describe in Part XIII the intended u			ation's endo	wment fu	nas.							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	swered "Y	es" on Fo	rm 990.	Part IV	, line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property		(a) Cost of	r other basis	(b) Cost	or other b	<u>′</u>	(c) Acc	cumulated	,	Book valu		
4 -	Land		(inves	stment)	(c	other)		depr	eciation				
1a													
b	Buildings												
C	Leasehold improvements				-	L04,33			20 220		~	E 100	<u> </u>
d	Equipment								39,228.			5,108	
e	Other	(-l)	(L03,43		-)	4,350.			9,080	
ı ota	I. Add lines 1a through 1e. (Column	i (a) musi	ı equai ⊢ori	n 990, Part	л, coium	н (B), Ш	1e 10	<i>U.J</i>	🕨		ΤD	4,188	٠.

Schedule D (Form 990) 2019

Schedule D (F	orm 990) 2019			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on:
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
,	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990). Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	
			Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)			
Parlix	Other Assets. Complete if the organization answered	"Yes" on Form 990) Part IV line 11d See Form 990	Part X line 15
	· · ·	scription		(b) Book value
(1)	(1)			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Imn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes			
(2) PPP 1				151,700.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	>	303,400.
	r uncertain tax positions. In Part XIII, provide the			
organization'	s liability for uncertain tax positions under FASB A	ASC 740. Check here if	the text of the footnote has been provid	ed in Part XIII

0093110

GLORIA	DEO	ACADEMY	INC
--------	-----	---------	-----

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
- a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		
Part			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
	Donated services and use of facilities		
a		-	
b		-	
C		-	
d		2e	
е	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
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	-	
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		

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

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

SCHEDULE E (Form 990 or 990-EZ)	Schools ► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		3 No. 1 20	⁵⁴⁵⁻⁰⁰	47
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.		en to pectio	Publi on	С
Name of the organization	GLORIA DEO ACADEMY INC	Employer identification	on num	ber	
FKA GLENDALE CHF	ISTIAN CHURCH SCHOOLS, INC.	26-2534427	7		
Part I					
				YES	NO
1 Does the organiz	ation have a racially nondiscriminatory policy toward students by statemen	t in its charter,			
bylaws, other gov	erning instrument, or in a resolution of its governing body?		1	Х	
•	ation include a statement of its racially nondiscriminatory policy toward stu gues, and other written communications with the public dealing with stude				

programs, and scholarships?	2	X
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		
describe. If "No," please explain. If you need more space, use Part II	3	X
SEE SUPPLEMENTAL PAGE		

4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			

5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
с	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
-				
q	Athletic programs?	5q		Х
9				
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b	Has the organization's right to such aid ever been revoked or suspended?			X
2	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-FZ.			7) 2019

SCHEDULE E, PART I, LINE 3

PUBLICIZED NONDISCRIMINATORY POLICY:

THE ORGANIZATION'S NONDISCRIMINATORY POLICY IS INCLUDED IN THE SCHOOL'S

HANDBOOK, WHICH IS AVAILABLE ON THE SCHOOL'S WEBSITE.

0093110

SCHEDULE G		Information Re					OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete il ti	organization entered n	nore than \$1	5,000 on Foi	rm 990-EZ, line 6a.	9, of it the	2019
Department of the Treasury		Attach o to www.irs.gov/Forms		or Form 99			Open to Public
Internal Revenue Service Name of the organization	GLORIA DEO ACA	5	9901011150	uctions and	the fatest information.	Employer identificati	Inspection
FKA GLENDALE CHI		-	I			26-2534427	on number
	g Activities. Comp			swered "	Yes" on Form 99		7.
	EZ filers are not re					-, ,	
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	Ill that apply.	
a Mail solicita	tions	e	Solic	itation of	non-government g	rants	
b Internet and	email solicitations	f	Solic	itation of	government grants	3	
c Phone solic	itations	g	X Spee	cial fundra	ising events		
d 🔄 In-person so	olicitations						
b If "Yes," list the	tion have a written of s listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody c	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
2							
3							
4							
-							
5							
6							
7							
8							
9							
10							
		1	1	<u> </u>	61,782.	00 E10	20.264
Total 3 List all states in	which the organizat	ion is registered o	r licenser	to solicit		22,518 has been notified	
registration or lic							a lo oxompt nom

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 5939RP K929 5/16/2021 9:12:45 PM V 19-8.4F 0093110

GLORIA DEO ACADEMY INC

Sche	dule	e G (Form 990 or 990-EZ) 2019				Page 2
Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contributi			
			(a) Event #1 ANNUAL FUND DIN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
6			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	61,782.			61,782
Re	2	Less: Contributions	57,367.			57,367
	3	Gross income (line 1 minus line 2)	4,415.			4,415.
	4	Cash prizes				
	5	Noncash prizes				
səsue	6	Rent/facility costs	2,224.			2,224.
Direct Expenses	7	Food and beverages	5,572.			5,572.
Direct	8	Entertainment				
	9	Other direct expenses	7,916.			7,916.
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		15,712.
Pa		Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered ""			-11,297 reported more than
Revenue		•••••••••••••••••••••••••••••••••••••••	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R	1	Gross revenue				
enses	2	Cash prizes				
	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
Δ	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		= =	Yes No

Schedule G (Form 990 or 990-EZ) 2019

GLORIA	DEO	ACADEMY	INC
--------	-----	---------	-----

Sched	ule G (Form 990 or 990-EZ) 2019	20 202		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			
	records:			
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Caning manager mormation.			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations	i	
	or spent in the organization's own exempt activities during the tax year s	()	()	
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).	mai infor	mation	

Schedule G (Form 990 or 990-EZ) 2019

26-2534427

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
LAUREL MONDS	CAPITAL CAMPAIGN	x	61,782.	22,518.	39,264.
PO BOX 110 GRANVILLE					
OH 43023					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	ww.irs.gov/form990. Inspection
Name of the organization GLORIA DEO ACADEMY INC	Employer identification number
FKA GLENDALE CHRISTIAN CHURCH SCHOOLS, INC.	26-2534427

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

THE GOAL OF GDA IS TO DEVELOP ETHICAL AND WISE INDIVIDUALS WHO WILL

IMPACT THEIR COMMUNITY FOR THE GLORY OF GOD THROUGH SERVICE, LEADERSHIP,

AND CHARACTER.

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

990 REVIEW PROCESS:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ORGANIZATION. MANAGEMENT REVIEWED THE COMPLETED FORM 990 PRIOR TO FILING AND WILL PRESENT THE FORM 990 TO THE BOARD AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST MONITORING: EVERY YEAR THE BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST

POLICY. IF THERE IS A CONFLICT OF INTEREST, THE BOARD MEMBER EXCUSES THEMSELVES FROM THE DECISION MAKING PROCESS.

FORM 990, PART VI, SECTION B, LINES 15A & 15B PROCESS FOR DETERMINING COMPENSATION: EVERY YEAR THE BOARD APPROVES SALARIES FOR ALL EMPLOYEES, INCLUDING DIRECTORS AND KEY EMPLOYEES, FOR THE COMING FISCAL YEAR.

Name of the organization GLORIA DEO ACADEMY INC FKA GLENDALE CHRISTIAN CHURCH SCHOOLS, INC. Page 2

FORM 990, PART VI, SECTION C, LINE 19 DISCLOSURE OF DOCUMENTS: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE PRESENTED TO THE PUBLIC ANNUALY IN JANUARY AT OUR STATE OF THE SCHOOL SPEECH.

JSA

Form	990-T	Ex	empt Organization	Bus	siness Income [·] der section 6033(Tax Retur	'n	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin				o 20.	୬ଲ 1 0
Depart	ment of the Treasury		Go to www.irs.gov/Form9907					<u>ZU IJ</u>
	I Revenue Service	► Do	not enter SSN numbers on this form a	s it ma	ay be made public if your orga	anization is a 501(c	:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (X Check bo	ox if na	me changed and see instruction	s.)		yer identification number
	address changed		GLORIA DEO ACADEMY I	INC			(Employ	yees' trust, see instructions.)
	mpt under section		FKA GLENDALE CHRIST	IAN	CHURCH SCHOOLS,	INC.		
Х	501(C <u>)(</u> 3)	Print	Number, street, and room or suite no. It	f a P.O	. box, see instructions.		26-25	534427
	408(e) 220(e)	or Type						ted business activity code structions.)
	408A 530(a)		3146 S. GOLDEN AVE				(000 110	
	529(a)	-	City or town, state or province, country	,	ZIP or foreign postal code			
	ok value of all assets and of year		SPRINGFIELD, MO 6580					
ure			up exemption number (See instructi	,			1	
	2,308,347.		ck organization type 🕨 🕺 501		· · · · · · · · · · · · · · · · · · ·) trust	_ 401(a) t	trust Other trust
H Er	nter the number of	the orga	nization's unrelated trades or busines	sses.				(or first) unrelated
	ade or business her							than one, describe the
			end of the previous sentence, con	nplete	Parts I and II, complete a S	chedule M for eac	ch addition	al
	ade or business, th	· · ·						
	• ·		corporation a subsidiary in an affilia	-		controlled group?		. ▶ Yes X No
	1		identifying number of the parent cor	porati		11	7 270	F 4 2 0
1			AITLIN NELSON			e number ► 41		
			or Business Income		(A) Income	(B) Expen	ses	(C) Net
	Gross receipts or s			4-				
b	Less returns and allowa		c Balance ►	1c				
2	-		ule A, line 7)	2				
3			2 from line 1c	-				
4a			ttach Schedule D)	4a				
b			Part II, line 17) (attach Form 4797)	4b 4c				
с 5			rUStS r an S corporation (attach statement)	40 5				
6			r an S corporation (attach statement)	6				
7			come (Schedule E)	7				
8			ents from a controlled organization (Schedule F)	8				
9			1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11	• •		lule J)	11				
12			tions; attach schedule)	12				
13			ough 12	13	0.			
Par	t Deduction	ns Not	Taken Elsewhere (See instr		ons for limitations on c	leductions.) ([Deductio	ons must be directly
			ne unrelated business incom	,				
14 15			directors, and trustees (Schedule K)					
15 16								
16 17								
18			(see instructions)					
19								
20			4562)					
21			on Schedule A and elsewhere on re				21b	
22								
23			compensation plans					
24								
25			Schedule I)					
26			chedule J)					
27			chedule)					
28			s 14 through 27					
29			le income before net operating					
30			g loss arising in tax years beginnin					
31		•	e income. Subtract line 30 from line	•		, -		
			lotice, see instructions.		- -			Form 990-T (2019)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	GLENDALE CHRISTIAN CHURCH SCHOOLS, INC.	26-2534427
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your	2110 S BLACKMAN RD	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	SPRINGFIELD, MO 65809	

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of **>**

Te	elephone No. ► Fax No. ►			
	the organization does not have an office or place of business in the United States, check this box			
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is
	he whole group, check this box $\mathbf{P} = \mathbf{P}$. If it is for part of the group, check this box $\mathbf{P} = \mathbf{P}$		and	d attach
<u>a list</u>	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until 05/17 , 20 21 , to file the exemption	orç	gan	ization return
	for the organization named above. The extension is for the organization's return for:			
2	 calendar year 20 or X tax year beginning 07/01, 20 19 , and ending 06/30 , If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period		20	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS		1	
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Cauti	on: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form		Ţ	
	ictions.			. ,

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

orm 990-T	(2019) GLORIA DEO A	ACADEMY INC		26-2	2534427	F	Page
Part III	Total Unrelated Business Taxab	le Income					
2 Tota	of unrelated business taxable income co	mputed from all unrelated tra	des or businesses (s	see			
instr	uctions)			. 32			
3 Amo	unts paid for disallowed fringes			33			
4 Cha	itable contributions (see instructions for limitation	rules)		34			
5 Tota	unrelated business taxable income before	pre-2018 NOLs and specific	deduction. Subtract I	ine			
34 f	om the sum of lines 32 and 33			35			(
6 Ded	iction for net operating loss arising in	tax years beginning before	January 1, 2018 (s	see			
	uctions)						
	of unrelated business taxable income before sp						
	ific deduction (Generally \$1,000, but see line 38					1,(100
	lated business taxable income. Subtract line		•				,
	the smaller of zero or line 37		<u> </u>	. 39			(
	Tax Computation						
	nizations Taxable as Corporations. Multiply line						
		structions for tax computat					
	mount on line 39 from: Tax rate schedule						
	y tax. See instructions						
	native minimum tax (trusts only)						
	on Noncompliant Facility Income. See instruction						
	Add lines 42, 43, and 44 to line 40 or 41, whic	never applies	<u> </u>	45			
art V	Tax and Payments		C -				
	ign tax credit (corporations attach Form 1118; tru						
	r credits (see instructions)						
	eral business credit. Attach Form 3800 (see instru						
	it for prior year minimum tax (attach Form 8801 (- 460			
	I credits. Add lines 46a through 46d						
	ract line 46e from line 45 taxes. Check if from: Form 4255 Form 861						
							(
	I tax. Add lines 47 and 48 (see instructions)						
	nertes: A 2018 overpayment credited to 2019						
	estimated tax payments						
	leposited with Form 8868						
	gn organizations: Tax paid or withheld at source			_			
	up withholding (see instructions)						
	it for small employer health insurance premiums						
		2439					
	Form 4136 Other	Total ► 5	1a				
2 Tota	payments. Add lines 51a through 51g			52			
	nated tax penalty (see instructions). Check if Forr		1	53			
	Jue. If line 52 is less than the total of lines 49, 5						
	payment. If line 52 is larger than the total of line						
	the amount of line 55 you want: Credited to 2020 es		Refunded				
Part VI	Statements Regarding Certain A						
	ny time during the 2019 calendar year, did				authority	Yes	No
	a financial account (bank, securities, or ot		-				
	EN Form 114, Report of Foreign Bank and	, ,					
1 110							Х
here			or of, or transferor to, a	foreign trust	?		Х
here	ng the tax year, did the organization receive a dis	stribution from, or was it the grante	bi biş bi transıbibi teş a				
here B Duri	ng the tax year, did the organization receive a dis is," see instructions for other forms the organization	•					
here B Duri If "Ye		on may have to file.					
here B Duri If "Ye	s," see instructions for other forms the organization r the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined	on may have to file. accrued during the tax year > \$ this return, including accompanying sched	lules and statements, and to	the best of m	y knowledge an	d beli	ef, it
here B Duri If "Ye B Ente	s," see instructions for other forms the organization received or a	on may have to file. Incrued during the tax year S this return, including accompanying sched taxpayer) is based on all information of which	lules and statements, and to				
here B Duri If "Yo Ente	s," see instructions for other forms the organization r the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined	on may have to file. accrued during the tax year > \$ this return, including accompanying sched	lules and statements, and to	May the	y knowledge an IRS discuss t prep <u>arer</u> show	this r	etur
here 8 Duri If "Ye	s," see instructions for other forms the organization r the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined	on may have to file. Incrued during the tax year S this return, including accompanying sched taxpayer) is based on all information of which	lules and statements, and to	May the	IRS discuss t preparer show	this r	eturi pelov
here B Duri If "Yo 9 Ente ign lere	is," see instructions for other forms the organizations in the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other than the second secon	on may have to file. <u>inccrued during the tax year ►\$</u> this return, including accompanying sched taxpayer) is based on all information of which 05/17/2021	lules and statements, and to preparer has any knowledge.	May the with the	IRS discuss t preparer show	this r	eturr
here B Duri If "Yo 9 Ente ign lere	s," see instructions for other forms the organization the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other than Signature of officer Print/Type preparer's name KAYLA M BELL	on may have to file. Interpretation of the tax year ►\$ Interpretation of	lules and statements, and to preparer has any knowledge.	May the l with the (see instruction Check if self-employed	IRS discuss t preparer show ons)?X Yes PTIN P0168	this r wn b 297	returr pelov
here B Duri If "Yo 9 Ente ign lere	s," see instructions for other forms the organizations in the amount of tax-exempt interest received or a Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other than Signature of officer Signature of officer Print/Type preparer's name KAYLA M BELL Firm's name	on may have to file. Interpret to the tax year ►\$ this return, including accompanying sched taxpayer) is based on all information of which 05/17/2021 Date Title Preparer's signature	lules and statements, and to preparer has any knowledge.	May the I with the (see instruction Check if self-employed Firm's EIN	IRS discuss t preparer show ons)? X Yes PTIN	this r wn b 297 260	return pelov N

GLORIA DEO ACADEMY INC

Form 990-T (2019)								Page	
Schedule A - Cost of G	oods Sold. Er	ter method	d of invento	ry valuation	•				
1 Inventory at beginning of y	year <u>1</u>			6 Inventory	at end of yea	ar	6		
2 Purchases	2					Id. Subtract line			
3 Cost of labor	. 3			6 from I	ine 5. Enter	here and in Part			
4a Additional section 263A c	osts			I, line 2			7		
(attach schedule)	4a			8 Do the	rules of	section 263A (v	with respect to) Yes No	
b Other costs (attach schedu	ule) 4b			property	produced	or acquired for	r resale) apply	,	
5 Total. Add lines 1 through	4b 5			to the org	anization?			-	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Person						
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
for personal property is more than 10% but not percentage of rent			age of rent for				s directly connected with the income s 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c here and on page 1, Part I, line 6	6, column (A) 💶 🔒	<u>. </u>				(b) Total deduction Enter here and or Part I, line 6, colum	n page 1,		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructio	ns)		Deductione directly on	a sector d with or olloc	able to	
1 Description of de	ht financed property			ncome from or	3.1	Deductions directly co debt-finance	ced property	able to	
1. Description of de	bt-infanced property					ht line depreciation (b) Other de ach schedule) (attach sch			
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 d	Column livided olumn 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%)				
(2)				%					
(3)				%)				
(4)				%)				
						re and on page 1, ne 7, column (A).	Enter here and Part I, line 7, c		
Totals Total dividends-received deduct		olumn 8		. <u></u>	·				

Form **990-T** (2019)

Form 990-T	(2019)
------------	--------

GLORIA DEO ACADEMY INC

26-2534427 Page **4**

Schedule F – Interest, Ann	uities, Royalties	, and Re	nts Fr	om Contro	lled O	rganiza	tions (se	e instructi	ions)	5
				ontrolled Org					,	
1. Name of controlled organization	2. Employer identification number	er 3. 1	vet unrel	ated income nstructions)	4. Total	of specified ents made 5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations	I					-			
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifie		inclu			Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals Schedule G-Investment Ir					►	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A).	Ent	Id columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of			3. Deduc directly cor (attach sch	tions	4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)										
(2)										
(3)										
(4)										
	Enter here and o Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B).	
Totals ► Schedule I-Exploited Exe	amot Activity Ind	ome Ot	her Th	an Adverti	sina Ir		see instru	uctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper direct connecte producti unrela business i	nses tly d with on of ted	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	oss) rade mm from activity that 3). is not unrelated ute business income column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,			Enter here and on page 1, Part II, line 25.				
Totals ► Schedule J- Advertising Ir	come (see instru	uctions)								
Part I Income From Per		,	Consol	idated Rad	sis					
			011301		515					
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advertigain or (los 2 minus co a gain, co cols. 5 thro	s) (col. d. 3). If mpute		rculation come	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2019)

Form 990-T (2019)	GLORIA I	DEO ACADEMY I	INC		26-25	34427 Page 5
Part II Income From Pe 2 through 7 on a			rate Basis (For	each periodical	l listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	on of Officers, D	irectors, and Tr	rustees (see insti	ructions)		
1. Name		2. Title		3. Percent of time devoted to business	 Compensation attributable to unrelated business 	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14 ►

Form **990-T** (2019)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.