Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2020 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization			D Employer identif	ication number			
	Address	BENCHMARK ADVENTURE MIN	IISTRIES, INC.						
	Name change Initial	Doing business as			62-15384	188			
L	return	Number and street (or P.O. box if mail is not del	E Telephone numb						
	Final return/ termin-	150 39TH AVE N			615-972-				
_	ated .	City or town, state or province, country, and			G Gross receipts \$	296,925.			
L	return	NASHVILLE, IN 3/209-43			H(a) Is this a group				
	tion pending	F Name and address of principal officer: U AM			for subordinate				
150 39TH AVE N, NASHVILLE, TN 3/209-4962 H(b) Are all subordinates included?									
		mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527		a list. See instructions			
		e: ► WWW.BENCHMARK.ORG	onsisting Other	1. 1/	H(c) Group exempti				
		organization: X Corporation Trust As	sociation Other	L Year	of formation: 1994	M State of legal domicile: TN			
		Briefly describe the organization's mission or most	-iifttidti THE	MTGGTO	N OF BENCHM	INDK			
ce		ADVENTURE MINISTRIES IS TO							
Activities & Governance	2	Check this box if the organization discor							
Veri	3 1	Number of voting members of the governing body			3	1			
Ö	4	Number of independent voting members of the gov							
∞	5 5	Fotal number of individuals employed in calendar y							
į.	6								
ţ.	7a	Total unrelated business revenue from Part VIII. co	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12						
A	b	Net unrelated business taxable income from Form							
					Prior Year	Current Year			
Revenue	. 8	Contributions and grants (Part VIII, line 1h)			0				
	9				0 .				
	10	nvestment income (Part VIII, column (A), lines 3, 4,			0 .				
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			0 .				
	1	Total revenue - add lines 8 through 11 (must equal			0				
		Grants and similar amounts paid (Part IX, column (0				
			nefits paid to or for members (Part IX, column (A), line 4)						
U	15	Salaries, other compensation, employee benefits (F			0	. 81,193.			
Exnenses	16a	Professional fundraising fees (Part IX, column (A), I			0	. 0.			
a C	b .	Total fundraising expenses (Part IX, column (D), line		18.					
ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		0				
		Total expenses. Add lines 13-17 (must equal Part II			0				
		Revenue less expenses. Subtract line 18 from line	12		0	. 78,424.			
0	Ces			Ве	eginning of Current Year	End of Year			
sets	[편 20]	Total assets (Part X, line 16)			132,060				
t As		Total liabilities (Part X, line 26)			963				
Ne S		Net assets or fund balances. Subtract line 21 from	line 20		131,097	. 209,521.			
P	art II	Signature Block							
Un	der pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of r	ny knowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.	-1			
		Can Haran			5//3	3/21			
Sig	gn	Signature of officer			Date	•			
He	ere	JAMES EVANS, EXECUTIVE Type or print name and title	DIRECTOR						
_				—Т	Date Check	PTIN			
D-	:4	Print/Type preparer's name	Preparer's signature		if				
Pai		Firm's name			self-emp				
	eparer • Only	Firm's name			Firm's EIN	•			
Use Only Firm's address									
N 4 -	ov the IF	25 discuss this return with the present of	us? Cas instructions		Phone no.				
	2001 12-2	RS discuss this return with the preparer shown about 18-20 LHA For Paperwork Reduction Act Notice				Yes No			
U32	UU 1 12-25	2-20 LUA FULFAUELWOLK REQUESTION ACT NOTIC	.e. see me separate instructi	OHS		Form 330 (2020)			

193,527.

including grants of \$

Total program service expenses ▶

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) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
_	Schedule D, Part III	8		
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			. ,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. ai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di note to any ille in tilis fait v			Na
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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	i (continued)						
0-	Enter the number of ampleyees reported an Form W.A. Transmittel of Wage and Tay Statements	 		Yes	No		
Za	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 8					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions						
За		,	За		х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account acc		4a		Х		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	counts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?		6a		X		
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).	issa provided to the pover?	7a		Х		
_	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization positive the depay of the years of the goods or services provided?						
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 						
·	to file Form 8282?	s required	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e				
f							
g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а			9a				
b			9b				
10	Section 501(c)(7) organizations. Enter:	ا مدا					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a					
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	i ia					
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				7.7		
	excess parachute payment(s) during the year?		15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	inaama0	40		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ		
	If "Yes," complete Form 4720, Schedule O.		Гоги	990	(2020		

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4	:				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?			2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		X		
8								
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
	, , , , , , , , , , , , , , , , , , , ,		,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
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			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe					
	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		X		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
	taxable entity during the year?			16a		_X_		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)(3)	s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request X Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, an	d finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records					
	JAMES EVANS - 615-972-9033							
	150 39TH AVE N, NASHVILLE, TN 37209-4962							

Form 990 (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position		1		Reportable	Reportable	Estimated		
raine and the	hours per		(do not check more than one box, unless person is both an			than o		compensation	compensation from related	amount of
	week		officer and a dire					from		other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) 73476 73334	line)	Ĕ	Ĕ	HO.	- S	<u>Ę, P</u>	요			
(1) JAMES EVANS	45.00	. ,		37				F0 000	0	0
EXECUTIVE DIRECTOR	2 00	Х	_	Х		_		50,900.	0.	0.
(2) MICHAEL GINGRAS	2.00	٠,,							0	0
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(3) LOUIS JOSEPH IV	2.00	٠,,							0	0
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(4) DAVID PERKINS BOARD MEMBER	2.00	. ,						0.	0.	_
(5) BARBARA EVANS	2.00	Х						0.	0.	0.
CORPORATE SECRETARY	2.00	-		37				_	_	_
CORPORATE SECRETARY				Х				0.	0.	0.
		-								
		-								
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		1								
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

BENCHMARK ADVENTURE MINISTRIES, INC. 62-1538488 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 159,093. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 159,093. h Total. Add lines 1a-1f **Business Code** 135,619. 900099 135,619. 2 a RETREATS Program Service 1,100. 812900 1,100. b SPEAKING С f All other program service revenue 136,719. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 506. 506. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 607. 10a and allowances 3,468. **b** Less: cost of goods sold -2,861. -2,861. c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d

2020.03042 BENCHMARK ADVENTURE MINIS 62153841

137,225.

-2,861.

Form **990** (2020)

293,457.

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 50,900. 40,900. 10,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,293. 27,793. 2,500. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 1,489. 1,489. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 17,037. 9,919. 7,118. Advertising and promotion 12 7,919. 7,919. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 5,727. 5,727. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 10,455. 10,455. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 87,867. 87,867. PROGRAM EXPENSES 1,502. OTHER PROGRAM EXPENSES 1,502. 1,270. 1,270. COMMUNICATION 290. 290. CORPORATE EXPENSES 284. 175. 109. All other expenses 215,033. 193,527. 14,388. 7,118. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			132,060.	1	183,505
	2	Savings and temporary cash investments				2	4,935
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	24,294		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	tion 4958(c)(3)(B)		6		
တ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,300. 13,300.			
	b	Less: accumulated depreciation	0.	10c	0		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	40		
	16	Total assets. Add lines 1 through 15 (must e			132,060.	16	212,774
	17	Accounts payable and accrued expenses				17	6 .
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
တ္က	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
abi		controlled entity or family member of any of t	these pers	ons		22	
	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	, payables	to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X	_		
		of Schedule D			0.	25	3,247.
	26	Total liabilities. Add lines 17 through 25			963.	26	3,253
		Organizations that follow FASB ASC 958, or	check he	e ▶			
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
oun		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 🗓			
Ē		and complete lines 29 through 33.					
ls o	29	Capital stock or trust principal, or current fun			0.	29	0.
Se	30	Paid-in or capital surplus, or land, building, o			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			131,097.	31	209,521
Š	32	Total net assets or fund balances			131,097.	32	209,521.
	33	Total liabilities and net assets/fund balances			132,060.	33	212,774.

LOIII	1990 (2020) DENCIMARK ADVENTORE MINISTRIES, INC.	0 4	T330400	Pa	ge 🛂	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		8, <u>4</u> 1,0		
4						
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	9,5	<u>21.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual 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?					
	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			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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,					
	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 Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	l		,.	
	Act and OMB Circular A-133?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		
			Form	990	(2020)	

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

TNO

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PENCHMARK ADVENUITE MINICUPIES

Employer identification number

Dа	rt I	Reason for Public C		All organizations must a				2-1330400	
							ee instructions.		
	organi	zation is not a private found							
1	Щ	A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	Щ	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	Ш	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the general إ	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
		university:							
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem							
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)			-			
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or	
		more publicly supported org	•		•		•	•	
		lines 12a through 12d that of	-						
а		Type I. A supporting orga	* *					aivina	
		the supported organization			•	_			
		organization. You must c			, ,			11. 3	
b		Type II. A supporting orga	-		tion with its	s supporte	ed organization(s), by hav	vina .	
	-	control or management of	· ·					-	
		organization(s). You mus					3		
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.	
	-	its supported organization					• •	,	
d		Type III non-functionally						zation(s)	
	-	that is not functionally into	=				• • • • • • • • • • • • • • • • • • • •	* *	
		requirement (see instructi	-		•		•		
е		Check this box if the orga	•						
	-	functionally integrated, or					31 7 31 7 31		
f	Ente	r the number of supported o		, 3	5 5				
g		ide the following information		d organization(s).					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
							I	I .	

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4							
	Total. Add lines 1 through 3 The portion of total contributions						
3	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.						
	ction B. Total Support		1		•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	. —
<u> </u>	organization, check this box and stop						>
	ction C. Computation of Publi			. (5)		Taal	
	Public support percentage for 2020 (li		•	.,,		14	%
	Public support percentage from 2019					15	%
168	33 1/3% support test - 2020. If the content have The organization qualifies						. —
L	stop here. The organization qualifies		-			6 or more shock th	
O	33 1/3% support test - 2019. If the cand stop here. The organization qual	-					
170	10% -facts-and-circumstances test						
11 a	and if the organization meets the facts	-	-				
	meets the facts-and-circumstances te		•	-	•	ŭ	▶□
h	10% -facts-and-circumstances test	-		*			
,	more, and if the organization meets the	`				•	10/001
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				s D
				, ,		edule A (Form 990	

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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	42,456.	115,550.	110,208.	88,351.	159,599.	516,164.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,615.	101,594.	44,140.	54,097.	136,719.	394,165.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	100,071.	217,144.	154,348.	142,448.	296,318.	910,329.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,855.	6,475.	13,637.	10,511.	6,203.	39,681.
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	4,000.	65,000.		14,045.		
	Add lines 7a and 7b	6,855.	71,475.	58,314.	24,556.	105,203.	
<u>8</u> Se	Public support. (Subtract line 7c from line 6.)						643,926.
		(a) 2016	(b) 0017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2016 100,071.	(b) 2017 217,144.	(c) 2018 154, 348.	(d) 2019 142,448.	(e) 2020 296,318.	(f) Total 910,329.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100,071.	21/,144.	134,340.	142,440.	250,510.	J10, 323.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)	100,071.	217,144.	154,348.	142,448.	296,318.	910,329.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Publi						70 74
	Public support percentage for 2020 (li		•	olumn (f))		15	70.74 %
_	Public support percentage from 2019					16	75.15 %
	ction D. Computation of Inves			20 10 col: : (f\)		17	.00 %
	Investment income percentage for 20 Investment income percentage from 2					18	.00 %
198	19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support tests - 2019. If the						
-	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	TIV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
366	tion 6. Type it oupporting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)			
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 governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BENCHMARK ADVENTURE MINISTRIES, INC. **Employer identification number** 62-1538488

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?		Yes No					
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation o	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel							
	year ▶							
4	Number of states where property subject to conservation eas	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year					
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the					
Da	organization's accounting for conservation easements.	Ant Historical Transcript	Unay Cinailay Anasta					
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	•						
	of art, historical treasures, or other similar assets held for pub	, ,	•					
	service, provide in Part XIII the text of the footnote to its finar							
b	If the organization elected, as permitted under FASB ASC 95	•						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
			<u> </u>					
2	If the organization received or held works of art, historical tre-		ıl gain, provide					
	the following amounts required to be reported under FASB A	_						
а	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X							

032051 12-01-20

Schedule D (Form 990) 2020

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

Par	rt III Organizations Maintaining	Collections of Ar	t, Historical T	reasures, o	r Other	Simila	r Assets	s (continu	red)	
3	Using the organization's acquisition, access	ssion, and other record	s, check any of th	ne following that	make si	gnificant u	use of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	l Dan or e	exchange progra	am					
b	Scholarly research	е	Other_							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	n how they furthe	r the organization	n's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solici	t or receive donations of	of art, historical tr	easures, or othe	er similar	assets				
	to be sold to raise funds rather than to be	maintained as part of the	ne organization's	collection?				Yes	☐ No	
Par	rt IV Escrow and Custodial Arra							line 9, or		
	reported an amount on Form 990, I									
1a	Is the organization an agent, trustee, custo	odian or other intermed	iary for contributi	ons or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes	☐ No	
b	If "Yes," explain the arrangement in Part X									
								Amount		
С	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year									
f						1f				
2a	Did the organization include an amount or							Yes	No	
	If "Yes," explain the arrangement in Part X					•				
	rt V Endowment Funds. Complet					0.				
	•	(a) Current year	(b) Prior year				ears back	(e) Four y	ears back	
1a	Beginning of year balance		, ,			, , , ,				
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	*									
g g										
2	Provide the estimated percentage of the c	•	e (line 1a column	(a)) held as:	I			1		
	Board designated or quasi-endowment		%	(a)) Hold do.						
	Permanent endowment									
	Term endowment									
·	The percentages on lines 2a, 2b, and 2c s									
32	Are there endowment funds not in the pos	•	ition that are held	and administer	ed for the	a organiza	ation			
oa	by:	iscssion of the organize	mon mar are nere	and administer	ca for the	c organize	ation	Ī,	res No	
	(i) Unrelated organizations							3a(i)	110	
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organ	izatione lieted as requir	ed on Schedule I							
4	Describe in Part XIII the intended uses of t							30		
	rt VI Land, Buildings, and Equip		willett farias.							
	Complete if the organization answer		Part IV line 11s	See Form 990	Part X I	line 10				
	Description of property	(a) Cost or o		ost or other		ccumulate	2d	(d) Book	value	
	Description of property	basis (investn		sis (other)		preciation	,u	(u) book	value	
1-	Land	,	Jan Da	5.5 (54.151)	GOL					
	Land									
	Buildings									
	Leasehold improvements			13,300.		13,30	00		0.	
	Equipment			13,300.		10,00			<u> </u>	
	Other		<u> </u>						0	

Schedule D (Form 990) 2020

	DVENTURE MINIS	STRIES, INC. 6	2-1538488 Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ II 1	141 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or e	and-of-year market value
40 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Book value	(b) Mothod of Valdation. Cook of C	na or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Pook volue
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>	1	>
Part X Other Liabilities.	<i>,</i> 10. <i>j</i>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS			358.
(3) PAYROLL LIABILITIES			1,092.
(4) DIRECT DEPOSIT			1,797.
(5)			
(6)			
(7)			
(8)			
			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

3,247.

032054 12-01-20 Schedule D (Form 990) 2020

SCHEDULE 0

(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.

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

BENCHMARK ADVENTURE MINISTRIES, INC.

Employer identification number 62-1538488

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHOLENESS IN CHRIST
THROUGH INTERACTIVE EXPERIENCES AND OUTDOOR ADVENTURES.
FORM 990, PART VI, SECTION A, LINE 2: OFFICERS JAMES EVANS AND BARBARA EVANS ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
RETURN IS REVIEWED BY EXECUTIVE DIRECTOR AND THEN PRIOR TO FILLING, THE
EXXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR
USING REVELANT DATA AND DUE DELIBERATION ON AN ANNUAL BASIS
FORM 990, PART VI, SECTION C, LINE 18:
PROVIDED TO SECRETARY OF STATE AND COMMUNITY FOUNDATION OF TN PUBLISHES
FORM 990 ON GUIDESTAR
FORM 990, PART VI, SECTION C, LINE 19:
PROVIDED TO SECRETARY OF STATE

- NEXT YEAR FEDERAL -

BENCHMARK ADVENTURE MINISTRIES, INC.

Asset No.	Description		Date quired		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	TRUCK	01	011	.8	SL	5.00	13,300.	13,300.			0.
			_								

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone