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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
, 20			
<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> Pioneer Bible Translators Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 7500 West Camp Wisdom Road Room/suite City or town, state or country, and ZIP + 4 Dallas, TX 75236	
		<b>D Employer identification number</b> 23 7433923 <b>E Telephone number</b> (972) 708-7460	
		<b>F Name and address of principal officer:</b> Greg Pruitt. Address same as above.	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J Website:</b> ► <a href="http://www.pioneerbible.org">www.pioneerbible.org</a>		<b>H(c) Group exemption number</b> ►	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation:</b> 1976	
<b>M State of legal domicile:</b> TX			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:  Pioneer Bible Translators exists as a team to disciple Bible-less peoples, mobilizing God's people everywhere both to provide enduring access to God's Word translated into their languages and to maximize its impact to grow the Church.	
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a). . . . .	
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b). . . . .	
	5 Total number of employees (Part V, line 2a). . . . .	
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary) . . . . .	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12. . . . .	
	b Net unrelated business taxable income from Form 990-T, line 34. . . . .	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	4,874,626	5,747,966
9 Program service revenue (Part VIII, line 2g) . . . . .	43,443	30,464
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	55,219	31,166
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	88,208	74,703
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	5,061,496	5,884,299
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	77,929	107,878
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	2,975,743	3,645,491
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► . . . . .	300,403	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	1,793,804	1,531,380
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). . . . .	4,847,476	5,284,749
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	214,020	599,550
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	E1-73 JUN 15 2010	3,438,300
21 Total liabilities (Part X, line 26) . . . . .	117,788	311,756
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	3,320,512	3,941,440

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

6/10/2010

Date

Type or print name and title

Preparer's signature

Date

Check if self-employed ► 

Preparer's identifying number (see instructions)

Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ► : Phone no. ► ( )
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May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No 

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

Cat. No. 11282Y

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
**Pioneer Bible Translators exists as a team to disciple Bible-less peoples, mobilizing God's people everywhere both to provide enduring access to God's Word translated into their languages and to maximize its impact to grow the Church.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No  
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ..... ) (Expenses \$ **3,485,629** including grants of \$ **50,448** ) (Revenue \$ **6,672** )  
**Bible translation, literacy, and related mobilization and discipleship activities.**  
 PBT teams around the world are ministering to 19 million people in 49 different language projects. Over the last year, PBT personnel processed over 250,000 verses of Scripture from one stage of the translation process to the next. This includes rough drafts, exegetical check, comprehension check, peer check, consultant check, published, and revised. The number of translation projects close to completing the New Testament continues to grow steadily. Five are now in their final stages. In addition, numerous different literacy titles were published in 2009 in multiple languages. Training seminars and workshops were held for national translators on three of PBT's fields. Many individual books of the Bible were also published and distributed in 2009.

4b (Code: ..... ) (Expenses \$ **289,704** including grants of \$ ..... ) (Revenue \$ **23,792** )  
**Recruitment and training activities.**  
 Recruitment: Recruiting new missionaries is key to the mission of PBT. The organization had 30 new recruits in 2009. PBT held thirty-two different recruitment events at colleges, churches, and other venues around the U.S. Through those events, about 6,000 people became aware of the need for missionaries around the world and specifically opportunities with PBT. About 400 of those are serious inquirers.  
 Training: Training new and current missionaries is an integral part of PBT's mission. In 2009, personal and professional coaching was provided to 65 individuals preparing for cross-cultural work. Six intensive training courses were taught twice. These focused on learning language and living cross-culturally. Weekly chapel services were conducted throughout the year. The following workshops and seminars were provided, training over 300 people during the year: Pioneer Missions Institute, Partnership Development, Bush Mechanics and Electronics, Primary Health Care, Team Building, Peacemakers, and Strategic Program Planning. Ongoing training activities continued daily with new recruits and missionaries in training.

4c (Code: ..... ) (Expenses \$ **256,812** including grants of \$ ..... ) (Revenue \$ ..... )  
**Missionary Care**  
 PBT's ministry has a strong missionary care component. During the year, missionary care team members made 8 trips overseas to minister to missionary families. Care packages were sent to 56 missionaries, professional spiritual counseling was provided to 88 missionaries. Hospitality services were provided to 180 missionaries. The missionary care team spearheaded PBT's extensive prayer ministry, involving hundreds of missionaries and supporters. This included prayer walks, prayer and fasting events, and three prayer tools written and distributed to over 1,200 people each month. The team managed the re-entry fund ministering to eighteen individuals returning to US culture. And they organized the following related programs: missionary care conferences, training on missionary care, critical incident debriefings, pastoral debriefings, and numerous chapel programs.

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

4e Total program service expenses ► **4,032,145**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21; 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 . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .

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 . . . . .

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 . . . . .

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. . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1	✓	
2	✓	
3		✓
4		✓
5		
6		✓
7		✓
8		✓
9		✓
10		✓
11	✓	
12	✓	
13		✓
14a	✓	
14b	✓	
15	✓	
16	✓	
17		✓
18	✓	
19		✓
20		✓

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	✓
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	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit 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 Schedule L, Part I.	25b	✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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	✓
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	✓
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	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	✓
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	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	35	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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	158	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
b	If "Yes," enter the name of the foreign country: ► Papua New Guinea, Guinea, Tanzania, Vanuatu  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**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 in Schedule O. See instructions.

### Section A. Governing Body and Management

	Yes	No
1a	14	
1b	10	
2		✓
3		✓
4		✓
5		✓
6		✓
7a		✓
7b		✓
8a	✓	
8b	✓	
9a		✓

1a Enter the number of voting members of the governing body . . . . .

1b Enter the number of voting members that are independent . . . . .

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

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

	Yes	No
10a		✓
10b		
11	✓	
12a	✓	
12b	✓	
12c	✓	
13	✓	
14	✓	
15a	✓	
15b	✓	
16a		✓
16b		

10a Does the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

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 arrangement with a taxable entity during the year? . . . . .

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► See Schedule O for a complete list

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Jack Straus, 7500 West Camp Wisdom Road, Dallas, TX 75236. 972-708-7460.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Individual Trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated			
David Butts									
Chairman	2	✓					0	0	0
Mike Chambers	2		✓				0	0	0
Vice Chairman									
Janet Hayes	2		✓				0	0	600
Secretary, Board Member									
Greg Pruitt	40	✓		✓			29,000	0	34,283
President, Board Member									
Bill Bourland	2		✓				0	0	0
Board Member									
Tom Ewald	2			✓			0	0	0
Board Member									
Pat Magness	2		✓				0	0	0
Board Member									
Gary Greven	2		✓				0	0	0
Board Member									
Bridget Schnautz	2		✓				0	0	0
Board Member									
Kyle Harris	40			✓			13,750	0	6,424
Missionary, Board Member									
Clint Stringer	40			✓			23,774	0	9,846
Missionary, Board Member									
Dick Jorgensen	2		✓				0	0	0
Treasurer, Board Member									
Wes Whitley	2		✓				0	0	0
Board Member									
Dan Clymer	2		✓				0	0	0
Board Member									
Jeff Wilhoit	40				✓		42,040	0	14,381
Executive Vice President									
Jack Straus	40				✓		58,275	0	0
Financial and Legal Accountability Officer									

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

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>					
1a Federated campaigns . . .	1a	6,756			
b Membership dues . . .	1b	0			
c Fundraising events . . .	1c	21,285			
d Related organizations . . .	1d	0			
e Government grants (contributions) .	1e	0			
f All other contributions, gifts, grants, and similar amounts not included above	1f	5,719,925			
g Noncash contributions included in lines 1a-1f: \$		25,406			
<b>h Total. Add lines 1a-1f . . .</b>		<b>5,747,966</b>			
<b>Program Service Revenue</b>			<b>Business Code</b>		
2a Pioneer Missions Institute		611600	15,210	15,210	
b Training Events		611600	8,582	8,582	
c Literature Sales		511130	6,672	6,672	
d					
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f . . .</b>		<b>30,464</b>			
<b>3 Investment income (including dividends, interest, and other similar amounts) . . .</b>			21,042		21,042
<b>4 Income from investment of tax-exempt bond proceeds</b>			0		
<b>5 Royalties . . .</b>			0		
6a Gross Rents . . .	(i) Real	91,523	0		
b Less: rental expenses		78,622	0		
c Rental income or (loss)		12,901	0		
d Net rental income or (loss) . . .			12,901	12,901	
7a Gross amount from sales of assets other than inventory	(i) Securities	19,523	11,979		
b Less: cost or other basis and sales expenses . . .		21,328	50		
c Gain or (loss) . . .		(1,805)	11,929		
d Net gain or (loss) . . .			10,124		10,124
8a Gross income from fundraising events (not including \$ 21,285 of contributions reported on line 1c). See Part IV, line 18 . . .	a	6,280			
b Less: direct expenses . . .	b	8,662			
c Net income or (loss) from fundraising events . .			(2,382)		(2,382)
9a Gross income from gaming activities. See Part IV, line 19 . . .	a	0			
b Less: direct expenses . . .	b	0			
c Net income or (loss) from gaming activities . .			0		
10a Gross sales of inventory, less returns and allowances . . .	a	0			
b Less: cost of goods sold . . .	b	0			
c Net income or (loss) from sales of inventory . .			0		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11a Usage Fees		812900	16,535		16,535
b Administrative Fees		561000	10,673		10,673
c Reimbursables		900099	5,009		5,009
d All other revenue . . .		900099	31,967		31,967
<b>e Total. Add lines 11a-11d . . .</b>		<b>64,184</b>			
<b>12 Total revenue. See instructions.</b>		<b>5,884,299</b>	<b>43,365</b>		<b>92,968</b>

**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) but are not required to complete columns (B), (C), and (D).

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	19,930	19,930		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	87,948	87,948		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	352,789	195,851	123,011	33,927
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	2,918,710	2,113,643	604,089	200,978
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	248,866	216,150	24,009	8,707
10 Payroll taxes	125,126	83,494	35,266	6,366
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	1,950	1,950	0	0
c Accounting	26,418	0	26,418	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	55,640	20,292	35,348	0
12 Advertising and promotion	12,770	6,385	0	6,385
13 Office expenses	305,273	258,633	33,964	12,676
14 Information technology	131,555	92,449	36,307	2,799
15 Royalties	0	0	0	0
16 Occupancy	114,982	99,179	9,631	6,172
17 Travel	547,399	523,993	6,561	16,845
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	31,608	30,007	1,372	229
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	94,352	83,918	5,217	5,217
23 Insurance	7,270	5,249	2,021	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Professional Development	76,137	73,753	2,384	0
b Maintenance, Equipment	42,188	42,035	153	0
c Hospitality	34,098	33,597	464	37
d Books and Subscriptions	8,947	7,683	1,199	65
e Membership Fees	8,005	5,976	2,029	0
f All other expenses	32,788	30,030	2,758	0
25 Total functional expenses. Add lines 1 through 24f	5,284,749	4,032,145	952,201	300,403
26 Joint costs. Check here ► <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,266,531	715,823	277,332	273,376

## Part.X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,380,112	1	2,052,542
	2 Savings and temporary cash investments	801,903	2	753,030
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,331	4	42,165
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		5	
	7 Notes and loans receivable, net		6	
	8 Inventories for sale or use		7	
	9 Prepaid expenses and deferred charges		8	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,665,671	9	5,213
	b Less: accumulated depreciation	1,293,820	10c	1,371,851
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,110	15	28,395
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,438,300	16	4,253,196
Liabilities	17 Accounts payable and accrued expenses	117,788	17	311,756
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	117,788	26	311,756
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,287,315	27	1,405,451
	28 Temporarily restricted net assets	2,033,197	28	2,535,989
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	<b>33 Total net assets or fund balances</b>	3,320,512	33	3,941,440
	<b>34 Total liabilities and net assets/fund balances</b>	3,438,300	34	4,253,196

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  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? . . .  
 b Were the organization's financial statements audited by an independent accountant? . . .  
 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 in Schedule O.  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	✓	
2b	✓	
2c	✓	
3a		✓
3b		

**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. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

Pioneer Bible Translators

Employer identification number

23 7433923

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

**h** Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
<b>Total</b>							

**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.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	3,733,148	4,036,913	4,873,181	4,874,626	5,747,966	23,265,834
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 Total. Add lines 1 through 3 . . . . .	3,733,148	4,036,913	4,873,181	4,874,626	5,747,966	23,265,834
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) . . . . .						0
6 Public support. Subtract line 5 from line 4 . . . . .						23,265,834

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	3,733,148	4,036,913	4,873,181	4,874,626	5,747,966	23,265,834
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	70,475	54,284	103,591	88,726	112,565	429,641
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	40,791	85,698	89,958	63,821	70,464	350,732
11 Total support. Add lines 7 through 10 . . . . .						24,046,207
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	114,961
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	96.8 %
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3% support tests—2009.</b> 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 ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II, Section B, Line 10. Other Income.**

Includes gross revenue from fundraising events and miscellaneous revenue from usage fees, administrative fees, reimbursables, and other miscellaneous revenue noted on Part VIII, line 11d.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Pioneer Bible Translators

Employer identification number

23 7433923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .	
4 Number of states where property subject to conservation easement is located ► . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$ . . . . .
(ii)	Assets included in Form 990, Part X ► \$ . . . . .
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a	Revenues included in Form 990, Part VIII, line 1 ► \$ . . . . .
b	Assets included in Form 990, Part X ► \$ . . . . .

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e Other .....
<input type="checkbox"/> c Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ..... %  
 b Permanent endowment ► ..... %  
 c Term endowment ► ..... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		216,514			216,514
b Buildings . . . . .		1,604,582	619,418		985,164
c Leasehold improvements . . . . .					
d Equipment . . . . .		262,405	154,519		107,886
e Other . . . . .		582,170	519,883		62,287

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . . . ► 1,371,851

**Part VII Investments—Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other .....		
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .**

**Part X Other Liabilities. See Form 990, Part X, line 25.**

1. (a) Description of liability	(b) Amount	
Federal income taxes	0	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	5,884,299
2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	5,284,749
3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	599,550
4 Net unrealized gains (losses) on investments . . . . .	4	0
5 Donated services and use of facilities . . . . .	5	0
6 Investment expenses . . . . .	6	0
7 Prior period adjustments . . . . .	7	0
8 Other (Describe in Part XIV.) . . . . .	8	21,378
9 Total adjustments (net). Add lines 4 through 8 . . . . .	9	21,378
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10	620,928

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue gains, and other support per audited financial statements . . . . .	1	5,992,961
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments . . . . .	2a	0
b Donated services and use of facilities . . . . .	2b	0
c Recoveries of prior year grants . . . . .	2c	0
d Other (Describe in Part XIV.) . . . . .	2d	108,662
e Add lines 2a through 2d . . . . .	2e	108,662
3 Subtract line 2e from line 1 . . . . .	3	5,884,299
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	0
b Other (Describe in Part XIV.) . . . . .	4b	0
c Add lines 4a and 4b . . . . .	4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	5,884,299

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements . . . . .	1	5,372,033
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities . . . . .	2a	0
b Prior year adjustments . . . . .	2b	0
c Other losses . . . . .	2c	0
d Other (Describe in Part XIV.) . . . . .	2d	87,284
e Add lines 2a through 2d . . . . .	2e	87,284
3 Subtract line 2e from line 1 . . . . .	3	5,284,749
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	0
b Other (Describe in Part XIV.) . . . . .	4b	0
c Add lines 4a and 4b . . . . .	4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	5,284,749

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XI - Difference in change in net assets on Form 990 and Audited Financial Statements:**

**Cost Basis and Sales Expense: \$21,378**

**Part XII - Difference between audited revenue and 990 revenue:**

**Rental Expenses: \$78,622**

**Cost Basis and Sales Expenses: \$21,378**

**Direct expenses from fundraising events: \$8,662**

**Total: \$108,662**

**Part XIV Supplemental Information (continued)****Part XIII - Difference between audited expenses and 990 expenses:**

Rental expenses: \$78,622

Direct expenses from fundraising events: \$8,662

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
**Pioneer Bible Translators**

**Employer identification number**  
23 : 7433923

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. □

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. □

Use Schedule F-1 Form 990 if additional space is needed.

Use Schedule F-1 Form 990 if additional space is needed.

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

2 Enter total number of other organizations or entities

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
<b>General Assistance</b>	<b>East Asia &amp; the Pacific</b>	<b>98</b>	<b>6,923</b>	<b>Cash pymnt</b>			
Medical	East Asia & the Pacific	126	633	Cash pymnt	9,930	FN 1	Purch. price
Food	East Asia & the Pacific	143	552	Cash pymnt	7,062	FN 2	Purch. price
Clothing	East Asia & the Pacific	7	107	Cash pymnt			
Travel	East Asia & the Pacific	85	2,068	Cash pymnt	4,110	FN 3	Purch. price
Educational	East Asia & the Pacific	31	624	Cash pymnt	8,480	FN 3	Purch. price
Shelter	East Asia & the Pacific	13	1,186	Cash pymnt			
<b>General Assistance</b>	<b>Sub-Saharan Africa</b>	<b>93</b>	<b>4,029</b>	<b>Cash pymnt</b>			
Medical	Sub-Saharan Africa	66	1,069	Cash pymnt	672	FN 3	Purch. Price
Food	Sub-Saharan Africa	126	409	Cash pymnt	191	FN 2	Purch. Price
Clothing	Sub-Saharan Africa	1	15	Cash pymnt			
Travel	Sub-Saharan Africa	16	329	Cash pymnt			
Educational	Sub-Saharan Africa	36	1,943	Cash pymnt	109	FN 4	Purch. price
Shelter	Sub-Saharan Africa	10	260	Cash pymnt	7	FN 3	Purch. price
<b>General Assistance</b>	<b>Russia &amp; newly ind. states</b>	<b>4</b>	<b>113</b>	<b>Cash pymnt</b>			
Medical	Russia & newly ind. states	7			297	FN 3	Purch. price
Food	Russia & newly ind. states	100			497	FN 2	Purch. price
Clothing	Russia & newly ind. states	32			263	FN 5	Purch. price

**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Part I, Line 2.** Grants are made to organizations in countries where PBT has its own personnel. So monitoring them is done on site by our personnel. We are able to spend a considerable amount of time with grantees and see first-hand how the funds are used. In addition, we require grantees to provide both financial and narrative reports on the use of the funds on at least an annual basis.

**Explanatory footnotes to Part III. Column G**

**FN 1 - Paid to Doctor, pharmacist, or other medical service provider.**

**FN 2 - Food Disbursement**

**FN 3 - Direct payment to the service provider**

**FN 4 - Purchase of books and supplies**

**FN 5 - Purchase of clothing**

**FN 6 - Purchase of supplies**

**Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)**

#### **For Privacy Act and Paperwork**

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

**Part III Continuation of**

## Continuation of Grants and Other Assistance to Individuals Outside the

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Name of the organization

## Pioneer Bible Translators

**Employer identification number**

23 | 7433923

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

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

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>Banquet (Dallas)</u> (event type)	(b) Event #2 <u>Banquet (Ft. W.)</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts . . . . .	20,128	7,437		27,565
2 Less: Charitable contributions . . . . .	16,190	5,095		21,285
3 Gross income (line 1 minus line 2) . . . . .	3,938	2,342		6,280
Direct Expenses				
4 Cash prizes . . . . .	0	0		0
5 Noncash prizes . . . . .	0	0		0
6 Rent/facility costs . . . . .	0	0		0
7 Food and beverages . . . . .	2,201	294		2,495
8 Entertainment . . . . .	0	0		0
9 Other direct expenses . . . . .	2,893	3,274		6,167
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				( 8,662 )
11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ►				( 2,382 )

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

Yes	No
9a	
10a	
11	
12	

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," explain:

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

		Yes	No	
13	Indicate the percentage of gaming activity operated in:	13a	%	
	a The organization's facility . . . . .	13b	%	
	b An outside facility . . . . .			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► .....			
	Address ► .....			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....			
	c If "Yes," enter name and address of the third party:			
	Name ► .....			
	Address ► .....			
16	Gaming manager information:			
	Name ► .....			
	Gaming manager compensation ► \$ .....			
	Description of services provided ► .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:	17a		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Part 1, Line 2:** PBT maintains a very close relationship with both of the grantees listed in Part I. In both cases, we have personnel on the field with these agencies

**or have personnel who travel regularly to these agencies operations in Asia and Sub-Saharan Africa. Proceeds from both grants are used in translation and literacy**

projects and because of the location of our personnel we can personally observe how the funds are used.

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2009**

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

Name of the organization

**Pioneer Bible Translators**

Employer identification number

23 7433923

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	3	19,569	Published trading price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	1	250	Purchase price
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (Equipment . . . . .)	✓	1	600	Purchase price
26 Other ► (Bldg. supplies . . . . .)	✓	7	4,987	Purchase price
27 Other ► ( . . . . .)				
28 Other ► ( . . . . .)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29 0

Yes No

30a

✓

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31 ✓

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a ✓

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**Pioneer Bible Translators**

Employer identification number

**23****7433923****Part VI, Section B., Line 11A - This Form 990 was distributed in person to the Board at the board meeting in June, 2010.****This was done prior to filing and each board member had an opportunity to review the 990 and ask questions about it.****Part VI, Section B., Line 12c - At each fall Board meeting, members are presented with a conflict of interest statement.****This asks each board member to disclose conflicts.****Part VI, Section B., Line 15 a and b. The board uses comparability data from a couple of sources. First, there is extensive knowledge on the board of similar agency's practices. Second, PBT subscribes to and uses the Compensation Survey Report for Christian Organizations published by the Christian Leadership Alliance.****Part VI, Section C., Line 17. Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, Maryland,****Minnesota, New Hampshire, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee,****Virginia, Washington, West Virginia, Wisconsin.****Part VI, Section C., Line 19. Upon request.**

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).  
**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 990C, or 9970, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>Pioneer Bible Translators</b>	Employer identification number 23 7433923
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>7500 West Camp Wisdom Road</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Dallas, TX 75236</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **Jack Straus**

Telephone No. ► ( 972 ) 708-7460 FAX No. ► ( 972 ) 708-7463

- If 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 for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 **09** or  
 ►  tax year beginning . . . . . , 20 . . . . . , and ending . . . . . , 20 . . . . .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<b>Type or print</b>  File by the extended due date for filing the return. See Instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

**Check type of return to be filed (File a separate application for each return):**

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 550-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► .....  
Telephone No. ► ( ..... ) FAX No. ► ( ..... )
- If 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 for the whole group, check this box ..... ►  . If it is for part of the group, check this box ..... ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until ..... , 20.....
- 5 For calendar year ..... , or other tax year beginning ..... , 20....., and ending ..... , 20.....
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension .....  
.....  
.....

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►



Title ► CFO

Date ►

4/23/2010

Form 8868 (Rev. 4-2009)