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### Form **9.90**

**Return of Organization Exempt From Income Tax** 

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.

OMB No 1545-0047

2009

Open to Public Inspection

Dep	artment of the Treasur
Inte	mal Revenue Service
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(HTA)

<u>A</u> _	For the	2009 cal	endar ye		year beginnin	ıg			, а	nd en	ding					
<b>B</b> 0	Check if ap	plicable	Please use IRS	C Name o	of organization	Maranati	na Bible and	Missio	nary Co	onfere	nce, Ir	D Employer i	dentifi	ication number		
$\bigsqcup$	Address o	change	label or	Doing E	Business As							38-1558540				
	Name ch	ange	print or	Number	r and street (or P	O box if mail is	not delivered to	o street a	ddress)	Roo	om/suite	E Telephone	numbe	:r		
	nıtıal retu	ım	type. See	4759 Lak	ke Harbor Ro	ad			·	-		(231) 798-21				
$\Box$	Terminate	ed	Specific		town, state or co		4	***				(201) 100-2	101			
Ħ	Amended		Instruc- tions	Muskego			·	11	494	<u>41-52</u>	84	G Gross recei	pts \$		2,663,	835
=		on pending			ddress of princ	cinal officer:		<u>.                                    </u>		<u></u>					res X	_
<b>—</b>	<b>,</b>				•	•		2444				this a group retur			=	
_					Lake Harbor				<del></del>			e all affiliates incl			res X	No
				01(c) ( 3	) ◀ (insei	rt no.)	4947(a)(1)	or L	527		II "	'No," attach a list	(see i	instructions)		
7 N	Vebsite	: ► Vac	ationWi	thPurpose	e.org						H(c) Gre	oup exemption n	umber	<u> </u>		
KF	orm of o	rganization	X co	orporation	Trust	Association	Other ▶		ļı	L Year	of forma	tion 1940	MS	State of legal dom	ıçıle	МІ
þ	art I	Sur	mmary													
	1	Briefly d	lescribe	the organ	ization's mis	sion or most	significant a	activitie	s: Con	feren	ce acti	vities include	tabe	rnacle meetin	igs, fo	od
					housing, etc										<b>34</b>	
ZUTU Activities & Governance	ł															
E	ĺ															
ove.	2	Check ti	his box	▶ if	the organizat	tion disconti	nued its ope	rations	or dispo	osed (	of more	e than 25% o	f its n	net assets.		
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es	4			-	oting membe		-		VI. line 1	1b)			4			<del></del>
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¥≘	6				s (estimate i								6			
7	7a				iness revenu	• • •							7a			0
<u>.                                    </u>	b	-			xable income								7b			0
							.,	<del> </del>				Prior Year		Current	Year	
د	8	Contribu	utions ar	nd grants	(Part VIII, line	e 1h)						656	6,601		455.	,914
<b>ひに</b> Cenue	9				(Part VIII, lin							1,158			1,692	
7 2	10	_			VIII, column (								3,135			,784
<u>_</u> ~	11				column (A), I			and 11e	:) .		<del></del> -		,383	<del></del>		,478
Expenses SCAN LEEP DE	12				hrough 11 (mu							2,517			2,661	
乭	13				nts paid (Part								3,963			,526
W.	14				mbers (Part			-					0			0
7	15				ition, employ					<del>-</del> 10)		1,276	3.570		1,237	.813
\$ 55	16a									. 1			0	<del></del> -		0
ber	b	Total fu	ndraisin	a expense	ees (Part IX, es (Part IX, co column (A), I	olumn (D), lii	DE ST PE	11/17	1	0	7000	\$457 July 1	-17	RATE OF THE REST	- **	
ũ	17	Other ex	xpenses	(Part IX	column (A), I	lines 11a-14	d 1 10 24 ft.	IACI	<b>J</b>			1,326		<del></del>	1,542	,505
	18	Total ex	penses.	. Add lines	13–17 (mus	st equal Rait	IX. column	(A), line	25 %			2,642			2,795	
	19	Revenu	e less e	xpenses.	Subtract line	18 from tirre	12NOV 1	<b>9</b> 2010	Ö				1,509		-134	
٥ و و							<u> </u>		18		Begin	ning of Current		End of		
Ssets	20	Total as	sets (Pa	art X, line	16)		AAAE		1 to 1			7,046	5,924		6,737	,679
Ä	21			Part X, lin		Name of the last						933	3,415		758	,589
S S	22_	Net ass	ets or fu	ind balanc	es. Subtract	line 21 from	line 20 .			•		6,113	3,509		5,979	,090
Pa	ırt II			Block						-						
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		and I	belief, it is	true, correct,	and complete D	Declaration of pro	eparer (other th	an officer)	) is based	on all II	nformatio			s any knowledge		
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					the preparer						· · ·	<u> </u>	· ·	Ye:		No
For	Privac	y Act and	Paperw	ork Reduc	tion Act Notic	ce, see the se	parate instru	uctions.					/	, —, Form	990 (	(2009)

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Maranatha Bible and Missionary Conference is a year-round, Christ-centered conference center and resident community that emphasizes Bible teaching, missions, prayer and evangelism to the glory of God. We offer hospitality that is designed to
	encourage renewal, spiritual growth and relationship building. Our desire is that individuals, families, churches and groups will be equipped and encouraged in their service to the Lord.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.  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 \$ 2,115,111 including grants of \$ 13,621 ) (Revenue \$ 2,204,973 )
	Conference activities include tabernacle meetings, food service, youth recreation, housing, etc to glorify the
	LORD Jesus Christ and uphold the Maranatha statement of faith. These activities are carried out by
	Bible & Missionary conferences, seminars, retreats, banquets and related activities on a year round basis.
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4d	Other program services. (Describe in Schedule O.)
<u> </u>	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
40	Total program service expenses ► 2.115.111

Part IV

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 1	х	
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	l	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4	J	х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			<del></del>
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			<u> </u>
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>- ° -</del>	-	<del>^</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<del>-'-</del>		
0	complete Schedule D, Part III	8	1	Х
0		•		<del>^</del>
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,"			
		ا ۾ ا		
10	complete Schedule D, Part IV	9		_X_
10		40	v	
14	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	امما	v	
_	VII, VIII, IX, or X as applicable	11	X Larence	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.		-4	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1	Π.	
	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.		1	25.
			10	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
10	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	C 4		<b>*</b>
12	Schedule D, Parts XI, XII, and XIII.	40	A SECTION	
124	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No	14	re.	<del>  ^</del>
127	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	34		1, 1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b>44</b> 3.23	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<del>  ^</del>
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			<del>  ^</del>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
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	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	···		<del>  ^</del> -
••	on Part IX, 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	<del>  '''</del>	<del>                                     </del>	<del>  ^-</del>
	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?		<del>                                     </del>	<del>  ^`</del>
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20	<del>                                     </del>	<del>  x</del>
<u></u>	and digenization operate one of more neophales in 100, complete conclude in		990	(2009)
		. 01111		(2000)

Par	Checklist of Required Schedules (continued)	<del>,                                    </del>		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		v
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
2 <b>4</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		$\stackrel{\sim}{-}$	
~~~	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines</i>	1 1	ĺ	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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	X	
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?	<b>i</b> !		
	If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3	4	· ¥ *
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			<u>.</u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	00.		
~~	Part IV.	28c	X	<del> </del>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del>                                     </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,	130	-	<del>  ^-</del>
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	"		<del>  ^</del>
32	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			<u> </u>
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	x	1
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	X	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	LX.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	}	}	)
	VI	37		_x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
-	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009)

Par	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		4	r
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		l	İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	X	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	 	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 216	~~~		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	8		ĺ
	instructions)			İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ĺ
	this return?	3a		<u>_x</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		<u>_x</u>
b	If "Yes," enter the name of the foreign country: ▶		ge=	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ '
	and Financial Accounts.			
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
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?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	Ì	ĺ
	organization solicit any contributions that were not tax deductible?	6a	<b></b>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ļ	ļ	}
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			ľ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			-
	and services provided to the payor?	_7a	X	<del> </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_	X	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c_	12	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	, * ĝ s	] . "	l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e 7f		<del>  ^</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>  ^</del> -
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u> </u>	<del>                                     </del>	<del>                                     </del>
11	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>- ''</del> -		<del> </del>
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ł		
	organization, have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	7	7	
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	T	X
10	Section 501(c)(7) organizations. Enter:	~ ,	10	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	[	1
11	Section 501(c)(12) organizations. Enter:	]	] ,	]
a	Gross income from members or shareholders	] `` ,	\z ^	
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		1
	against amounts due or received from them )	, ° `	<u></u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>		<u> </u>

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		-	
b	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?	2	Х	
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? .	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets? .	5		X
6	Does the organization have members or stockholders?	6	_X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		.	
	of the governing body?	7a	_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	* ** * *	\$5. 15.	
	the year by the following:		أشنعة	
а	The governing body?	8a	Х	
þ	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 reached	]		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	!		
	form?	11_	X	<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<b></b>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	<del> </del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X_	<del> </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	<del></del>
13	Does the organization have a written whistleblower policy?	13	- <del></del>	X
14	Does the organization have a written document retention and destruction policy?	14	X	<del></del>
15	Did the process for determining compensation of the following persons include a review and approval by	ķ	,	ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		~- <b>~</b> -~	
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b	K## /	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		:0 }	
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?	16a	<del> </del>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	* ~ '	-	1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	 40L	1	{
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Section 6404 required an approximation to make its Forms 4023 (or 1024 if applicable), 000, and 000 T (501/a)(2) or			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990-T (501(c)(3)s organization to make its Forms 1023 (or 1024 if applicable), 990-T (501(c)(3)s organization to	yiliy)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
00	policy, and financial statements available to the public.	h.a		
20	State the name, physical address, and telephone number of the person who possesses the books and records of t			
	organization: ► Jim Steenhagen (231) 798 2	10]		
	4759 Lake Harbor Rd., Muskegon, MI 49441-5284			

## 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 employees."
- 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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average					that app	-	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Bontekoe, Bill Board Member	0.1	X						0	0	0
DeVrries, Dan	0.1	<del>  ^</del>	1		-				<u>`</u>	<u>v</u>
Board Member	0.1	×						0	0	0
Hamilton, Jeff Board Member	0.1							0		0
Knecht, Todd		<del>  ^</del>	$\vdash$	-				<u>-</u>	<u>-</u>	
Board Secretary	0.1	<u>x</u>		х				o	o	0
Moriarty, Guy Board Member	0.1	Х						0	0	0
Olsson, Tom Board Member	0.1	Х						0	0	0
Prichard, Craig Board Chairman	0.1	х		х				0	0	0
Rush, Scott										
Board Treasurer	0.1	X	╁	X	⊢	-		0	0	0
Sharda, Joan Board Secretary	0.1	X_		x				0	0	0
VandeBunte, Paul Board Member	0.1	X						0	0	0
VanDyke, Dave Board Member	0.1	X						0	0	0
Wolford, Drew Board Member	0.1							0		
Borgman, John				T	T			<del>-</del>		
Board Member	0.1	X	+-	+	┢		-	0	0	0
Haag, Cynthie Board Member	0.1	X		_	L			0	0	0
Melby, Karen Board Member	0.1	X						0	0	0
Agal, Terry Chief Operating Officer	40.			x	x			54,497	0	0

Name and side    Autority   Postation Checks all that analysis   Reportable Compensation from related emount of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property per very large of the property	Pa	t VII Section A. Officers, Directors, Tru (A)	ustees, Key En	пріоу І	/ees			gnes	CO	mpensated Em (D)	(E)	(F)
Ostrander, Tim President Secretions Director Properly Services Director Properly Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Administrator Services Director Adv. A For any individual sited on line 1a; the sum of reportable compensation and other compensation from the organization and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and related organizations and r		• •	1	Po	sition	•	•	hat and	olv)	]	, ,	` `
President Steenbagen, Jim Financial Services Director 40. X X 41,488 0 0 Cerniglia, Ted Financial Services Director 40. X X 57,998 0 0 DeV/ries, Mike Property Services Director 40. X 51,500 0 0 DeV/ries, Mike Property Services Director 40. X 51,500 0 0 DeV/ries, Mike Removalth, Ann Administrative Services Director 40. X 41,599 0 0 Deversery, Sport Ledsworth, Ann Administrative Services Director 40. X 30,842 0 0 Després, Bruce Guest Services Director 40. X 30,842 0 0 Després, Bruce Guest Services Director 40. X 40,425 0 0 Després, Bruce Guest Services Director 40. X 40,425 0 0 Després, Bruce Guest Services Director 40. X 40,425 0 0 Després, Bruce Guest Services Director 40. X 40,425 0 0 Description of Individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization in P 0  Yes No  Yes No  Yes No  Yes No  Yes No  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 from the organization for the organization from the organization from the organization from the organization from the organization for services rendered to the organization? If "Yes," complete Schedule J for such individual  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 of services Compensation from the organization of services Compensation from the organization of services Compensation of services Compensation from the organization of se		Name and title	hours per		Institutional					compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
Steenthagen_uim.   The process Director   40,											_	
Financial Services Director  Gerniglia, Ted  Food Services Director  40.		nhogon lum	25.	┼	<del> </del>	X	<u>X</u>	-		38,950	0	0
Cerrigilla, Ted.   Food Services Director   40,			1 40		ļ	x	x	}		41 488	۱ ،	,
Pood Services Director  DeVites, Mike Property Services Director  40.		ialia Tad	10.			<u> </u>	-	<u> </u>		11,100		
Froperty Services Director   40	Food		40.				Х			57,998	0	0
Elkenberry, Scott  Marketing Director  Ledsworth, Ann.  Administrative Services Director  Administrative Services Director  40. X 30,842 0 0  Sparks, Bruce.  Guest Services Director  40. X 40,425 0 0  0 0 0  0 0 0  1b Total  Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Total of Tot							1		ļ			
Marketing Director  Ledsworth, Ann  Administative Services Director  40. X 30,842 0 0  Sparks, Bruce.  Guest Services Director  40. X 40,425 0 0  0 0  0 0  0 0  0 0  1			40.	<u> </u>	<u> </u>	_	X	ļ	_	51,500	0	0
Ledsworth, Ann Administative Services Director 40. X 30,842 0 0 Sparks, Bruce.  Guest Services Director 40. X 40,425 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			40	ł						44 500	,	١ ,
Administative Services Director 40. X 30,842 0 0 Sparks, Bruce Guest Services Director 40. X 40,425 0 0  1b Total 0 0 0 0  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    3 Did the organization itst 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 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.  (A) Name and business address  (B) Description of services  (C) Compensation	-	worth Ann	40.	_	<u> </u>	-	<del>  ^</del>	$\vdash$	-	41,599		<u>-</u>
Sparks, Bruce Guest Services Director  40.			40.				x			30,842	٥ ا	0
1b Total		ko Bruso										
1b Total .	Gue	st Services Director	40.	<u> </u>		<u> </u>	X			40,425	0	0
1b Total.   □ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 lin reportable compensation from the organization   □ O □ O □ O □ O □ O □ O □ O □ O □ O □			1	Ì					ļ		]	
1b Total   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   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 .  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Compensation of services  Compensation		<del></del>		├		-	╁	┼	├-	0	- 0	0
1b Total								1		1	ļ	i
1b Total								$\top$	_	<del></del>		
1b Total		· · · · · · · · · · · · · · · · · · ·			<u> </u>							
1b Total .			1								[	{
1b Total .		<del></del>	<del> </del>	$\vdash$	-		-	-	-		<del> </del>	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   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										[		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   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				$\vdash$			1	T		<del>                                     </del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   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				<u> </u>		<u> </u>		<u> </u>				
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 . 3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4  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 . 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Name and business address  Compensation	_			<u> </u>	<u></u>			<u> </u>	<u> </u>	<del></del>	<del></del>	0
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 . 3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4  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 . 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  (C)  Compensation	2						e) w	ho re	ceiv	ed more than \$1	100,000 in	
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		reportable compensation from the organiza	tion >			0	—					Vos No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any <b>former</b> officer	director or trust	ee k	ev e	molo	vee	or h	iahe	st compensated	<b>7</b>	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_								-	•	r	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the su	um of reportable	com	npen	satio	n an	d oth	er c	ompensation fro	om 🏂	
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		the organization and related organizations	greater than \$15	50,00	0? /	f "Ye	s," c	ompl	lete :	Schedule J for s	uch 🐉	
services rendered to the organization? If "Yes," complete Schedule J for such person		individual		•						· · · · · · ·		4
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)  (B)  (C)  Compensation  (C)  Compensation  (C)  Compensation  (C)  Compensation	5										<b>.</b>	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Description of services  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C			es," complete S	ched	lule .	J for	SUC	h per	son	<u> </u>	_ <u>· · · </u>	5   X
compensation from the organization.  (A) (B) (C) Description of services  Compensation  (C) Compensation			mpensated inde	nonc	lent :	conti	racto	re th	at ro	ceived more tha	s \$100 000 of	
(A) Name and business address Description of services Compensation C C C C C C C C C C C C C C C C C C C	•		inpensated inde	penc	iont.	COII	acic	/13 til	atio	coved more the	ιι <b>ψ</b> 100,000 σι	
										(B)		(C)
		Name and business a	address						<u> </u>	Description of ser	vices Co	ompensation
			<del></del>									0
									├			0
									<del> </del>			0
Programme March State Committee Comm		***	<del></del>						1		<del></del>	0
	2	Total number of independent contractors (in	ncluding but not	limit	ed to	tho	se li	sted a	abov	e) who received		

rm 99	0 (2009)	Maranatha Bible and Missionary Confer	ence, Inc.			<del></del>	38-1558	540 Page 9
⊃art	VIII	Statement of Revenue						(0)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	b c d e f	Federated campaigns  Membership dues	1b 1c 1d 1e	0 53,929 0 0 0 401,985				
פַ	_	Noncash contributions included in lines 1	_	9,816				
<u></u>	h	Total. Add lines 1a-1f	<del></del>		455,914			
e l			-	Business Code				
ve.		Guest Services			871,444	871,444		<u> </u>
8		Food Services			496,766	496,766		
Program Service Revenue	С	Conference Fees			182,536	182,536	<del></del>	-
Ser	1	Program Fees			78,189	78,189		
an J		Bookstore			45,723	45,723	<u> </u>	
o g		All other program service revenue	_		17,736	17,736		
۵	g	Total. Add lines 2a-2f	<u> </u>	<u></u> .▶	1,692,394	<u> </u>		
	3	Investment income (including dividends,	interest, and	i				
		other similar amounts)			7,754	7,754		<u> </u>
	4	Income from investment of tax-exempt bo	and proceed	ls ▶	0			<u> </u>
	5	Royalties		<u> ▶</u>	1,2 <u>55</u>	1,255		<del>                                     </del>
			(ı) Real	(ii) Personal	1. 1.10	,		
	6a	Gross Rents	499,960		4 , 1, 1, 1, 1, 1	,	<b>*</b> 9	
	b	Less: rental expenses			* .	,		
	С	Rental income or (loss)	499,960				<u> </u>	
	d	Net rental income or (loss)			499,960	499,960	*	
	7a	Gross amount from sales of (i)	Secunties	(II) Other			*	
		assets other than inventory	0	425	*	ste.		1
	b	Less: cost or other basis						
		and sales expenses	0	1,395	1. 1. 1. 1. 1.	s'		
	С	Gain or (loss)	0	-970	<u> </u>	<u> </u>	·	
	d	Net gain or (loss)		<u> ▶</u>	-970	-970		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).	<u>0</u> _		**	:	*	
ě		See Part IV, line 18	. a	0	*			
F.	h	Less: direct expenses		0				
the		Net income or (loss) from fundraising even			0			
0	1	Gross income from gaming activities.	J			r c .	-	_
	30	See Part IV, line 19		n	y'. **	. , ,		tr
	_	Less direct expenses		0	, , ,			1
	1	Net income or (loss) from gaming activiti			C			
	10a	Gross sales of inventory, less		<u> </u>				
	lua	returns and allowances	a	1,523				
	١,	Less: cost of goods sold		870	1			
		Net income or (loss) from sales of invent			653	653		
	۳	Miscellaneous Revenue	<u>~,, , , </u>	Business Code	1			
	110				482	482		
	1 .				4,128	+		
	b	Miscellaneous Revenue		<del></del>	7,120	<del> </del>	<del> </del>	
	C	All other property			<del>                                     </del>	<del></del>		1
	d	All other revenue			4,610			<del> </del>
	1	Total. Add lines 11a–11d		_	2,661,570			0
	12	Total revenue. See instructions			2,001,070	, 2,200,000	<u> </u>	

38-1558540

### 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) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 13,621 13,621 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . 1.905 1,905 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . . . 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . 7 1,066,014 841,212 224,802 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 6,339 3,333 3,006 9 Other employee benefits . . . . . . . . . . . . 74,691 44,917 29,774 90,769 74,409 16,360 10 11 Fees for services (non-employees): а 17,234 17,234 Legal . b 6,893 6,893 C d 0 Professional fundraising services. See Part IV, line 17 е ol Investment management fees . . . . . . . . . 65,848 64,658 1,190 g Advertising and promotion . . . . . . . . . 35,972 35,972 12 104,129 72,812 31,317 13 14 16,757 1,564 15,193 15 16 354,687 136,881 217,806 17,252 13,861 3,391 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings . . . . . 35,628 28,247 7,381 20 21 Payments to affiliates . 0 . . . . . . 433,594 380,574 53,020 22 Depreciation, depletion, and amortization. 47,843 23 67,670 19,827 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.) Food Cost 269,119 269,119 1,957 32,370 30,413 Bank Charges; CC Discounts 32,409 32,409 Bookstore Cost Program Expenses 27,853 27,853 13,162 13,162 Vehicle All other expenses 8,362 11,928 3,566 Total functional expenses. Add lines 1 through 24f 2,795,844 2,115,111 680,733 25 Joint costs. Check here ▶ 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.

38-1558540

Pa	art X	Balance Sheet			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	44,033	1_	45,505
	2	Savings and temporary cash investments	213,987	2	202,990
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	22,596	4	66,232
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	**	~	<u>'</u>
		Schedule L	0	5_	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		<i>*</i>	7,9
		Part II of Schedule L	0	6	L
şţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	11,868	8_	10,76 <u>4</u>
Ä	9	Prepaid expenses and deferred charges	8,068	9	6,954
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		, '*.' ', ', ', ', ',	\$ ' ••
	ь	Less. accumulated depreciation 10b 5,738,569	6,746,373	10c	6,392,833
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	_	0
	15	Other assets. See Part IV, line 11	-1	15	12,401
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,046,924		6,737,679
	17	Accounts payable and accrued expenses	86,075		65,000
	18	Grants payable		18	
	19	Deferred revenue	137,802	19	169,265
	20	Tax-exempt bond liabilities	0	_	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ğ		employees, highest compensated employees, and disqualified	· · · · · · · · //		<b>&gt;</b>
Ë		persons Complete Part II of Schedule L	0	22	AND THE RESIDENCE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSO
	23	Secured mortgages and notes payable to unrelated third parties	375,788	23	247,736
	24	Unsecured notes and loans payable to unrelated third parties	196,750		176,588
	25	Other liabilities. Complete Part X of Schedule D	137,000		100,000
	26	Total liabilities. Add lines 17 through 25	933,415		758,589
es		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		ŧ	
ū	27	Unrestricted net assets	5,742,138	27	5,553,316
ala	28	Temporarily restricted net assets	239,371		293,774
8	29	Permanently restricted net assets	132,000	_	132,000
Š	29	·	102,000		102,000
s or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.		;	,
ěts	30	Capital stock or trust principal, or current funds	L	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds.		32	<u></u>
ž	33	Total net assets or fund balances	6,113,509		5,979,090
	34	Total liabilities and net assets/fund balances	7,046,924	34	6,737,679

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.

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

ame	of the	organization							Employer	identificati	on numbe	r	
			issionary Confe								558540		
Pai	_			narity Status (All org						struction	ns.		
he i	orgar		•	ation because it is: (For rches, or association o		-		-	•				
2	H			on 170(b)(1)(A)(ii). (At			50 III <b>360</b>	170(	D)(1)(A)(1	).			
3	H			nospital service organi		•	soction :	170/b\/4\/	/A\/;;;\				
4	片	•	*	ation operated in conju						/b\/4\/A\/	(iii) Ent	or the	
4		hospital's na	me, city, and sta	ate:									
5	Ш			r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	it descr	ibed	
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit d	escribed i	n <b>sectior</b>	170(b)(1	I)(A)(v).				
7		•		y receives a substanti (1)(A)(vi). (Complete I	•	its suppoi	t from a g	overnme	ntal unit o	r from the	e genera	ıl publi	C
8		A community	trust described	in section 170(b)(1)(	( <b>A)(vi)</b> . (C	omplete F	Part II.)						
9	X	receipts from support from	activities relate gross investme	y receives: (1) more the dot its exempt function its exempt function in its income and unrelated after June 30, 1975.	onssubj ted busine	ect to cer ess taxabl	tain exce <sub>l</sub> e income	otions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3	% of its	
10				nd operated exclusive						4).			
11		An organizat	ion organized a	nd operated exclusive blicly supported organ at describes the type o	ely for the izations d	benefit of lescribed	, to perfor in section	m the fur 509(a)(1	ctions of, or section	or to car on 509(a)	(2). See		on
		a 🔲 Type	1 b 🗌	Type II c	🔲 Туре	ill-Fund	tionally in	tegrated		d 🔲 T	ype III-	-Other	
е		persons other		y that the organizatior on managers and othe 2).									on
f g		organization Since Augus	, check this box it 17, 2006, has	a written determination to the organization acce						e III supp	orting 		
		following per					41			1 (11)			
				or indirectly controls, verning body of the su		_		-			11g(i)	Yes	No
		•		person described in (i	• •	-					11g(ii)		
			-	ty of a person describe	-						11g(iii)		
_h		Provide the f	ollowing informa	ation about the suppor									
(i		e of supported anization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) h	organization sted in your document?	the organ	ou notify ization in of your	organizat (i) organi	zed in the		Amount support	l of
				(see instructions))	Yes	No	Yes	No	Yes	S? No	1		
				<del> </del>	1-163					<del>                                     </del>	<del> </del>		
											<u> </u>		0
					ļ	j		)	]	]			0
													<u>v</u> 0
										-	<b>†</b>		0
—— Tota			ر ۱۸ میل و در این از این از این از این از این از این از این از این از این از این از این از این از این از این ا این از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸ میل از ۱۸		Server .	. * *	* > # 4/	\					<u>.</u> 0

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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 0 Tax revenues levied for the organization's 2 benefit and either paid to or expended on 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 Total. Add lines 1 through 3 0 0 0 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). Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2006 (c) 2007 (d) 2008 (e) 2009 (a) 2005 (f) Total Amounts from line 4 . . . . . 0 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar . . . . . . . sources. 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . 0 11 Total support. Add lines 7 through 10. 0 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 0.00% 14 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 0.00% 16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 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. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

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

	(Complete only if you checked the	<u>ne box on line</u>	9 of Part I.)				
	tion A. Public Support	<del></del> -					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	737,629	1,008,654	1,639,737	656,601	455,914	4,498,535
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	1,537,128	1,573,236	1,573,953	1,158,694	1,692,394	7,535,405
4	unrelated trade or business under section 513 Tax revenues levied for the organization's		4,505	4,011	694,383	505,508	1,208,407
•	benefit and either paid to or expended on	0	0	0	0		0
5	The value of services or facilities			0	0		
	furnished by a governmental unit to the organization without charge	اما		0	0		0
6	Total. Add lines 1 through 5	2,274,757	2,586,395	3,217,701	2,509,678	2,653,816	13,242,347
	Amounts included on lines 1, 2, and 3	2,217,101	2,000,000	0,217,701	2,000,070	2,000,010	10,242,047
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that		<u>-</u>				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	_					0
C	Add lines 7a and 7b	0 次条件。***	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						13,242,347
Sec	tion B. Total Support	1. 使自然编纂线				<u> </u>	13,242,341
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,274,757	2,586,395	3,217,701	2,509,678	2,653,816	13,242,347
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	13,979	15,010	19,030	8,135	7,071	63,225
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	10.070	45.040	10.000		7.074	0 005
C	Add lines 10a and 10b	13,979	15,010	19,030	8,135	7,071	63,225
11	Net income from unrelated business activities not included in line 10b,	!					
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or	,					
	loss from the sale of capital assets						•
13	(Explain in Part IV.)	0	. 0				0
13	and 12.)	2,288,736	2,601,405	3,236,731	2,517,813	2,660,887	13,305,572
14	First five years. If the Form 990 is for the org						
• •	organization, check this box and stop here .	•					
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, co		ed by line 13 c	olumn (fl)		15	99.52%
16	Public support percentage from 2008 Schedu	• • •	-			16	99.53%
	tion D. Computation of Investment Inc			<del> </del>		· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (line			ie 13, column (	(f))	17	0.48%
18	Investment income percentage from 2008 Sc	chedule A, Part	III, line 17			18	0.47%
19a	33 1/3% support tests-2009. If the organiza	ation did not ch	eck the box on	line 14, and li	ne 15 is more t		
	not more than 33 1/3%, check this box and s	-	-			-	<b>⊳</b> 🗓
þ	33 1/3% support tests-2008. If the organization d						<del>[</del>
	line 18 is not more than 33 1/3%, check this box ar	•	-				▶
20	Private foundation. If the organization did no	ot check a hox	on line 14, 19:	a or 19h chec	k this hoy and	see instruction	s 🕨

Schedule A (Form	990 or 990-EZ) 2009	Maranatha Bible and Missionary Conference, Inc.	38-155 <u>8540</u>	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 1	10;
	Part II line 17a	or 17b; and Part III, line 12. Provide any other additional information.	See instructions	s .
	Tartii, iiio Tra	or 176, and Fart III, line 12. Floride any other additional information.	OCC IIISII GOIIOIII	<u> </u>
			• • • • • • • • • • • • • • • • • • • •	
		***************************************		
		••••••		·
		•••••		
			·	

#### SCHEDULE C' (Form:990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer Identification number** Maranatha Bible and Missionary Conference, Inc. 38-1558540 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . > \$ 3 Yes Yes No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 line 17b. Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 5 payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (b) Address (c) EIN (a) Name filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-0 0 0 0 0 0

0

0

0

Schedule C (Form 990 or 990-EZ) 2009

d

Grassroots nontaxable amount

Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Р	art II-A Complete if the organ under section 501(h)).		pt under section	501(c)(3) and fi	led Form 5768 (e	lection
A	Check ► if the filing organizat		n affiliated group.			* 1
	Check ▶ if the filing organizat	_	• .		apply.	
	Limits on (The term "expenditures	Lobbying Expend s" means amoun		d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influe	nce public opinior	n (grass roots lobby	ring)		0
b	Total lobbying expenditures to influe					0
C	Total lobbying expenditures (add line	es 1a and 1b)			0	0
d	Other exempt purpose expenditures					0
e	Total exempt purpose expenditures	(add lines 1c and	1d)		0	0
f	Lobbying nontaxable amount. Enter	the amount from	the following table i	n both		
	columns.				0	0
	If the amount on line 1e, column (a) or (b) is:	: The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess of		ر سوده ره د س س	***
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess of			¥
	Over \$1,500,000 but not over \$17,000,00		s 5% of the excess ov	er \$1,500,000.	, , , , , , , ,	ŝ
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (ente				0	0
h	Subtract line 1g from line 1a. If zero				0	0
!	Subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1f from line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c. If zero of the subtract line 1c			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
j				_		Yes No
	section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	• • •	· · · · · · <u>· · · · · · · · · · · · · </u>	Tes No
	(Some organizations th columns be	at made a sectio	ng Period Under S n 501(h) election of tructions for lines	do not have to co		/e
	Lob	bying Expenditu	res During 4-Year	Averaging Period	<b>d</b>	
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))			***	* .*	0
С	Total lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2009

0

0

0

0

Schedule C (Form 990 or 990-EZ) 2009

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV.	'es	No	A	mount	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?					
referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV					_
a Volunteers?.  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  c Media advertisements?.  d Mailings to members, legislators, or the public?.  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?.  g Direct contact with legislators, their staffs, government officials, or a legislative body?.  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?.  i Other activities? If "Yes," describe in Part IV					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .  c Media advertisements? .  d Mailings to members, legislators, or the public? .  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes? .  g Direct contact with legislators, their staffs, government officials, or a legislative body? .  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .  i Other activities? If "Yes," describe in Part IV					
c Media advertisements?. d Mailings to members, legislators, or the public?. e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?. g Direct contact with legislators, their staffs, government officials, or a legislative body?. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?. i Other activities? If "Yes," describe in Part IV.			*******		
d Mallings to members, legislators, or the public?					
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?	1	$\overline{}$			
f Grants to other organizations for lobbying purposes?	$\dashv$	- 1			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .  i Other activities? If "Yes," describe in Part IV					
i Other activities? If "Yes," describe in Part IV	${\color{red}{ o}}$				
	_				
j Total Add lines 1c through 1i	-				<u>, 0</u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	-			·
b If "Yes," enter the amount of any tax incurred under section 4912		·		-	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(	 c)/5	. or	section		
501(c)(6).	C)(U	,, OI	300110	<b>,,,</b>	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.		<u></u>	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."					
1 Dues, assessments and similar amounts from members	ļ	1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	.	2a			
<b>b</b> Carryover from last year	1	2b_			
c Total	.	2c			
		$\overline{}$			0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3			0
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		$\overline{}$			0
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		3			0
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		$\overline{}$			0

	Marai	natha Bible and Missionary Conference m 990 or 990-EZ) 2009	e, Inc.		38-15585	40
						Page 4
Part	IV	Supplemental Information (cont	inued)			
					• • • • • • • • • • • • • • • • • • • •	
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					•	
				• • • • • • • • • • • • • • • • • • • •		

## SCHEDULE D (Form 990)

**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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions. Employer identification number

Mara	natha Bible and Missionary Conference, Inc.	38-1558540
Part		inds 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	Lin donor advised
J	funds are the organization's property, subject to the organization's exclusive legal contr	
c	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
6		
	used only for charitable purposes and not for the benefit of the donor or donor advisor,	
	purpose conferring impermissible private benefit?	
Part	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).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation	of an historically important land area
		of a certified historic structure
		or a continue motorio ou dotare
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	ion 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 structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	. <b>2d</b>
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated 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	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
	<b>•</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation east	sements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes . No
9	In Part XIV, describe how the organization reports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	inancial statements that describes
_	the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other	r 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 s	tatement 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 des	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state	
	historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public
	service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
_	following amounts required to be reported under SFAS 116 relating to these items:	<u> </u>
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
		T

rait	W Organizations Maintaining	Collections of	Art, HIST	oricai i	reasures, or	r Oth	<u>er Similiar As</u>	sets (C	onunu	<u>(ea)</u>
3	Using the organization's acquisition use of its collection items (check all		ther record	ds, chec	ck any of the fo	llowi	ng that are a si	gnificant		
а	Public exhibition		d $\square$	Loan	or exchange p	rogra	ms			
_	=									
b c	Scholarly research Preservation for future genera	ations	ө 📙	Other						
_	<del>_</del>									
4	Provide a description of the organiz Part XIV.		•		·	-			ose in	
5	During the year, did the organization assets to be sold to raise funds rath							Y6	es 🔲	No
Part	V Escrow and Custodial Ar V, line 9, or reported an ar	_	•		•	swer	ed "Yes" to Fo	orm 990	), Par	t
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or oth	er interme	diary for	contributions	or ot	her assets not	Y	es 🔲	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the f	ollowing	ı table:		. <del></del>			
							A	mount		
С	Beginning balance					1c	<del></del>			0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			0
2a	Did the organization include an amo	ount on Form 990,	Part X, lin	e 21? .				Ye	s X	No
b	If "Yes," explain the arrangement in	Part XIV.								
Part	V Endowment Funds. Com	olete if the organ	ization ar	swered	d "Yes" to Fo	rm 99	90, Part IV, lin	e 10.		
		(a) Current year	(b) Pnor	year	(c) Two years ba	ack	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	132,000	1	22,000				à		
b	Contributions			10,000						
С	Net investment earnings, gains,					•		1		
	and losses	4,090		5,662		* ,	<b>`</b>	-		. [
d	Grants or scholarships	411		,			Kirin Arra	ž.		
е	Other expenditures for facilities					. N 6	77 AM	٠, .	٧,,	< ×
	and programs	3,679		5,662	~ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		· · · · · · · · · · · · · · · · · · ·		,	~
f	Administrative expenses	,				.7	W			
g	End of year balance	132,000	1	32,000	·**	7.3%	N.	1		-
2	Provide the estimated percentage of									
а	Board designated or quasi-endowm	-	%							
b	Permanent endowment	100%								
c	Term endowment	%								
3a	Are there endowment funds not in the		he organiz	ation th	at are held an	d adn	ninistered for th			
Ju	organization by:	to possession of t	ne organiz	auon un	at are field aff	u aun	illinstered for th	. [	Yes	No
	(i) unrelated organizations							3a(i)	163	110
	(ii) related organizations									
<b>L</b>	If "Yes" to 3a(ii), are the related organizations.							3a(ii)		
b	Describe in Part XIV the intended u					•		3b		
4 Post						V 1:	- 10			
Part			1		ľ		ĭ			
	Description of investment	(a) Cost or oth			st or other s (other)		ccumulated preciation	( <b>d</b> ) Bo	ok valu	e 
1a	Land		0		330,244		,		33	0,244
b	Buildings		0		9,085,322		3,674,117		5,41	1,205
С	Leasehold improvements		0		0		0			0
d	Equipment		0		1,491,007		1,213,554		27	7,453
е	Other		0		1,224,829		850,898			3,931
	. Add lines 1a through 1e. (Column (			rt X, col		10(c).				2,833

▶ 100,000 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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.

	Maranatha Bible and Missionary Conference, Inc.	38-1558540	_
Schedule D (Form		Page	<u>5</u>
Part XIV	Supplemental Information (continued)		-
			- •
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## **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990.

**Employer identification numbe** 38-1558540 å

× Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Maranatha Bible and Missionary Conference, Inc. Part I

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Part IV and Schedule I-1 (Form 990) if additional	le I-1 (Form 99		space is needed.				<b>A</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	n 501(c)(3) and organizations	government organ	ızatıons			<b>A</b>	

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Page 2 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 III

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Type of grant or assistance recipients recipients cash grant or assistance recipients recipients cash grant	(b) Number of recipients	space is fleeded. (c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		0	0			
<u>  ne 2                                  </u>		0	0			
line 2,		0				
0 0   		0				
		0				
line 2,		0				
	emental Information. Comple	ee this part to provide	vide the information		2, and any other addit	Ional Information.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		* * * * * * * * * * * * * * * * * * *	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Maranatha Bible and Missionary Conference, Inc.

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.
► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

38-1558540

Part I **Questions Regarding Compensation** Yes Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to . . . . . . . 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . b 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 12 compensation contingent on the revenues of: а 5a b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? . . . . . . . . . . . . . 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe Х 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			- 1					
		(B) Breakdown of V	31	SC compensation	(C) Retrement and			(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)–(D)	reported in prior Form 990 or
				ı				
Agal, Terry	€ :	54,497	0	0	0	8,631	63,128	0
		0	0	0	0	0	0	0
Ostrander Tim	Ξ	38,950	0	0	0	246	39,196	0
	€	0	0	0	0	0	0	0
Stoonbacon lim	Ξ	37,448	1,000	0	5,050	4,456	47,954	0
Steelinagen, Jim	(ii)	0	0	0	0	0	0	0
Comialia Tod	(	53,468	1,000	0	5,663	10,134	70,265	0
Cernigna, 1ed	<b>(E)</b>	0	0	0	0	0	0	0
Dolvrice Mike	(9)	49,024	1,000	0	3,095	2,596	55,715	0
Deviles, winde	Œ	0	0	0	0	0	0	0
Eikenhern, Scott	€	38,672	1,000	0	3,659	4,442	47,773	0
Linglibelly, Scott	(ii)	0	0	0	0	0	0	0
And thousand	€	25,950	1,000	0	6,115	4,403	37,468	0
Ledowolai, Aili	<b>(ii)</b>	0	0	0	0	0	0	0
Sparke Brice	€	38,432	1,000	0	2,493	4,436	46,361	0
chains, ciaco	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	<b>(E)</b>	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	<b>(ii)</b>		0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	<b>(ii)</b>		0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	<b>=</b>	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
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	Ξ	0	0	0	0	0	ō	0
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Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part Part I Line 1b One full time employee is given housing as part of his compensation; many summer staff are given housing during Part I Line 6a Six key employees received a bonus for successful achieving the operating budget □□□□ for any additional information. Suppleme their employment.

# SCHEDULE J-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule J (Form 990)

Open to Public Inspection OMB No 1545-0047

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

Employer identification number

0;0 0: reported in prior Form 990 or Form 990-EZ (F) Compensation (E) Total of columns (B)(I)—(D) 38-1558540 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) 0.0 0.0 (D) Nontaxable benefits 0,0 0:0 0:0 (C) Retirement and other deferred compensation 0.0 ᅙᅙ  $\overline{\circ}$ 0.0 0:0 00 00 <del>5 5</del> ᅙᅙ <del>0 0</del> 00 00 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation <u>0:</u> c 0:0 (ii) Bonus & incentive compensation 0 0,0  $\overline{\circ}$ (i) Base compensation Maranatha Bible and Missionary Conference, Inc. ≘ ≘  $\in$ ≘ ≘ ≘≘ €€ €€ € € ≘≘  $\in$ €€ €€  $\in$  $\in$  $\in \mathbb{E}$ €€ (A) Name Part I

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

Schedule J-1 (Form 990) 2009

### SCHEDULÉ L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization							En	nployer	identific	ation n	umber	
Maranatha Bible and Missionary Confere			· · · · ·					15585	40			
Part I Excess Benefit Transaction Complete if the organization and									line 40	Db.		
						_					(c) Con	rected?
1 (a) Name of disqualified person		j			(b) Description	of trans	action				Yes	No
											-	
	-											
						·			-			
					<del></del> .							
							-					
2 Enter the amount of tax imposed of	n the orga	nization	manager	s or disa	alified perso	ons du	ring th	e vear				
under section 4958							-	•		\$		
3 Enter the amount of tax, if any, on										š		
,,				,g.						· —		
Part II Loans to and/or From I	nterested	Perso	ns.									
Complete if the organization	n answered	d "Yes"	on Form 9	990, Part	IV, line 26, c	r Form	1 990-E	Z, Pa	rt V, liı	ne 38a	١.	
(a) Name of interested person and purpose	(b) Loan t	o or from	(c) Or	ngınal	(d) Balance	due	(e) In d	lefault?	(f) App	proved	(g) W	/ntten
	the organ	nization?	principal	amount						ard or	agree	ment?
	L			İ					comm	uttee?		
	То	From			·		Yes	No	Yes	No	Yes	No
Waldo Yeager Cambodia Purchase		Χ		235,000	17	6,588		X	Х		X	
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Total	· · ·	· . · · ·	· · · · ·	<u> </u>	17	76,588	<b>建</b> 定证	Mark of any	2.4	Transcription	3. 8	<u>. 0                                   </u>
Part III Grants or Assistance B	-											
Complete if the organization	n answered	d "Yes"	on Form 9	990, Part	IV, line 27.							
(a) Name of interested person	(b) R	elationship	between int	•	son and the	1	(c) Amo	unt of gr	ant or ty	pe of as	sistance	!
<u> </u>			organiza	tion		<u> </u>						
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Part IV Business Transactions	Involvin	a Inter	acted De	reone		L						
Complete if the organization					IV line 28a	28h o	r 28c					
						Т		-4			Γ	
(a) Name of interested person		lationship ted persor			mount of	(a	) Descn	ption of	ıransactı	on	, , ,	anng of zation's
	4	organizati										nues?
		-									Yes	No
Waldo Yeager	Former	Chairm	an of the		275,000	Purch	ase of	Cotto	ne on	l and (		X
vvaluo i cagei	T Officer	Ondinii			275,000		ase UI	Colla	ge on	Lailu	<del>                                     </del>	├^
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### **SCHEDULE O** (Form 990)

### **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

38-1558540

Department of the Treasury Internal Revenue Service Name of the organization

Maranatha Bible and Missionary Conference, Inc.

Attach to Form 990.

Form 990 Part VI Section B Line 11 Once management completes the draft copy of the 990 -
Return of Organization Exempt From Income Tax is forwarded to the Finance & Budget Committee
of Maranatha's Board of Directors. The committee reviews the return with all attachments. Once
the committee has made any recommendation; the corrections are made; the form is signed by the
chief operation officer and submitted to the IRS.
Form 990 Part VI Section C Line 19 Maranatha will make the following items available for
public inspection during normal business hours. The Articles of Incorporation; By Laws;
Current and Past copies of Form 990; Conflict of Interest Policy; or Annual reviewed Financial
Statements. These may be reviewed by scheduling an appointment with the Chief Operation
Officer 🗆 🖸
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

(f) Direct controlling entity **Employer identification number** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it (e) End-of-year assets 38-1558540 0 0 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) (b) Pnmary activity had one or more related tax-exempt organizations during the tax year.) (a)Name, address, and EIN of disregarded entity Maranatha Bible and Missionary Conference, Inc. Name of the organization Part II Partl

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Maranatha Endownment Fund 38-3019143 4759 Lake Harbor Road, Muskegon, MI 49441	Endowment	M	501(c)(3)	11a	Maranatha Bible a

Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Page 2

Maranatha Bible and Missionary Conference, Inc.

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 38-1558540 Part III

ŝ % 》 % 8 % % % Percentage ownership General or managing partner? 9 Ξ Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part (I)
Code V—UBI
amount in box 20 of
Schedule K-1 end-of-year assets (Form 1065) (h)
Disproportionate
allocations? 0 0 0 0 0 ŝ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year (e)
Type of entity
(C corp. S corp,
or trust) because it had one or more related organizations treated as a partnership during the tax year.) 0 0 0 0 Share of total income (d) Direct controlling (c) Legal domicile foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) (state or Primary activity (d)
( Direct controlling | entity (c) Legal domicile (state or foreign country) (a) (ame, address, and EIN of related organization Primary activity Name, address, and EIN of related organization (e) Part IV

Schedule R (Form 990) 2009

Maranatha Bible and Missionary Conference, Inc.

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Page 3

38-1558540

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S S	_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1a	×	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		L <u>`</u>	1b	×	
c Gift, grant, or capital contribution from other organization(s).		<u> </u>	10	×	l
d Loans or loan guarantees to or for other organization(s).		Ľ	1d	×	
e Loans or loan guarantees by other organization(s)		<u> </u>	1e	×	
		<u> </u>			
f Sale of assets to other organization(s)		<u> </u>	1f	×	1
g Purchase of assets from other organization(s)		<u> `</u>	1g	×	ŀ
		انا :	1h	×	
i Lease of facilities, equipment, or other assets to other organization(s)			1i	×	
		<u>. !</u>	t .	\$`~	
j Lease of facilities, equipment, or other assets from other organization(s)			1j	×	- 1
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>`  </u>	¥	×	- 1
			=	× >	- [
_		<u>- T</u>	된,	<u> </u>	1
n Sharing of paid employees.		`L	<u>_</u>	<u> </u>	1
o Reimbursement baid to other organization for expenses			10	×	
			1p	×	1
			1		-
q Other transfer of cash or property to other organization(s).		<u>`</u>	19	×	
			+	$\stackrel{\times}{\parallel}$	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including covered relationships and	transactio	n thresh	olds.	
(a) Name of other organization	(b) Transaction		(c) Amount involved	olved	
	type (a-r)	-			
(1) Maranatha Endowment Fund					0
S					0
					ı
(3)		+			이
(4)					이
(5)					0
(9)					0
	S	Schedule R (Form 990) 2009	(Form 9	90) 200	6

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	:	(d) Are all pa	artners	(e) Share of	(f) Disproportionate	i	(h) General or	_
	·	(state or foreign country)	section 501(c)(3) organizations?	on )(3) itions?	end-of-year assets	allocations	of Schedule K-1 (Form 1065)	managing partner?	_
			Yes	2		Yes	o <sub>N</sub>	Yes No	١.
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Schedule R (Form 990) 2009

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Name	Street Address	City	State	ZIP code	Foreign Country	EIN
Marantha Endowment	4759 Lake Harbor Road	Muskegon	×	49441		38-3019143
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