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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ *Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form*

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

COLLEGE INC
APOSTOLIC FAITH CHURCH BIBLE
P O BOX 110
Baxter Springs KS 66713-0110

D Employer identification number: 48-0851998

E Telephone number: 620-856-3283

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000
A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 268,777.

SCANNED DEC 16 2010

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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	263,591.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,186.
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less. cost or other basis and sales expenses — 5b 18,549.		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SCH #1.	5c	(18,549.)
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐		
	6a	Gross revenue (not including $ of contributions reported on line 1) — 6a		
	6b	Less: direct expenses other than fundraising expenses — 6b		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less: cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	250,228.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	90,330.
	14	Occupancy, rent, utilities, and maintenance	14	83,451.
	15	Printing, publications, postage, and shipping	15	417.
	16	Other expenses (describe ▶ SEE STMT SCH #2)	16	80,411.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	254,609.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,381.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	433,982.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	429,601.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	229,189.	22	191,521.
23	Land and buildings	219,177.	23	238,080.
24	Other assets (describe ▶)		24	
25	**Total assets**	448,366.	25	429,601.
26	**Total liabilities** (describe ▶ INS PROCEEDS SPENT 09)	14,384.	26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	433,982.	27	429,601.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

 US990EZ1 Rev 1

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? EDUCATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 PROVIDE EDUCATION FOR STUDENTS IN ARES OF CHRISTIAN STUDY WITH EMPHASIS ON TEACHING STUDENTS TO COMMUNICATE WITH THE DEAF

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 254,610.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 254,610.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See instructions for Part IV)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
SELDON HARRIS PO BOX 205 GRANBY MO 64844	CHAIRMAN 5	0		
DENNIE OAKES 6069 GOLD JOPLIN MO 64804	VICE CHAIR 5	0		
BILL DERIXSON 1405 W LAN ALVIN TX 77511	BOARD MEMB 5	0		
MYRTLE CARNEY 1700 HINTO BUTLER AL 36904	BOARD MEMB 5	0		
JIM BOYD PO BOX 563 LEAKEY TX 78873	BOARD MEMB 5	0		
FRED HUFF RT 2 BOX 3 BALKO OK 73931	BOARD MEMB 5	0		
LYNDEL ARNALL 10912 HAMM NEOSHO MO 64850	BOARD MEMB 5	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form **1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ AFBC Telephone no. ▶ 620-856-3283			
	Located at ▶ 335 W 10TH KS Baxter Springs ZIP + 4 ▶ 66713-0110			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country. ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ..... ▶

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

Sign Here

▶ [signature] Nov 15 2010
Signature of officer Date

▶ RON NOBLE SUPERINTENDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying no. (See instr.)
ANALISA WHETSTONE	10/07/2010	☐	P00086742

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN
TURK & GILES CPAS PC 2026 CONNECTICUT STE G Joplin MO 64804	▶43-1553620 Phone no. ▶417-623-8666

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
COLLEGE INC	48-0851998

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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

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

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
COLLEGE INC

Employer identification number
48-0851998

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	X	
	THE ORGANIZATION HAS PUBLICIZED AND DISCLOSED IT RACIALLY NONDISCRIMINATORY POLICY THIS POLICY HAS BEEN PRINTED AND PROVIDED TO STUDENTS TRHOUGH THEIR INFORMATIONAL PACKAGES THAT ARE DISTRIBUTED TO STUDENTS DURING THE REGISTRATION PROCESS			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Education policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	X	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
COLLEGE INC	FORM 990EZ	48-0851998

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	9,695.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	5,798.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		3,323.	5	HY	200 DB	664.
c	7-year property		5,031.	7	HY	200 DB	718.
d	10-year property						
e	15-year property		3,207.	15	HY	150 DB	160.
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27 5 yrs.	MM	S/L	
i	Nonresidential real property	08/2009	76,142.	39 yrs.	MM	S/L	732.
		08/2009	86,155.	39.0	MM	S/L	22.

Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	17,789.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

48-0851998

2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
Form: FORM 990EZ																
Rental Property: N/A																
Depreciation Class: N/A																
In Service Year: 1975																
PARSONAGE	01/75	41304	100		41304	MACRS	39.0	MM	41304			41304				
DORMITORY 1	01/75	68000	100		68000	MACRS	39.0	MM	68000			68000				
DORMITORY 2	01/75	64000	100		64000	MACRS	39.0	MM	64000			64000				
TEACHER RESI	01/75	8716	100		8716	MACRS	39.0	MM	8716			8716				
PARKING LOT	01/75	1214	100		1214	MACRS	15.0	MM	1214							
LAND	01/75	56135	100		56135	LAND										
LAND & BUILD	01/75	20279	100		20279	MACRS	39.0	MM	20279			20279				
		259648			259648				203513			202299				
In Service Year: 1987																
COMPUTERS	04/87	8778	100		8778	MACRS	5.0	MM	8778							
In Service Year: 1988																
EQUIPMENT &	02/88	71945	100		71945	MACRS	7.0	MM	71945							
In Service Year: 1997																
BUS	09/97	30000	100		30000	MACRS	5.0	MM	30000							
In Service Year: 2005																
BUS BARN	01/05	163800	100		163800	MACRS	39.0	MM	117600	4200	4200	16800	4200			
In Service Year: 2006																
NEW BUS BARN	01/06	56416	100		56416	MACRS	39.0	MM	2894	1447	1447	2894	1447			
In Service Year: 2008																
COMPUTER	07/08	396	100		198	MACRS	5.0	HY	238	63	38	238	63			
COMPUTER	08/08	550	100		275	MACRS	5.0	HY	330	88	53	330	88			
		946			473				568	151	91	568	151			

2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
In Service Year: 2009																
NEW MULTI PU	08/09	76142	100		76142	MACRS	39.0	MM		732	1952		732			
BLINDS - NEW	08/09	600	100		600	MACRS	7.0	HY		86	147		64			
FURNITURE -	08/09	747	100		747	MACRS	7.0	HY		107	183		80			
CARPET-NEW B	08/09	2072	100		2072	MACRS	5.0	HY		414	663		311			
KITCHEN IMPR	08/09	4479	100	2240	2239	MACRS	39.0	MM		22	57		2262			
CHAIRS	02/09	2189	100	1095	1094	MACRS	7.0	HY		156	268		1251			
OFFICE DESK	04/09	1219	100	610	609	MACRS	7.0	HY		87	149		697			
COUCH-GIRLS	04/09	913	100	457	456	MACRS	7.0	HY		65	112		522			
OFFICE DESK/	04/09	958	100	479	479	MACRS	7.0	HY		68	117		547			
TABLE	04/09	85	100	43	42	MACRS	7.0	HY		6	10		49			
LAWN FURNITU	04/09	173	100	87	86	MACRS	7.0	HY		12	21		99			
WINDOW AC UN	05/09	208	100	104	104	MACRS	7.0	HY		15	25		119			
ROADWAY	05/09	6415	100	3208	3207	MACRS	15.0	HY		160	305		3368			
AC/HEAT BLOW	07/09	289	100		289	MACRS	7.0	HY		41	71		31			
2 WORK TABLE	07/09	240	100	120	120	MACRS	7.0	HY		17	29		137			
DEHUMIDIFER	09/09	405	100		405	MACRS	7.0	HY		58	99		43			
COMPUTER NET	11/09	2503	100	1252	1251	MACRS	5.0	HY		250	400		1502			
CHAPEL	12/09	83916	100		83916	MACRS	39.0	MM	83916				90			
		183553		9695	173858				83916	2296	4608		11904			
Form Totals:		775086		9695	764918				519214	8094	10346	222561	17702			

SCH 1

ELECTION UNDER CODE SEC. 1033(a)(2) NOT TO
RECOGNIZE GAIN FROM INVOLUNTARY CONVERSION

TAXPAYER: COLLEGE INC DBA APOSTOLIC FAITH BIBLE COLLEGE
FORM 900EZ, 12-31-09
EIN# 48-0851998

IN 2008 TAXPAYER ELECTED IN ACCORDANCE WITH CODE SEC. 1033(a)(2) AND REG 1.1033(a)(2) NOT TO RECOGNIZE A REALIZED GAIN AS COMPUTED ON ATTACHED SCHEDULE 2. AT THAT TIME INSURANCE PROCEEDS EXPECTED TO BE SPENT IN 2009 WERE REPORTED AT $14,384. HOWEVER, DURING 2009 AN ADDITIONAL $18,549 OF INSURANCE PROCEEDS WERE REINVESTED IN THE PROPERTY TO RESTORE ITS CONDITION. THE ADJUSTED COMPUTATION OF THE GAIN RECOGNIZED FOR THIS TRANSACTION CONSIDERING ABOVE INFORMATION IS AS FOLLOWS:

INSURANCE PROCEEDS RECEIVED IN 2008	$103,561	**FROM 2008 990EZ**
ADJUSTED BASIS OF PROPERTY	$0	
CASUALTY GAIN - REALIZED	$103,561	**FROM 2008 990EZ**
GAIN TO BE RECOGNIZED		
INSURANCE PROCEEDS	$103,561	**FROM 2008 990EZ**
INSURANCE PROCEEDS SPENT IN 2008	-$57,703	**FROM 2008 990EZ**
INSURANCE PROCEEDS TO BE SPENT IN 2009	-$14,384	**FROM 2008 990EZ**
ADDITIONAL INSURANCE PROCEEDS SPENT IN 2009	**-$18,549**	**FROM 2009 990EZ PG 1 LINE 5c**
ADJUSTED GAIN TO BE RECOGNIZED	$12,925	
GAIN TO BE DEFERRED		
TOTAL GAIN FROM ABOVE	$103,561	
LESS GAIN RECOGNIZED SEE ABOVE	-$12,925	
GAIN TO BE DEFERRED		
MATCHES REPLACMENT PROCEEDS	$90,636	
ADJUSTED BASIS TO NEW PROPERTY		
PROCEEDS SPENT ON CHAPEL	$90,636	
LESS DEFERED GAIN	-$90,636	
ADJUSTED BASIS	$0	

(SCH #2)

US 990 **Other Expenses** **2009**

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ACCOUNTING	910.			
ADVERTISING	80.			
TRAVEL	26,248.			
SUPPLIES	11,223.			
BANK CHARGES	2.			
DUES & SUBSCRIPTIONS	1,656.			
HONORARIUMS	1,476.			
LICENSES & FEES	25.			
MEDICAL	66.			
MISCELLANEOUS	938.			
PEST CONTROL	1,967.			
EQUIPMENT RENTAL AND MAINTANCE	12,470.			
PROPERTY TAXES	685.			
TELEPHONE	4,876.			
DEPRECIATION	17,789.			
	80,411.			

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time.

Only submit original (no copies needed).

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	COLLEGE INC	48-0851998
	Number, street, and room or suite no. If a P.O box, see instructions.	
	P O BOX 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Baxter Springs KS 66713-0110	

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ AFBC
  Telephone No. ▶ 620-856-3283 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2009 or

▶ ☐ tax year beginning _____ , 20 ____ , and ending _____ , 20 ____ .

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Type or print	Name of Exempt Organization	Employer Identification number
File by the extended due date for filing the return See instructions	COLLEGE INC	48-0851998
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 110	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baxter Springs KS 66713-0110	

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

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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

- The books are in the care of ▶ AFBC
  Telephone No. ▶ 620-856-3283 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOV 15, 20 10.

5 For calendar year 2009, or other tax year beginning _____, 20 ____, and ending _____, 20 ____.

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

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER AND COMPILE 2009 INFORMATION TO PREPARE PROPER 990 INCOME TAX RETURN

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

Signature and Verification

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

Signature ▶ Title ▶ Date ▶ 08/13/2010