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Department of the Treasury Internal Revenue Service **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

Open to Public Inspection

	FOI ti	ne 2009 Calen	car year,	ortax year beginning Apr	<u> </u>	2009	, and	endin	<b>g</b> Mar			, 201		
В	Check	ıf applıcable	Blassa was	C Name of organization						D Emplo	yer ider	ntification	Number	
	Ac	ddress change	Please use	RBC Ministries Tru						38-	-6365	5725		
	Na Na	ame change	or print or type.	Number and street (or P O box if	nail is not delivered to s	treet ac	ddr)	Room/si	ute	E Telepi	none nur	nber		
	ln ln	ıtıal return	See	PO Box 2222			]			(61	.6) 9	974-2	701	
	Te	ermination	Instruc- tions.	City, town or country		State	ZIP c	ode + 4						
	Ar	mended return		Grand Rapids		ΜI	49.	501-	2222	G Gross	receipts	\$ 85	7,284	
	☐ Ap	oplication pending	F Name	and address of principal officer					H(a) Is this	a group reti	ırn for af	filiates?	Yes	X No
			Max E.	Smith 3000 Kraft ave	Grand Rapid	ls MI	[ 49	512	H(b) Are all				Yes	☐ No
ī	Tax	-exempt statu			4947(a)(1)		52		IT INO,	attach a lis	t (see in	istructions)		
J	We	bsite: ► N/	A						H(c) Group	exemption i	number	<b>&gt;</b>		
K	Form	of organization	Corpor	ation X Trust Association	Other ►	L	Year of	Formati					icile MI	-
Pa	art I	Summa	ary		·	·				· · ·				
	1	Briefly descri	be the or	ganization's mission or most s	gnificant activities	Th	ne c	rgai	nizati	on as	sist	s		-
Ð		individu	als th	at support RBC Min	<u>istries</u> (al	so a	a 50	01 c	3 ent	city)				
# LUII Activities & Governance		by provi	ding d	haritable gift ann	uities and	hol	ding	g_mo	nies i	ınder				
Ę				of trusts.										
ò				if the organization discontinue		r disp	osed	of mo	re than 2	5% of its	asset			
ತ				bers of the governing body (P							3	3		
= <u>e</u>				it voting members of the gover	ning body (Part V	i, line	lb)				4	3		
ĭ. 6				yees (Part V, line 2a) eers (estimate if necessary)							<u>5</u>	0	_	
¥ 5				ousiness revenue from Part VII	I Icolumn (C) ine	12					7 a	<del></del>		0.
•				taxable income from Form 99		, 12					7b			
					- 1,					riar Vaar	1		V	
ξ	8	Contributions	and oran	its (Part VIII, line 1h)						rior Year , 104,			irrent Y	
ے E	۵	Program con	uca raven	ue (Part VIII line 2a)					<del>-</del>	,104,	770.	<del> </del>	133	,851.
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	10	Investment in	ncome (Pa	art VIII, column (A), lines 3, 4,	and 7d)					-45,	761	-	73	,071.
2 ~	11	Other revenu	e (Part V	II, column (A), lines 5, 6d, 8c,	9c. 10ex and New	Λ								1
	12	Total revenue	e – add li	nes 8 through 11 (must equal-	Rart VIII columna	A) lu	ne 12	2)	1	,059,	009.		226	,922.
SCANNEE WON				ounts paid (Part IX, column (A	<del></del>	2			<u> </u>					,928.
V)	14	Benefits paid	to or for	members (Part IX, column (A)	Vide (a)	( (C)	//							
	15	Salaries, othe	er comper	nsation, employee benefits (Pa	art (Sacolumbara).	lines	5-(0)	)			0.			
Ses				g fees (Part IX, column (A), In		\	_ /			-		· · ·		
Expenses	l.			nses (Part IX, column (D), line	16.1	ζςC)		^	17,	108	· Ž.	1.65	<u> </u>	
ă	ľ				116 240 185	92		0.	4 3			· - (* 2)		
				X, column (A), lines 11a-11d,	111-241)	051				397,				,717.
				nes 13-17 (must equal Part IX		25).				397,				,645.
	19	Revenue less	expense	s Subtract line 18 from line 12	<u>′</u>					661,		ļ	-616,	<u>, 723.</u>
ts or										ning of			nd of Ye	
Net Assets Fund Balan		Total assets		•						,945,			, 366,	
ž Š		Total liabilitie	•	•					3	,933,	574.	4	354,	<u>,687.</u>
				nces Subtract line 21 from line	20				<u> </u>	12,	000.		12,	,000.
Pa	<u>rt II</u>	Signati	ure Bloc	:K	<del></del>									
		Under penaltie true, co rect, a	s of perjury,	I declare that have examined this return Declaration of preparer tother than office	i, including accompanyir er) is based on all inforc	ng sche	dules a	and state	ements, and	to the best	of my kn	owledge a	nd belief, i	t is
٠.		- 11		-th. 4	,			p. ope.	ı	7	/	- //		
Sig		1/0	4	Muy						1-1		//		
He	re	Signature	of officer						Da	te				
		/\ <del></del>	E. SMI						TREAS	URER				
	-	Type or pr	int name and	i title	<del> </del>	- 1-								
D-		$\mathbb{I}(\mathcal{I})$				٦	Date		Ch se	eck if	(s	reparer's i see instruc	dentifying i tions)	number
Pa		Preparer's								nployed P	· 🔲			
Pre	e- rer's	signature									[			
Us		Firm's name (o	or											
On		employed), address, and	▶						Éli	N <b>&gt;</b>				
		ZIP + 4							Ph	one no				
				with the preparer shown above								X Y	es [	No
	A For	Privacy Act a	and Paper	work Reduction Act Notice, s	ee the senarate in	struci	tions			TEEA0101	07/20	V00 E	orm <b>99</b> 0	1 (2000

0101 07/20/09 Form **990** (2009)

Form	n <b>990</b> (2009) RBC Ministries Trust	38-6	36572	25		Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments					
1,	Briefly describe the organization's mission					
•						
	individuals that support RBC Ministries (also a 501 c 3 entity	<b>-</b>				
	<del></del>					
	See Form 990, Page 2, Part III, Line 1 (continued)					
2	Did the organization undertake any significant program services during the year which were not listed or	the prior				
	Form 990 or 990-EZ?		$\Box$	Yes	X	No
	If 'Yes,' describe these new services on Schedule O				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sei	vices?		Yes	X	No
3		VICES.	Ш	163		110
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an	s by expense	s Secti	on 501	(c)(3)	
	expenses, and revenue, if any, for each program service reported	u anocations	io one	15, trie	iolai	
	on position of the contract of					
4 a	a (Code ) (Expenses \$ 843, 645. including grants of \$ 569, 928.	) (Revenue	\$			0.)
	The Trust provides a means of raising funds for RBC Ministries					
	this is a 501 (a) (2) exemisation to enable them to					
	which is a 501 (c) (3) organization to enable them to					
	carry on their exempt purpose.					<b>-</b>
					_	
						<b>. –</b> – –
					,	
41	(Code) (Expenses \$ including grants of \$	) (Revenue	\$			)
		. – – – – .				
		· ·		<b>-</b>		
		· <b></b>				
						- <b>-</b> -
40	c (Code) (Expenses \$ including grants of \$	) (Revenue	\$			)
			·			<i>`</i>
				<b>-</b>		
			<b>-</b>			
						_ <b></b>
40	d Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
46	e Total program service expenses ► 843, 645.					

Form 990 (2009) RBC Ministries Trust
Part IV Checklist of Required Schedules

			Vac	No
		Γ	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_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	i	х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V			X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11		<u> </u>
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	*		
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	<b>6</b> .	,	٠
•	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	rher	Š,	-,`
	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
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		,	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12	AWas the organization included in consolidated, independent audited, financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		
	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, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			••
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
	one the organization operate one of more hospitals. If Tes, complete schedule if	20	]	<u>X</u>

Form 990 (2009) RBC Ministries Trust

Part IV , Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25 a		<u> </u>
Ł	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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			, ,
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		<u>x</u>
30		30		
31		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
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	х	
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		_x_
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_	_	<u>x</u>
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	х	
A A C		_	000	~~~

Form **990** (2009)

			Yes	No
1;	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable	· /	75 -	2 10
ı	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	·		
	(gambling) winnings to prize winners?	1c	X	
2	a 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		,	Take
21	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b> </b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
1	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4 8	a 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)?	4a		Х
ŀ	of 'Yes,' enter the name of the foreign country	, {	·•,	1350
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			تشر المنتسب
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
(	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?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		,	
•	provided to the payor?	7a		Χ
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<u></u>
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	,	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
_	holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
	Section 501(c)(7) organizations. Enter			:
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				į
	Gross income from other members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		

BAA

Form **990** (2009)

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.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	<b>1a</b> 3			ا. ا
		number of voting members that are independent .	1b]3	~	*	A
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	elationship with any other	2	<u> </u>	X
3	Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	inder the direct supervision on?	3		х
4	Did the o	rganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?				1
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5_		X
6	Does the	organization have members or stockholders?		6		X
7 8	Does the governing	organization have members, stockholders, or other persons who may elect one or ${\sf r}$ body?	nore members of the	7 a		х
ŀ	Are any o	lecisions of the governing body subject to approval by members, stockholders, or ot	ther persons? .	7b		X
8	Did the o the follow	rganization contemporaneously document the meetings held or written actions unde ring	rtaken during the year by			<i></i> '3
	•	rning body?		8a	<u> X</u>	<u> </u>
t	Each con	nmittee with authority to act on behalf of the governing body?		8ь	Х	
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cai ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		х
		<b>Policies</b> (This Section B requests information about policies not r	required by the Internal			
Reve	enue Code	)			1	
10 -	Does the	organization have local chapters, branches, or affiliates?	{	10 a	Yes	No
		, ,	facebahantara affiliatas	iva		Х
		oes the organization have written policies and procedures governing the activities of the organization?		10b		<u> </u>
		rganization provided a copy of this Form 990 to all members of its governing body to	-	11	Х	<del>'</del>
		in Schedule O the process, if any, used by the organization to review this Form 990 organization have a written conflict of interest policy? If 'No,' go to line 13	•	12a		
		rs, directors or trustees, and key employees required to disclose annually interests	that could give rise	124		X
	to conflic	s?	that could give hise	12 b		
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pol O how this is done	licy? If 'Yes,' describe in	12c		L
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the properties,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?			
ā	The organ	nization's CEO, Executive Director, or top management official		15 a		X
t		cers of key employees of the organization		15 b		<u>X</u>
		line 15a or 15b, describe the process in Schedule O. (See instructions )				
16 a	Did the oi entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	arrangement with a taxable	16a		X
t	ın joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard high respect to such arrangements?	to evaluate its participation the organization's exempt	166		
Sec		Disclosures	,	16b		
		tates with which a copy of this Form 990 is required to be filed Michigan				
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, are Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
	$\overline{}$	website X Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documes available to the public	nents, conflict of interest poli	cy, an	d fina	ncial
20	State the	name, physical address, and telephone number of the person who possesses the b	ooks and records of the orga	nızatı	on:	
•	Max E.	Smith 3000 Kraft Ave. SE Grand Rapids M.	<u>I49512(61</u>	6)_9	74-2	<u>2701</u>

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Form 990 (2009)

## 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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) (c) (E) (F) Position (check all that apply) Average Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other compensation Name and Title Reportable compensation from related organizations (W-2/1099-MISC) hours per week anstitutional trustee rame ישואוקו אן direx or from the emplayee est compensated organization and related organizations To Kee James Schreiber 0.00 Trustee Х 0. 149,783. 0. Max E. Smith Trustee 12.00 Х Х 0. 109,998. 0. Richard DeHaan 0.00 Х 0 132,397 0. Trustee

TEEA0107 11/10/09

Part VII   Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Emp			nt.)
(A)	(B)	1						(D)	(E)		(F)	
Name and Title	Average hours per week			Officer				Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	amo	stimate ount of o opensat	ther ion
	hours per week	vidual	Institutional trustee	cer	Key employee	Highest compen employee	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganization nd relate	on
		or trust	nal tru		loyee	ompe					janizatio	
		8	stee			nsatec						
	<u> </u>				L	å						
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					_			•				
											<del></del>	
1 b Total	<u>                                     </u>						<b>•</b>	0.	202 170			
Total number of individuals (including but not limited	d to thos	se lis	sted	abo	ve)	who	•	<u>'</u>	392,178. \$100,000 in reports	able co	npens	0 . atıon
from the organization								<del> </del>	·			
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or truste Idividua	ee, k l	кеу	emp	loye	ee, d	or hi	ghest compensate	ed employee	3		x
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to												
individual	nan pio	0,00	0,	11 10	es (	com	piete	e Scriedule J for S	ucn	4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	aţıor	n fro	m a	ny i	unre	late	d organization for	services		ļ	
Section B. Independent Contractors	ieauie J	tor	Suci	пре	rsoi	<u>1</u>		<del></del>	<del></del>	5	<u> </u>	X
Complete this table for your five highest compensation from the organization	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of			
								(B)				
(A) Name and business addres	s							Description of	f Services	(C) Compensation		
									· · · · · · · · · · · · · · · · · · ·			
	-											
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	<del></del>		
\$100,000 in compensation from the organization			'	- •,•								

Pa	<u>rt V</u>	III   Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	t c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d					
HBUTIONS, G	e	Government grants (contributions) all other contributions, gifts, committee amounts not included		153,851.				
CONTR AND (	_	Noncash contribns included in Total. Add lines 1a-1f	n Ins 1a-1f \$_		153,851.			
PROGRAM SERVICE REVENUE	2 a			Business Code	a control of the second		nin San Line	The second of th
PROGRAM S	g	All other program service  Total. Add lines 2a-2f		<b>&gt;</b>			sale a grant and a	
	3 4 5	Investment income (incother similar amounts) Income from investmen Royalties		•	101,913.	0.	0.	101,913.
	b	Gross Rents Less rental expenses Rental income or (loss)	(ı) Real	(ii) Personal				
		Net rental income or (lo Gross amount from sales of assets other than inventory	(i) Securities 601,520	(II) Other			***	
	c	Less cost or other basis and sales expenses Gain or (loss)	630,362 -28,842					
NUE		Net gain or (loss) Gross income from fund (not including \$	draising events		-28,842.	0.	0.	-28,842.
OTHER REVENI		of contributions reporte See Part IV, line 18 Less direct expenses	:	a b		-		
		Net income or (loss) from Gross income from game See Part IV, line 19	-					
	b	Less direct expenses  Net income or (loss) fro	1	a tiles				
		Gross sales of inventory and allowances Less cost of goods sole	•	a				
		Net income or (loss) from Miscellaneous Reven	om sales of inve	-				
	11 a			ousiliess Code				
	е	All other revenue  Total. Add lines 11a-11		<b>•</b>				
	12	Total revenue. See inst	ructions	<b>•</b>	226,922.	0.	0.	73,071.

Page 10

Part IX | Statement of Functional Expenses | Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	t include amounts reported on lines , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
a	irants and other assistance to governments nd organizations in the U.S. See Part IV, ne 21	569,928.	569,928.	-	* 5.5
	irants and other assistance to individuals in ne U.S. See Part IV, line 22	-			., .
OI	irants and other assistance to governments, rganizations, and individuals outside the S. See Part IV, lines 15 and 16				·, ×
	enefits paid to or for members				7
	compensation of current officers, directors, ustees, and key employees				
dı se	ompensation not included above, to isqualified persons (as defined under ection 4958(f)(1) and persons described in ection 4958(c)(3)(B)				
<b>7</b> 0	other salaries and wages				
40	ension plan contributions (include section 01(k) and section 403(b) employer ontributions)				
9 0	ther employee benefits				
	ayroll taxes				
11 F	ees for services (non-employees)				
a M	lanagement				
	egal	3,778.	0.	3,778.	0.
	ccounting				
	obbying				
	rof fundraising svcs. See Part IV, In 17				<del></del>
	nvestment management fees				
-	ther				
	dvertising and promotion				
	ffice expenses				
	nformation technology				
	oyalties		-		· · · · · · · · · · · · · · · · · · ·
	ecupancy				
18 P	ravel ayments of travel or entertainment xpenses for any federal, state, or local ublic officials	686.	686.	0.	0.
<b>19</b> C	onferences, conventions, and meetings				
<b>20</b> In	nterest	159,128.	159,128.	0.	0.
	ayments to affiliates	87,676.	40,838.	46,838.	0.
	epreciation, depletion, and amortization				
24 O cc ai	nsurance  other expenses Itemize expenses not overed above (Expenses grouped together and labeled miscellaneous may not exceed of total expenses shown on line 25 elow)				
a <u>M</u> b_	isc	845.	845.	0.	0.
c_I	nvestment fees	20,237.	0.	20,237.	0.
d_R	Repairs & maintenance	1,367.	0.	1,367.	0.
f A	Il other expenses	1			
	otal functional expenses Add lines 1 through 24f	843,645.	771,425.	72,220.	0.
26 Je S OI	oint costs. Check here   ☐ if following  OP 98-2 Complete this line only if the rganization reported in column (B) joint osts from a combined educational ampaign and fundraising solicitation	313,013.	7717723.	12,220.	Form <b>990</b> (2009)

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Form 990 (2009)

Part X **Balance Sheet (B)** End of year (A) Beginning of year 29,917. Cash - non-interest-bearing 151,279 1 2 Savings and temporary cash investments 417,270 294,346. 3 Pledges and grants receivable, net 4 255. 1,380 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10 c b Less: accumulated depreciation 3,375,645 11 4,042,169. 11 Investments - publicly-traded securities Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 3,945,574 4,366,687. Total assets Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 31,228. 17 18,123. 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 3,902,346. 25 Other liabilities Complete Part X of Schedule D 25 4,336,564. 26 Total liabilities. Add lines 17 through 25 3,933,574. 26 4,354,687. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 12,000 29 12,000 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 BALAZCES 32 Retained earnings, endowment, accumulated income, or other funds 12,000. 33 12,000. 33 Total net assets or fund balances Total liabilities and net assets/fund balances 3,945,574. 4,366,687.

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8-6365725	Page 1
3-0303 <i>1</i> 23	raue i

Form <b>990</b> (2009) RBC Ministries Trust	38- <u>6365725</u>	Pa	age <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	7		7. 3
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit, 2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ain 🦂		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both			,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis X Both consolidated and separate basis

Form 990 (2009)

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3a

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Separate basis

# SCHEDULE A (Form 990 or 990-EZ)

Total

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ame	ot the	e organization							Employe	ridentilicat	lion number			
RBC	M	inistries Tr	ust						38-63	365725	5			
Par!	t.l.	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ii	nstruct	ions			
he o	orga	inization is not a pri	vate foundation becau	ise it is (For lines 1 throi	ugh 11,	check o	nly one	box )						
1		A church, convente	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)						
2	Г	A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ)									
3		A hospital or coope	erative hospital service	e organization described	ın <b>secti</b> o	on 170(l	b)(1)(A)(	iii).						
4		A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	<b>A)(iii)</b> Er	nter the ho	spital's	;	
		name, city, and sta												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 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 <b>section</b> 1	1 <b>70(b)(1)(A)(vi).</b> (Complet	te Part I	l.)								
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 org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).					
11	XX An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 X Type I	<b>b</b> Type II	c Type III						d 🗍	Type III-			
е		By checking this both than foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in Lorgani	directly zations	by one describe	or more ed in sec	disquali ction 509	ified pers (a)(1) or	ons oth section	er	
f			received a written det	ermination from the IRS	that is a	а Туре І	, Type II	or Typ	e III sup	porting o	organizati	on,		
_		• • • • • • • • • • • • • • • • • • • •	006 has the organiza	ition accepted any gift of	r contrib	ution fr	om anv	of the fo	llowing	narenne	2			
g		Since August 17, 2	ooo, nas the organiza	mon accepted any gift of	COMMIS	ation in	Jili aliy	or tire it	Jilowing	persons	, .	Yes	No	
		(i) a person who	directly or indirectly	controls, either alone or	together	with pe	ersons de	escribe	d in (ii) a	(III) bne		163	140	
		below, the go	verning body of the s	upported organization?							11 g (i)			
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)	)		
		(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii			
h		Provide the following	ng information about t	the supported organization	ns									
	(	Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your irning ment?	(v) Did y the organ col your su	(i) of	(vi) ! organizat (i) organi U :	s the ion in col zed in the S ?	(vii) Amo	ınt of Sup	port	
					Yes	No	Yes	No	Yes	No				
F	RBC	: Ministries	38-1613981	11A	Х		X		X			569,9	28.	
							'							
		<del></del>			ļ			_						
							<u> </u>							

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

569,928. Schedule A (Form 990 or 990-EZ) 2009

Par	t II   Support Schedule for (Complete only if you check	_			b)(1)(A)(iv) an	id 170(b)(1	χА)	(vi)	
Sec	tion A. Public Support	ed the box on line	5, 7, 01 8 01 Pai	<u> </u>		<del></del>			_
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total	_
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						i		
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,		-					
6	<b>Public support.</b> Subtract line 5 from line 4				* ,				
Sec	tion B. Total Support	<u> </u>	·	.,	<del></del>	,			_
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc. (see in	structions)			Ĺ	12		_
	First five years. If the Form 990 organization, check this box and	stop here	·	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)	(3)	1
	tion C. Computation of Pu					<del></del>	- 1	<del></del>	_
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		-	14	<u>%</u>	
15	Public support percentage from	2008 Schedule A,	Part II, line 14	•		Ĺ	15	%	_
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the booking supported o	ox on line 13, and organization.	I the line 14 is 33	-1/3 % or mo	ore, cl	heck this box ►	]
t	33-1/3 support test - 2008. If the and stop here. The organization				i, and line 15 is 3	3-1/3% or m	ore, c	theck this box	]
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain in	Part	IV how _	]
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies as	box and <b>stop he</b> a publicly suppo	<b>re.</b> Explain in orted organiza	Part ation.	IV how the ►	
	Private foundation. If the organi	zation did not che	eck a box on line	, 13, 16a, 16b, 17a	a, or 17b, check t	his box and s	ee in	structions -	$\perp$
BAA					Se	chedule A (Fo	orm 9	90 or 990-EZ) 20	09

# Schedule A (Form 990 or 990-EZ) 2009 RBC Ministries Trust Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	sked the box off it	110 5 011 0111.7		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(2, 2000	(2) 2000	(0) 2.00 /		(0) 200		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						-	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							<del></del>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)			,	t.	-		
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	9	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	501(c)	(3)
Sac	tion C. Computation of Pul							-11
				na 13 column (6)	<u> </u>	1	15	0/
15	Public support percentage for 20 Public support percentage from 3	•	• • • • • • • • • • • • • • • • • • • •	ie 13, column (t),	1		15 16	<u>%</u> %
16 Sec	tion D. Computation of Inv			<u> </u>			10	76
	Investment, income percentage for				ımn (fi)		17	%
17 19	Investment income percentage for			-	(1 <i>7)</i>	ŀ	18	% %
18 19 a	33-1/3 support tests - 2009. If the	he organization di	d not check the b	ox on line 14, a	nd line 15 is more	than 33-1/3	%, an	
	more than 33-1/3%, check this b 33-1/3 support tests – 2008. If the	•	_			-		☐ — and line 18
į.	33-1/3 support tests — 2008. If the state of	this box and <b>sto</b> l	<b>p here.</b> The organ	iization qualifies	as a publicly supp	orted organı	zation	<b>▶</b> [ ]

Schedule A	A (Form	n 990 or	990-E	Z) 2009	RBC	Min	istr	ies	Trus	t			38-63	365725	Page 4
Part IV	Sup	plemer	ntal Ir	nforma	tion. (	Compl	ete tl	his p	art to	provid	le the ex	planations	required b	y Part II,	line 10;
	Part	II, line	17a	or 17b	; and	Part II	I, lin	e 12.	Provi	de an	y other a	planations additional ir	nformation.	See inst	ructions.
-														_	
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ➤ See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

RRO	C Ministries Trust				38-6365725	
Pai	t I Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Fund	s or Acco		e ıf
	the organization answered 'Yes'	<del></del>		/h> C		
-	Total number at end of year	(a) Donor advised	tunas	(D) F	unds and other ac	counts
1	•					
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 do funds are the organization's property, subject			or advised	Yes	☐ No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ing that grant funds nor advisor or for a	may be ny other	☐Yes	□No
Pai	t II Conservation Easements Compl	<u> </u>	swered 'Yes' to	Form 99		
	Purpose(s) of conservation easements held b	· · · · · · · · · · · · · · · · · · ·		71 01111 33	o, raitiv, iiic	, ,
•	Preservation of land for public use (e.g.,			an historica	ally important land	area
	Protection of natural habitat	roorsation or pleasure)	Preservation of		•	u, ca
	Preservation of open space			certified file	storic structure	
2	Complete lines 2a through 2d if the organizate last day of the tax year	tion held a qualified conservati	on contribution in t	ne form of a	conservation eas	ement on the
					Held at the End o	of the Year
ā	Total number of conservation easements			2a		
t	Total acreage restricted by conservation ease	ements		2b		
(	: Number of conservation easements on a cert	tified historic structure included	l ın (a)	2c		
(	Number of conservation easements included	in (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified, year ►	, transferred, released, extingu	ished, or terminate	d by the org	janization during t	he tax
4	Number of states where property subject to c	conservation easement is locate	ed >			
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring the holds?	ng, inspection, hand	lling of viola	ations, Yes	□ No
6	Staff and volunteer hours devoted to monitor during the year ▶	S, . S,		_		<b>-</b> -
7	Amount of expenses incurred in monitoring, i during the year ▶	inspecting, and enforcing cons	ervation easements	\$ <u>_</u>		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	equirements of sect	ion	Yes	☐ No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	eports conservation easements to the organization's financial	in its revenue and statements that de	expense sta scribes the	atement, and balar organization's acc	nce sheet, an ounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or ( , Part IV, line 8	Other Sim	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for put the text of the footnote to its financial statem	blic exhibition, education, or re	search in furtheran	nt and balar ce of public	nce sheet works of service, provide, i	art, historica in Part XIV,
t	olf the organization elected, as permitted unde treasures, or other similar assets held for pul amounts relating to these items	er SFAS 116, to report in its re blic exhibition, education, or re	venue statement ai search in furtheran	nd balance s ce of public	sheet works of art, service, provide t	, historical he following
	(i) Revenues included in Form 990, Part VIII	l, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X	•			<b>►</b> \$	
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 3 116 relating to these items	er similar assets fo	financial g		
á	Revenues included in Form 990, Part VIII, lin	ie 1			<b>►</b> \$	
ŧ	Assets included in Form 990, Part X				<b>►</b> \$	

•	1			•		
Schedule <b>D</b> . (Form 990) 2009 RBC N	dinistries Tr	ust		38-6365	5725	Page 2
Part III Organizations Mainta			al Treasures, or O	ther Similar Asse	ts (continu	ıed)
3 Using the organization's acquisition items (check all that apply):	on accession and oth	ner records, check ar	ny of the following tha	t are a significant use	of its collect	ion
a Public exhibition		<b>d</b> Loan or ex	change programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the orga Part XIV		·			e in	
5 During the year, did the organiza assets to be sold to raise funds r					Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements (unt on Form 990,	Complete if orga Part X, line 21.	nization answered	l 'Yes' to Form 99	0, Part IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or oth	her intermediary for	contributions or other	assets not	Yes [	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following to	able			
				<i>A</i>	Amount	
c Beginning balance				1 c		<del></del>
<b>d</b> Additions during the year				1 d		
e Distributions during the year .				1 e	<del> </del>	
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if organiza	ation answered "	Yes' to Form 990,	Part IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net Investment earnings, gains, and losses			-	. %	* *	
d Grants or scholarships	"		-			
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance				т .		
2 Provide the estimated percentage	e of the year end bal	ance held as:		· · · · · · · · · · · · · · · · · · ·		
a Board designated or quasi-endov	-	8				
<b>b</b> Permanent endowment ▶	*					
c Term endowment ►	*					
3a Are there endowment funds not o	in the possession of t	the organization that	are held and adminis	tered for the	Yes	No
organization by  (i) unrelated organizations				i j	3a(i)	<del> </del>
(ii) related organizations				·	3a(ii)	<del>                                     </del>
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations listed o	e required on School	ula P2		3b	<del>                                     </del>
4 Describe in Part XIV the intender	•	•		!	1 20	<u> </u>
Part VI Investments—I and R				ne 10		

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Schedule **D** (Form 990) 2009

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Sche	edule <b>Q</b> (Form 990) 2009 RBC Ministries Trust	38-6365725	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		226,922.
2	Total expenses (Form 990, Part IX, column (A), line 25)		843,645.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-616,723.
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses		<del></del>
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	·	<u></u>	-616,723.
10	Excess or (deficit) for the year per audited financial statements  Combine lines 3 and 9  t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Poturn	-010,723.
		Retuin	043 645
1	Total revenue, gains, and other support per audited financial statements		843,645.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a 616,72	<u>3.</u>	
	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
C	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2 e	616,723.
3	Subtract line 2e from line 1	3	226,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	226,922.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	Total expenses and losses per audited financial statements	1	843,645.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	013/0131
	Donated services and use of facilities 23.		
	Prior year adjustments		
	7	` :. ]	
	Other (Describe in Part XIV)	<u> </u>	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	843,645.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV)		
-	: Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	843,645.
Pai	t XIV   Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this mation	t IV, lines 1b and s part to provide a	2b, Part V, any additional
BAA	TEEA3304 02/02/10	Schedule <b>D</b> (	(Form 990) 2009

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Part XIV	Supplemental Information (continued)		
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			<b></b>
<del>-</del>			<b>-</b>
<del>-</del>			

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

of the organization						Employer identification number	tion number
갋			:		:	38-6365/25	2
Part I General Information on Grants and Assistance	rants and Assist	ance					
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	ds to substantiate the he grants or assistants procedures for mon	e amount of the grace? ce? Itoring the use of gr	of the grants or assistance, the grantees' eligibility for the grants or assistance, and use of grant funds in the United States	rantees' eligibility for th States	ne grants or assistano	e, and	X Yes No
<b>T</b>	nce to Governme by recipient that r Form 990) if add	ents and Organizations eceived more than \$5,0 (tional space is needed	d Organizations in the United States. Complete if the organization answered 'Yes' to Form I more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	ed States. Comple this box if no one r	te if the organizat ecipient received	tion answered 'Ye more than \$5,00	s' to Form 0. Use
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
							·
	-1						

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 (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 38-6365725 (e) Method of valuation (book FMV, appraisal, other) SHARES THE SAME OFFICE SPACE. MONITORING IS DONE ON A DAILY BASIS. THE TAXPAYER IS A SUPPORTING ORGANIZATION TO RBC MINISTRIES AND (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients RBC Ministries Trust (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Part III

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Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Employer identification number Name of the organization 38-6365725 RBC Ministries Trust Pt VI-B, Line 11A A COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH BOARD MEMBER BEFORE IT WAS MAILED Pt VI-C, Line 19 THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR WEB SITE AS WELL AS A PAPER COPY FOR ANYONE THAT ASKS

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

(F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 38-6365725 (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Total income (C)
Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity RBC Ministries Trust

one or more related tax-exempt organizations during the tax year.)	uring the tax year.)				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Legal domicile (state Exempt Code section Public charity status or foreign country) ((f section 501(c)(3))	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Discovery House Publishers 38-2830241	Christian				
3000 Kraft Ave SE, Grand Rapids MI 49512	book publishing	MI	501 c 3	9	RBC Ministries
RBC Ministries Foundation 38-3447967	Endowment Fund				
3000 Kraft Ave SE, Grand Rapids MI 49512		MI	501 c 3	11 Type I	RBC Ministries
RBC Ministries 38-1613981	Christian				
3000 Kraft Ave. SE, Grand Rapids MI 49512	Ministry	MI	501 c 3	9	
Outreach, Inc. 38-1843378	Christian				
Rapids MI 49512	Teaching mat'l	MI	501 c 3	9	RBC Ministries
	_				

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2

38-6365725

Schedule R (Form 990) 2009 RBC Ministries Trust

| Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 | because it had one or more related organizations treated as a partnership during the tax year.) Part III

חברמתאב ור וומר		מוכח סו אנ	וויבמנוסווט נוסמ	מו מוכן או	Decades It had one of those related organizations areated as a participally dailing the tax year.				;	
€	@	ပ	ē		<b>E</b>	(£)	£	€	€ •	,
Name, address, and EIN of	Primary Activity	Legal	Legal Direct	Predominant		Share of end-of-year	Dispropor-	Code V-UBI	General or	ŏ
related organization		domicile	controlling entity	income (related,		assets	tionate	amount in box	managırı	Đ,
		(state or		unrelated, excluded			allocations?	20 of Schedule	partner	۲,
		foreign		from tax under				 Y		
		country)		sections 512-514)			Yes No	(Form 1065)	Yes	٩ ٧
Sky Media/Discovery House									•	
38-3295379										
3000 Kraft Ave. SE Christian	Christian									
Grand Rapids, MI	Software	MI	RBC Ministries							
									_	
1										
1										
									_	

			•	۲	•		
art IV,	(H) Percentage ownership						
a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	Primary Activity   Country   Count						
ation answered 'Ye tax year.)	(F) Share of total income						
if the organizations the	(E) Type of entity (C corp, S corp, or trust)					•	
rust (Complete	( <b>b)</b> Direct controlling entity						
rporation or T	(C) Legal domicile (state or foreign country)						
axable as a Co	(B) Primary Activity						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answers) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(A) Name, address, and EIN of related organization						

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

BAA

38-6365725

Part VI Unrelated Organizations Taxable as a Partnership (Complete of 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 asset or gross

501(c)(3) 0rgantzations?  Ves No Yes	Schedule K-1 Form (1065)	Ves No
No Yes	) I I I I	
		-
		_
		1
		<u> </u>
	,	
		+
		_
		-
		•

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

by providing charitable gift annuities and holding monies under various types of trusts.

1