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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)

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	A F	or the	2009 calendar year, or tax year beginning $JUL 1$, 2009	and er	nding J	UN 30, 2010	•
	Вс	heck if	Please C Name of organization			D Employer identifi	cation number
	۳,		use IRS label or MONTH NA DIED E COLT ECO		- 1		
	<u> </u>	Address change Name	print or MONTANA BIBLE COLLEGE			24.4	
	<u> </u>	change					444020
		return Termin-	See Number and street (or P 0 box if mail is not delivered to street add	dress) R	oom/suite	E Telephone numbe	
	<u> </u>	Jated JAmende	Instruc- JOZJ B IJII AVENUE				$\frac{586-3585}{809,212}$
	늗	Jreturn Applica	City or town, state or country, and ZIP + 4		}	G Gross receipts \$	
		I tiòn pending				H(a) Is this a group re for affiliates?	Yes X No
			PO BOX 97, MANHATTAN, MT 59741			H(b) Are all affiliates inc	
	T T	ax-exer	mpt status X 501(c) (3	527		, ,	list (see instructions)
			MONTANABIBLECOLLEGE.COM			H(c) Group exemptio	•
	K F	orm of c	organization X Corporation Trust Association Other	•	L Year o		A State of legal domicile MT
	Pa		Summary			<u>.</u> .	
	9		Briefly describe the organization's mission or most significant activities $\ { t M}$				
	anc	9	SLORIFY GOD THROUGH BIBLICAL HIGHER E	EDUCA	TION	BY TRAINING	MEN AND
	Activities & Governance		Check this box 🕨 🔛 if the organization discontinued its operations of	r dispose	d of more	than 25% of its net as	
	ò		Number of voting members of the governing body (Part VI, line 1a)			3	10
	જ		Number of independent voting members of the governing body (Part VI, III	ne 1b)		4	9 24
	ties		otal number of employees (Part V, line 2a)			5	7
	ž	6 1	otal inumber of volunteers (estimate if necessary) otal gross unrelated business (evenue from Part VIII, column (C), line 12			6	0.
	¥	Ъ,	Net unrelated business taxable income from Form 990-T, line 34			7a 7b	-3,212.
		37	JAN 1 8 2011			Prior Year	Current Year
		၂၈	Contributions and grants (Party VIII, line 1h)			185,059.	220,903.
	Revenue		Program service (evenue (Part VIII, line 2g)			402,354.	566,032.
	eve.	10	avestment income (Part VIII, column (A), lines 3, 4, and 7d)			31,089.	22,277.
	~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)		618,502.	809,212.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)			81,845.	89,922.
2 6 2011			Benefits paid to or for members (Part IX, column (A), line 4)			250 755	F02 000
20	ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines		350,755.	523,202.	
9	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	16,62	5		
€3	Ex		otal fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,02	5 · } ·	194,330.	239,699.
JAN			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	626,930.	852,823.
_		19 F	Revenue less expenses Subtract line 18 from line 12		<u> </u>	-8,428.	-43,611.
\Box	Net Assets or Fund Balances				Beg	ginning of Current Year	End of Year
ANNED	sets alan	20 T	otal assets (Part X, line 16)			2,630,937.	2,610,869.
Z	t As	-217	Fotal-liabilities-(Part-X,-line-26)—		[32,112.	51 , 967.
\triangleleft			Net assets or fund balances. Subtract line 21 from line 20			2,598,825.	2,558,902.
\mathcal{S}	Ра	rt II	Signature Block				
•			Under penalties of perjury, I declare that I have examined this return, including accompanying sch and complete Declaration of preparer (other than officer) is based on all information of which prep	nedules and parer has any	statements, a ⁄ knowledge	nd to the best of my knowled	ge and belief, it is true, correct,
	C:		Kan Tam			1 1-1	1-2011
	Sign		Signature of officer			Date	2011
	Her		► KEN FENNO, SECRETARY/TREASURER			24.0	
			Type or print name and title				
			Preparer's	Date	Che		er's identifying number
	Paid	' .	signature		self- emp	oloyed > (see in	structions)
			Firm's name (or yours if		<u>.</u>	EIN ▶	
	USE	٠,	self-employed), address, and				-
			ZIP + 4			Phone no.	
	Mar	the ID	S discuss this return with the property shows above? (see instructions)				X Voc No

200 (2.		
Part IV	Checklist of Required Schedules	

11 Is the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization or separate, independent audited financial statements for the tax year include, a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XII, and XIII is optional 13 Is the organization as school described in section 17(b)(1)(A)(i)(?) "Yes," complete Schedule E 14 Did the organization mantam an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$1,000 for grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 16 United organizat			,	Yes	No
2 is the organization required to complete Schedule 6, Schedule 0, Contributions? Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes" "complete Schedule 0, Part II Section 50 (1c(3) organizations.). Did the organization engage in lobbying activities? If "Yes," complete Schedule 0, Part II Section 50 (1c(4), 50 (1c(4)), 40	1			x	
3 Del the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes "complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instone land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide schedule D, Part II II Is the organization in server and are listed organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV II Is the organization report an amount for investments of the section of th	2				
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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 10 Is the organization and so answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 De the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments of the 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 12 Did the organization report an amount for other assets 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 13 Did the organization report an amount for other habilities 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 X 14 Did the organization report an amount for other habilities in Part X, line 25° If "Yes," complete Schedule D, Part X 15 Did the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IX, IX, and XIII is optional 15 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 16 Did the organization have aggregate revenues or expenses of more than \$10,000 from granitaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part III 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges are grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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	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			
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If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Ida Did the organization maintain an office, employees, or agents outside of the United States? Ida 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 Ib 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 Ib 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 In 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 In Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II In Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III In Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III In Did the organization operate one or more hospitals? If "Yes," complete Schedule H	12A	· · · · · · · · · · · · · · · · · · ·			
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and program service activities outside the United States? If "Yes," complete Schedule F, Part I 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	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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16 - Did the organization-report-on-Part-IX,-column-(A); line-3,-more than-\$5,000 of aggregate grants-or assistance to individuals—located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
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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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	18		ŀ		
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19				
······································			19		
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	

Form 990 (2009) MONTANA BIBLE COLL Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Pid 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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3.5
	Schedule K If "No" go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Х
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			х
06		25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		X
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor, or a grant selection committee 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 transaction with one of the following parties, (see Schedule L, Part IV	21	٠,	
	instructions for applicable filing thresholds, conditions, and exceptions)	7. (
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200	_	
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
-35-	-Is-any-related organization-a-controlled entity within the meaning of section-512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 c	2009)

Statements Regarding Other IRS Filings and Tax Compliance

Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter :0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 24			i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	•		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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	_ !		4.
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
þ-	Did the organization make a distribution to a donor, donor advisor, or related person?	⁻9b_		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-	
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		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		-						
		ŀ	I	1.0	Yes	No			
	Enter the number of voting members of the governing body	1a		10					
	Enter the number of voting members that are independent	1b	L	9					
2	Did any officer director, trustee, or key employee have a family relationship or a business relationship	p with	any other		,,				
	officer, director, trustee, or key employee?			2	X	├			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision	1		٠,,			
	of officers directors or trustees, or key employees to a management company or other person?			3	+	X			
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4	-				
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X			
6	Does the organization have members or stockholders?			6	-	X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			17			
	governing body?	_		7a	_	X			
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following								
	The governing body?			8a		77			
	Each committee with authority to act on behalf of the governing body?			8b		X			
9	, , , , , , , , , , , , , , , , , , , ,								
`	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)		T.,	Τ			
				F	Yes	No X			
	Does the organization have local chapters, branches, or affiliates?		<i>"</i> "	10	1				
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	1					
	and branches to ensure their operations are consistent with those of the organization?			10	 1,	 			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12		X			
	a Does the organization have a written conflict of interest policy? If "No," go to line 13								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise		1				
_	to conflicts?	UV U		12	2	 			
C,	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	describe			ł			
12	In Schedule O how this is done			12		X			
13	Does the organization have a written whistleblower policy?			13	77				
14 15	Does the organization have a written document retention and destruction policy?			14	+	-			
15	Did the process for determining compensation of the following persons include a review and approve	-	iaepenaent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1.5	X	<u> </u> ^ •			
	The organization's CEO, Executive Director, or top management official			15		\vdash			
Ü	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			75	, A	+			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mant :	with a	,					
. - a	taxable entity during the year?	ment (villi a	16	<u>.</u>	X			
h-	-taxable entity during the year? -ff-"Yes;" has the organization adopted a written policy or procedure requiring the organization to eva	ilusto.	ts-narticinatio						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org			''		'			
	exempt status with respect to such arrangements?	arnzat	0113	16	,				
Sec	tion C. Disclosure			1 10					
17	List the states with which a copy of this Form 990 is required to be filed NONE			-					
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	T (501)	c)(3)s only) av	allable for					
. —	public inspection. Indicate how you make these available. Check all that apply	. (501)	Shops shiry av	LGD.0 101					
Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest no	alicy and fi	nancial				
	statements available to the public.		. or intorest pe	o ₅ , and n	المادان				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the or	ganization	•				
	MONTANA BIBLE COLLEGE - 406-586-3585			33Eu(1011					
	3625 S. 19TH AVENUE, BOZEMAN, MT 59718								

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HARLAN DURGAN										
CHAIRMAN	1.00	X		Х				0.	0.	0.
KEN FENNO					ł					_
SECRETARY/TREASURER	1.00	X		Х		<u> </u>		0.	0.	0.
JEFF MACPHERSON	1 1 00									
DIRECTOR	1.00	X	_	<u> </u>	_	ــــــ	_	0.	0.	0.
WILLIAM GRINDER	1 1 00					1			,	
DIRECTOR DON CHEEVER	1.00	X		_		├	_	0.	0.	0.
DIRECTOR	1.00	_						0.	0.	_
WILLIAM CURTIS	1.00	^	-			-	\vdash	1	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
JIM OWENHOUSE				-			\vdash	1	•	
DIRECTOR	1.00	x				ļ		0.	0.	0.
MARK AMUNRUD						ļ				
DIRECTOR	1.00	X]			0.	0.	0.
GRAHAME NICOLSON										
DIRECTOR	1.00	X						0.	0.	0.
JAMES H. CARLSON										
PRESIDENT	40.00	_	<u> </u>	X		<u> </u>	L	64,973.	0.	-0-
		<u> </u>	-							
		-				\dagger				
		†								
								* . '		

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	stimate	ed
		hours	(cl	heck	all 1	that	арр	ly)	compensation	compensatio		an	nount	of
		per	io						from	from related			other	
		week	Individual trustee or director			İ	pa	İ	the organization	organization (W-2/1099-MIS			pensa om th	
			o gale	ustee			ensal		(W 2, 1099 MISC)	(***2/1033-10110	,,,		amzat	
			al tru:	Institutional trustee		Key employee	Highest compensated employee		(** 2. **555 ***** 50,			_	d relat	
			divid	Stitute	Officer	en (ghest	Former				orga	anızatı	ons
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		-	\vdash	-	<u> </u>	┢	┢							
			-		-	 	-							
					ľ	1								
1b	Total	. .			•		┢		. 64,973.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	hộ r	eceived more than \$100	0,000 in reportab	le		_	
	compensation from the organization													0
											,		Yes	No
3	Did the organization list any former officer,			e, ke	y en	nplo	yee,	or t	nighest compensated er	mployee on		-	-	
	line 1a? If "Yes," complete Schedule J for s									Al		3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4		x
5	Did any person listed on line 1a receive or									ices rendered to		,		· -
_	the organization? If "Yes," complete Sched						,		ou organization for son			5		x
Sec	tion B. Independent Contractors												•	•
1	Complete this table for your five highest countered the organization NONE	ompensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of con	npens	ation	from	
			-						(В)			•	c)— -	
	Name and business	address						_	Description of s	services		ompe	nsatio	on
								ĺ						
									<u> </u>					
											ı			
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								1			Ì			
		···· · · · · · · · · · · · · · · · · ·												
_													_	
										·	_			
2	Total number of independent contractors (\$100,000 in compensation from the organ		not l	ımıte	ed to		ose li O	sted	d above) who received r	nore than	•			

Pai	rt VII	I Statement of Reve	nue					1
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b		1			
ge		Fundraising events	1c					į
r al		-	 -					
9.5		Related organizations	1d					
Sins		5 ,	· -					
출	t	All other contributions, gifts, gran		220 002				•
달등		similar amounts not included abo	ive 1f	220,903.				
20	g	Noncash contributions included in lines	s 1a-1f \$	71,127.				
0 4	<u>h</u>	Total. Add lines 1a-1f			220,903.			
ŀ				Business Code			-	
ce	2 a			611310	358,368.	358,368.		
Program Service Revenue	b	ROOM		611310	144,516.	144,516.		
Sulle	С	STUDENT FEES		611310	29,427.	29,427.	•	
ev.	d	TEXTBOOKS	_	611310	29,405.	29,405.		
6	е	OTHER		611310	4,316.	4,316.		
مة	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	566,032.			-
\neg	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		•	22,277.	22,277.		
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	, constript borro	processus >				
ŀ	Ū	rioyanios	(i) Real	(ii) Personal				
ŀ	6 a	Gross Rents	(i) ricai	(ii) i eisonai	1		, ·	
		Less rental expenses		-	1	:	* · · · .	
						. *		,
		Rental income or (loss)			· ·	- ^		,
		Net rental income or (loss)	[() ()	_	<u> </u>	*	*	ļ
- 1	7 a	Gross amount from sales of	(i) Securities	(II) Other	,			
1		assets other than inventory		_		. ,		- (15)
	b	Less cost or other basis			\	** \q ,		4
1		and sales expenses		-	······································			`~ <u>'</u>
	С	Gain or (loss)				, , , ,,	Listin	
		Net gain or (loss)		<u> </u>				
g	8 a	Gross income from fundraising	ig events (not		8- /- ter			
Ē		including \$	of		* .	1,	, '	
ě		contributions reported on line	1c) See			٠, ٨, ٨	×	
ē		Part IV, line 18		a] '	, - *	* *	
Other Revenue	b	Less direct expenses		b		, .		}
Ŭ	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities See	•				
		Part IV, line 19		a	, , , , ,		() + %° × °	
İ	b	Less direct expenses		b				ĺ
Ì	С	Net income or (loss) from gan	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less cost of goods sold		ь	1			ì
		Net income or (loss) from sale			1		• •	
ı		Miscellaneous Revenu		Business Code	÷;			
}	11 a			Dasiness Code	1			
	b			-			 	
İ		 						
- 1	c						 	
İ	d					_		
		Total. Add lines 11a-11d		P	809,212.	588,309.	0.	0.
93200 02-04	12 9	Total revenue See instructions.			003,212.	1 300,303.		<u> </u>
02-04	- 10							Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV. line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	89,922.	89,922.		
3	Grants and other assistance to governments				ı
	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F02 000		102 505	26.604
7	Other salaries and wages	523,202.	292,993.	193,585.	36,624.
8	Pension plan contributions (include section 401(k)	1			
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,811.	1,381.	12,430.	
	Accounting	13,011.	1,301.	12,430.	····
a	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	· · · · · · · · · · · · · · · · · · ·				
12	Other Advertising and promotion	7,384.	1,846.		5,538.
13	Office-expenses	14,583.	6,563.	6,562.	1,458.
14	Information technology		0,303.	0,302.	1,1301
15	Royalties				
16	Occupancy	-	· · · · · · -		
17	Travel	12,540.	10,659.	1,254.	627.
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings		·		
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,056.		73,056.	
23	Insurance		·		
24	Other expenses. Itemize expenses not covered	*		* 2. \$	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			`	
	expenses shown on line 25 below.)				
а	STUDENT HOUSING	57,384.	57,384.		
b	TEXTBOOKS	23,110.	23,110.		
С	BANQUETS/EVENTS	9,755.	7,804.		1,951.
d	ABHE/ACCREDITATION	8,642.		8,642.	
е	SUPPLIES	8,548.	2,137.	5,984.	427.
f	All other expenses	10,886.	10,518.	368.	
25	Total functional expenses Add lines 1 through 24f	852,823.	504,317.	301,881.	46,625.
26	Joint costs Check here If following				· · - · · ·
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
03201	0 02-04-10				Form 990 (2009)

Pa	τX	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		90,339.	1	29,200.
	2	Savings and temporary cash investments		201,634.	2	136,399.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	ļ	2,799.	4	5,533.
	5	Receivables from current and former officers, direct	ctors, trustees, key			
	}	employees, and highest compensated employees				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de	fined under section			1
	İ	4958(f)(1)) and persons described in section 4958(1			,
		Part II of Schedule L			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		7,029.	8	8,581. 11,414.
ď	9	Prepaid expenses and deferred charges		8,718.	9	11,414.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	1,973,071. 10b 324,485.			t
	b	Less accumulated depreciation	ю 324,485.	1,695,760.	10c	1,648,586.
	11	Investments - publicly traded securities		7,562.	11	1,648,586. 8,427. 631,795.
	12	Investments - other securities See Part IV, line 11		553,469.	12	631,795.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		63,627.	15	130,934.
	16	Total assets. Add lines 1 through 15 (must equal I	ine 34)	2,630,937.	16	2,610,869. 29,193.
	17	Accounts payable and accrued expenses	19,896.	17	29,193.	
	18	Grants payable			18	
	19	Deferred revenue		12,216.	19	22,774.
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Pa	rt IV of Schedule D		21	
Liabrlities	22	Payables to current and former officers, directors,		•	٠,٠	
gei.		highest compensated employees, and disqualified	persons Complete Part II] .]	-
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird parties		24	
	25	Other liabilities Complete Part X of Schedule D		20 110	25	F1 067
	26	Total liabilities. Add lines 17 through 25	. 192	32,112.	26	51,967.
		Organizations that follow SFAS 117, check here	e ▶ 🔼 and complete			
ses	ł	lines 27 through 29, and lines 33 and 34.		7 417 700		0 270 417
auc	27	Unrestricted net assets		2,414,382.	27	2,379,415.
Bal	28	Temporarily restricted net assets		104,919. 79,524.	28	98,963. 80,524.
pu	29	Permanently restricted net assets		19,524.	29	00,524.
ī.		Organizations that do not follow SFAS 117, che	ck here 🕨 📖 and			
. <u>0</u>		-complete lines 30 through 34.	-			
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid in or capital surplus, or land, building, or equi			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, or other funds	2,598,825.	32	2 550 002
~	33	Total net assets or fund balances		2,598,825.	33	2,558,902.
	34	Total liabilities and net assets/fund balances		4,030,337.	34	2,610,869.

2,610,869. Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		**	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	į		l
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			l
	Act and OMB Circular A-133?	3a		Х
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	3b		
			~~~	

Form **990** (2009)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Yes

11g(i) 11g(ո)

11g(iii)

Employer identification number

81-0444020 MONTANA BIBLE COLLEGE 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 d ____ Type III - Other b Type II c Type III · Functionally integrated 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)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

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

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the o in col. (i) is governing	rganization sted in your document?	organizat	notify the ion in col.	(vi) ls organizatio (i) organizi U.S	the in in col. ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
		-	-			_		-	
					-				
Total									<del></del>

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

supporting organization, check this box

the governing body of the supported organization?

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

Provide the following information about the supported organization(s)

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

Schedule A (Form 990 or 990-EZ) 2009

g

h

Section A. Public Support  Calendar year (or liscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total  I Gits, grants, contributions and membership feas received (Do not include any "unusual grants")  2 Tax revenues lewed for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 fron line 4  8 Gross income from increst, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gan or loss from the sale of capital assest (Explain in Part IV)  11 Total support. Add lines 7 through 10 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	<u> </u>	(Complete only if you checked the box on line 5, 7, or 8 of Part I)									
1 Gifts, grants, controlutions and membershy fees received (0 not metude any "unusual grants") 2 Tax revenues leved for the organization's benefit and either pard to or expended on its behalf 3 The value of seneces or facilities furnished by a governmental unit to the organization wholic charge and the organization wholic charge is turnished by a governmental unit to the organization wholic charge is turnished by a governmental unit or publicly supported organization or 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 (1) 6 Public support, Section in Fortial Support  Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total organization organization in the section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total organization organization in the section B. Total Support  A mounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First tive years. If the Form 990s is for the organization's first, second, third, fourth, or fifth tax year as a section S01(c)(3) organization, check this box and stop here. Explain in Part IV how the organization when the organization qualifies as a publicly supported organization  14 Public support test - 2006. If the organization of din of check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and st	Sec		<del></del>								
1 Girs, grants, controbutions and membershy besides received (Di not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and either paid to or expended on its obtail and the strong and the strong and the strong and the strong and the strong and and any and any and any and any and any and any and any and any any and person (other than a povernmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (I) 6 Public support, seasetine's from line 4 8 Gross income from miterest, dividends, payments received on securities loans, rents, royalbes and income from smiles sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 850s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage for 2008 (line 6, column (I) divided by line 11, column (II) 15 Public support percentage for 2008 Schedule A. Part II, line 14 15 Public support percentage for 2008 Chedule A. Part II, line 14 16 Public support percentage from 2008 Schedule A. Part II, line 14 17 10% -facts-and-circumstances test - 2009. If the organization of dinot check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualities as a publicly supported organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box on line 13, 16a, or 17a, and line 15 is 10% or lines the "facts and circumstances" test. The	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
action's benefit and other paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the corganization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtractive 5 ton line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest sources  9 Not income from interest obusiness activities, whether or not the business is regularly carried on 10 Other income 0o not include gain or loss from the sale of capital assests (Explain in Part IV)  11 Total support. Add lines 7 through 10		Gifts, grants, contributions and membership fees received (Do not			(5,253	(3) 2222	(0) 2000	<u></u>			
furnished by a governmental unit to the organization without charge 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 Public support. Subtractives 5 from line 4 Section B. Total Support  Calendar year (or liscal) year beginning in   (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalhes and income from unrelated business activities, whether or not the business as regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 22 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First frive years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2008. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization of din ot check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test. Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test. 2008. If the organization of din ot check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the	2	ization's benefit and either paid to									
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 Public support. Submettime 5 from line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning m) (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 from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10 10 11 11 11 11 11 11 11 11 11 11 11	3	furnished by a governmental unit to									
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2008 Schedule A, Part II, line 14  16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2008. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	13	First five years. If the Form 990 is fo	r the organization'	s first, second, thii	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2008 Schedule A, Part II, line 14  16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	<u>C</u>							<u> </u>			
Public support percentage from 2008 Schedule A, Part II, line 14  16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop-here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		<del></del>					<del></del>				
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or				-	column (f))			%			
stop-here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or			•	·				<u>%</u>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	16a					14 is 33 1/3% or m	ore, check this box	and			
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or				•							
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	D					line 15 is 33 1/3%	or more, check this	s box			
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	4-							▶□			
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	1/a										
b 10% -facts-and-circumstances test - 2008.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						•	t IV how the organi	zation			
			•	•		9	<b>-</b>	▶ ـ			
more, and if the organization meets the macts-and-circumstances test, check this box and stop here. Explain in Part IV how the	b							0% or			
proprietion mosts the "facts and everymetropes" to the The second of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control								,			
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	40					• • •		<b>P</b>   _			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedule A (Form 990 or 990-EZ) 2009	-10	Theate roundation. If the organization	и он ног спеск а	DOX OF HITE 13, 16	oa, 100, 17a, 0r 17t						

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions merchandise sold or services performed, or facilities furnished in any activity that is related to the organization s tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

MONTANA BIBLE COLLEGE

Employer identification number 81-0444020

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	Is or Accounts. Complete if the					
	organization answered "Yes" to Form 990 Part IV line	6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds					
	are the organization's property, subject to the organization's	•	Yes No					
6	Did the organization inform all grantees, donors, and donor ac	· ·	e used only					
	for charitable purposes and not for the benefit of the donor or	·	•					
	impermissible private benefit?		Yes No					
Pai		anization answered "Yes" to Form 990,						
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or pl		istorically important land area					
	Protection of natural habitat		rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last					
	day of the tax year							
	,		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С								
d	**************************************							
3	(-)							
	year <b>&gt;</b>							
4	Number of states where property subject to conservation eas	sement is located >						
5	Does the organization have a written policy regarding the peri		·					
	violations, and enforcement of the conservation easements it	holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶					
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	ig the year ▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for					
	conservation easements							
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and	balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these if	tems						
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,					
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servi	ce, provide the following amounts relating to					
	these items							
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financ						
	the following amounts required to be reported under SFAS 1	16 relating to these items						
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$					
b	Assets included in Form 990, Part X		<b>&gt;</b> \$					

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

by (i) unrelated organizations

(ii) related organizations

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

orthous Part VIV the intended uses of the organization's endowment funds

	Yes	No
3a(ı)		X
3a(ii)		X
3b		

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10										
Description of investment	(a) Cost or other	(b) Cost or otherbasis (other)	(c) Accumulated	(d) Book value						
1a Land		405,969.		405,969.						
b Buildings		1,323,425.	194,270.	1,129,155.						
c Leasehold improvements		184,899.	79,538.	105,361.						
d Equipment		58,778.	50,677.	8,101.						
e Other										
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colui	mn (B), line 10(c) )	<b>&gt;</b>	1,648,586.						

Schedule D (Form 990) 2009

(a) Description of security or category	(b) Book value		d of valuation
(including name of security)	(3) 23011 12.133	Cost or end-of	-year market value
Financial derivatives			
Closely held equity interests			
Other			
S-CORPORATION STOCK	91,283.	END-OF-YEAR MA	RKET VALUE
LONG-TERM CERTIFICATES OF			
DEPOSIT	540,512.	COST	
			<del></del>
	<u> </u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )	631,795.		
Part VIII Investments - Program Related. S		· <del></del>	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
<del></del>			·
		· · · · · · · · · · · · · · · · · · ·	<del> </del>
	<del> </del>		
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	[		<del>• • • • • • • • • • • • • • • • • • • </del>
	<del> </del>		
T. I. (0.14)	<u> </u>	·	
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ► Part IX Other Assets. See Form 990, Part X, line	15		
			T (h) Daak value
	Description		(b) Book value
LIBRARY HOLDINGS			130,934.
· · · · · · · · · · · · · · · · · · ·			
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<b>▶</b> 130,934.
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability		(b) Amount	* • • • • • • • • • • • • • • • • • • •
Federal income taxes			
			( ´
			من باس
			٠ . د د د د
			ي المراجعة
			• •
			سد -
			,
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25)		€ 2 ^{2q} e ×
	·-· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

INCOME TAXES ON ANY NET UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF

81-0444020 Page 5 MONTANA BIBLE COLLEGE Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued) SECTION 511 OF THE INTERNAL REVENUE CODE. THE COLLEGE'S DETERMINATION OF TAX EXEMPT STATUS IS ALSO CONSIDERED TO BE A TAX POSITION. AS A MATTER OF LAW, THE COLLEGE IS SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AS REQUIRED UNDER FASB INTERPRETATION NO. 48, ACCOUNTING FOR AUTHORITIES. UNCERTAINTY IN INCOME TAXES (FASB ASC 740, INCOME TAXES), THE COLLEGE'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITH THE INTERNAL REVENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS AND OTHER EVIDENCE. ALTHOUGH MANAGEMENT BELIEVES THAT AMOUNTS REFLECTED IN THE COLLEGE'S TAX RETURNS COMPLY WITH THE APPLICABLE FEDERAL AND STATE TAX REGULATIONS, BOTH THE IRS AND THE VARIOUS STATE TAXING AUTHORITIES CAN TAKE POSITIONS CONTRARY TO OUR POSITION BASED ON THEIR INTERPRETATION OF THE LAW. IT IS THE OPINION OF MANAGEMENT THAT THE COLLEGE HAS NO UNCERTAIN TAX POSITIONS.

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

2009

Open to Public Inspection

MONTANA BIBLE COLLEGE

Employer identification number 81-0444020

			YES	NC
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			
	If you need more space, use Schedule O (Form 990)	3	Х	
	MBC'S NONDISCRIMINATORY POLICY IS INCLUDED IN THE CATALOG,			ĺ
	APPLICATION PACKET RECEIVED BY POTENTIAL STUDENTS,			
	SCHOLARSHIP APPLICATIONS AND THE WEBSITE.			
ļ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	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	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
b c d	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	-	X X X X X
	Athletic programs?	5g		X
g		5h		Х
_	Other extracurricular activities?	311		1
_	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	311		٠,
6a	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?	6a	- ~-	X
6a	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?		- ~-	X
h 6a b	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b; explain on Schedule O (Form 990)	6a		X
6a	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a	X	X

SCHEDULE			•					7L00-5451 OMB NO
(Form 990)			Governments	other Assistances, and Individuals	Governments, and Individuals in the United States	se;		2009
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization	n answered "Yes" on Fo ➤ Attach to Form 990.	' on Form 990, Par m 990.	rganization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.		Open to Publication
Name of the organization	MONTANA	BIBLE COLLEGE	EGE				E	Employer identification number 81-0444020
Part   General Ir	General Information on Grants and Assistance	ind Assistance			:			
1 Does the organi.	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	stance?	3		0			X Yes No
Part II Grants an	Describe in Part by the organization's procedures for monitoring the use or grant funds in the United States. Complete if the organization answered "Yes" to Form 990 Part by line 2 for any	Governments and	Oring the Use of grant	Tunds in the United Plates. C	d States complete if the ords	Y ation answered "Y	es' to Form 990 Part IV	line 2 for any
ם	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I 1 (Form 990) if additional space s needed	\$5,000 Check this	box if no one recipien	it received more th	ian \$5,000 Use Pa	irt IV and Schedule I 1	(Form 990) if additional	space s needed
1 (a) Name and ac	1 (a) Name and address of organization or government	(p)	(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
				-				
ı								
	Enter total number of section 501(c)(3) and government organizations	nd government orç	janizations					
~	Enter total number of other organizations	S						<b>A</b>
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions i	for Form 990.				Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 81-0444020 (e) Method of valuation (book, FMV, appraisal, other) 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 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information IF CONTRACT STIPULATIONS OR APPLICATION TUITION SCHOLARSHIPS ARE AWARDED TO STUDENTS BASED ON APPLICATION CRITERIA, FINANCIAL NEED AND ACADEMIC PERFORMANCE FUNDS ARE APPLIED DIRECTLY TOWARD STUDENT TUITION EACH SEMESTER UPON BE REVOKED (d) Amount of non-cash assistance o. ON SCHOLARSHIP FUNDS AVAILABLE. THE SCHOLARSHIP MAY 89,922. 28 (c) Amount of cash grant 59 (b) Number of recipients MONTANA BIBLE COLLEGE CRITERIA ARE NO LONGER FULFILLED, SCHOLARSHIP CONTRACT. SCHOLARSHIPS FOR STUDENTS ATTENDING THE COLLEGE SCHOLARSHIP AWARDS ARE BASED LINE 2: (a) Type of grant or assistance H I, PART Schedule I (Form 990) 2009 SIGNING OF SCHEDULE 932102 02-02-10 Part IV Part III

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	NTANA E	RIBLE (	OLLEG	F.		-			Employer 81-04			number	
Part I   Excess Benefit					n 501(c)(4)	organizatio	ns only)		01 04	4402			
<i>i</i>						_		7 Parl	V line 40	)h			
1				990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b						(c) Cor	rected?		
(a) Name of dis	squalified per	son		(b) Description of transaction							Yes	No	
			-								1		
									•				
										-			
											<u> </u>		
2 Enter the amount of tax imp	osed on the	organızatıon	managers	or disqualifi	ed person	s during the	year un	der					
section 4958									▶ \$				
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	ation				▶ \$				
Part II Loans to and/o	w Evam In	torostad	Doroomo		·		•		-		<del></del>		
, w													
Complete if the orga	1									oroved	1 (> >4	· · · · · · · · · · · · · · · · · · ·	
(a) Name of interested person and purpose (b) Loan to or the organization					(d) Bala	ance due	(e) defa		by bo	ard or nittee?	(g) Written agreement?		
	То	From			l		Yes	No	Yes	No	Yes	No	
											<u> </u>		
		<u> </u>											
			ļ.,,		ļ						<u> </u>		
<del></del>		1			<u> </u>				<del>                                     </del>		ļ	<u> </u>	
Total Part III   Grants or Assis	stance De	nofiting l	-tt	Devee=			,	•					
· · ·		_					,	•					
Complete if the orga		wered "Yes'								<del></del>		_	
(a) Name of interested	person	ŀ	(b) Helatio	tionship between interested person and the organization (c) Amount a assista						iount an assistar			
		<del></del>	-					+					
								1					
	•							$\top$					
								+					
Part IV Business Trans	sactions Ir	nvolving l	ntereste	d Person	ıs.								
—Complete if the orga	anızatıon-ans	wered-"Yes'	'-on-Form 9	90-Part-IV-	line 28a, 2	8b, or 28c							
(a) Name of interested		(b) l	Relationship	between in	nterested	(c) Amo		(d	l) Descrip		organi	aring of zation's	
			porocii aila	organiz		1 111150			aunsact			nues?	
KEN FENNO		KEN	ו דפ ז	BOARD	MEME			┢	FCIER	ΛĒ	Yes	No X	
VEH LEMMO		KEL	· TO W	DOAKD	richi	1	U	·Vr	T C T T K	. Or		_^	

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public

Name of the organization

MONTANA BIBLE COLLEGE

Employer identification number

81-0444020

Par	rt I   Types of Property								
		(a)	(b)	(c			(d)		
		Check if	Number of contributions	Revenues r		Metho	d of determin	ıng	
		applicable	CORREDUCIONS	Form 990, Pa	irt viii, iine 1g		revenues		
1	Art - Works of art								
2	Art - Historical treasures					·			
3	Art - Fractional interests								
4	Books and publications	X		7	1,127.	CURRENT	MARKET	VA	LUE
5	Clothing and household goods					·			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded							•	
10	Securities - Closely held stock						· · · · · ·		
11	Securities - Partnership, LLC, or				····		-		
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution Other								
15	Real estate - Residential		-						
16									
17	Real estate · Other								
18									
19									
20									
21	Taxidermy		. 1	<del> </del>		,	<del></del>		
22	Historical artifacts			<del> </del>					
23	Scientific specimens				<del></del>				
24	Archeological artifacts								
25									
26	Other () Other ()								
27	Other (							_	
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation durini	the tay year for	contributions		<u> </u>			
23	for which the organization completed Form 82		-		29			1	
	or which the organization completed form oz.	00,1 art 10,1	Donee Acknowled	gment	23	<del></del> -		Yes	No
302	During the year, did the organization receive-b	v contributio	an any-proporty ro	norted in Part	L-linos 1 29 th	at it must-hald:	for	163	110
oou	at least three years from the date of the initial							4 . \$	
	the entire holding period?	CONTINUE	, and which is not	required to be	used for exer	ibt barboses it	or       30a	· - * `	$\vec{\mathbf{X}}$
h	If "Yes," describe the arrangement in Part II						30a	-	
31	Does the organization have a gift acceptance	nolicy that re	equires the review	of any non-sta	andard contrib	utions?	,		X
	Does the organization have a gift acceptance		•	•			31		<u></u>
JZd	· ·	or related of	ganizations to 50	iicit, process, o	ii seli rioncash				Х
L	contributions?						32a		
	If "Yes," describe in Part II	alumn (a) f-	ratuma et	hidawiikak -	h			,	
33	If the organization did not report revenues in c	OIUHHI (C) 10	i a type of proper	ty for which co	iumm (a) is che	ckea,		ŀ	
LLIA	describe in Part II.  For Privacy Act and Paperwork Reduction	A na hina	nee the tester is		. 000	0.1		- 000:	
LHA	To Frivacy Act and Paperwork neguction	MULINOTICE	, see the instruc	uons ior rorm	1 33U.	Sche	edule M (Forn	ıı 99U)	2UU9

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MONTANA BIBLE COLLEGE

Employer identification number 81-0444020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WOMEN FOR A LIFETIME OF DYNAMIC CHRISTIAN LIVING AND SERVICE. FORM 990, PART VI, SECTION A, LINE 2: DON CHEEVER IS GALE HEIDE'S FATHER-IN-LAW. KEN FENNO IS THE CEO OF MANHATTAN STATE BANK, WHERE MBC INVESTS FUNDS. FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE MINUTES ARE MAINTAINED DOCUMENTING ANY MAJOR DECISIONS THAT AFFECT THE COLLEGE. THESE DECISIONS ARE THEN PRESENTED TO THE BOARD AND DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE SECRETARY/TREASURER OF THE BOARD AND THEN PRESENTED TO THE BOARD FOR APPROVAL PRIOR TO BEING FILED. FORM 990, PART VI. SECTION B, LINE 12: ANNUAL COMPENSATION REVIEWS ARE DONE AT THE LAST BOARD OF DIRECTORS' MEETING OF THE FISCAL YEAR. EXECUTIVE COMMITTEE HAS DIRECT DETERMINATION OF SALARIES WITH RESPECT TO THE ANNUAL BUDGET, BUT FINAL APPROVAL IS GIVEN BY THE ENTIRE BOARD. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE COLLEGE'S PRESIDENT AND KEY EMPLOYEES IS APPROVED BY THE BOARD BASED ON THE RECOMMENDATION FROM THE EXECUTIVE COMMITTEE. THIS COMMITTEE'S RECOMMENDATION IS BASED ON REVIEWING THE RESPONSIBILITIES OF THE POSITION, THE COLLEGE'S RESOURCES AND IF NEEDED, CONSULTING ABHE DATA TO DETERMINE

WHAT SIMILAR POSITIONS ARE BEING PAID IN SIMILAR SIZE SCHOOLS.

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  MONTANA BIBLE COLLEGE	Employer identification number 81-0444020
FORM 990, PART VI, SECTION C, LINE 19: NEED FROM JEN	
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST	ED PERSONS:
(A) NAME OF PERSON: KEN FENNO	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	ION:
KEN IS A BOARD MEMBER OF THE COLLEGE AND AN OFFICER OF M	ANHATTAN STATE BANK
(D) DESCRIPTION OF TRANSACTION: OFFCIER OF MANHATTAN STA	TE BANK WERE
CD'S ARE INVESTED	
	<del></del>