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Form **990**

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)

2009

2003

Department of the Treasury Internal Revenue Service

SCANNET DE 0 4 2012

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

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- Inter		inue Service			<u></u>	a copy of this return to	Judaty State repor	ang requirem	<u> </u>	344			1 20th - 1
	For th	e 2009 calend	lar year,	or tax year begin	ning $11/01$,2	2009, and endir	10/3			, 2010		
В	Check if	applicable	DI	c					D Employ	yer Ideni	lification Nun	ıber	
	Add	dress change	Please use IRS label	BIBLE MENN	ONITE FEI	LOWSHIP			93-	0567	341		
	Nai	me change	or print or type.	ROCK OF AG					E Teleph	one num	ber		
	\vdash	ial return	See specific	15660 SW R					503	-472	-6212		
	\vdash	mination	Instruc-	MCMINNVILL	E, OR 971	.28		Ì			<u> </u>		
	 		tions.						C			0 E 4 -	773
	\vdash	ended return		<u> </u>		•		14402 to thus o	G Gross			054,7	
	App	plication pending		and address of principa	I officer			H(a) is this a	_		mates '	Yes	X No
				As C Above					attach a list		structions)	Yes	No
1	Tax-	exempt statu			(insert no_)_	4947(a)(1) c	or 527				•		
J	Web	site: ► ro	ckofag	<u>jesvalleyvi</u>	ew.com			H(c) Group e	xemption n	umber 🖣	<u> </u>		
K		of organization.	X Corpora	ation Trust	Association	Other ►	L Year of Forma	tion 1968	3 M:	State of	legal domicile	OR	
Pa	it i 🏂	Summa	iry										
	1 1	Briefly describ	e the org	ganization's missi	on or most sig	gnificant activities:	Low cost	retire	ement	hous	ing an	d ca	re
•													
Activities & Governance]												
Ĕ													-
Š	2 (Check this bo	x ►	if the organizatio	n discontinue	ts operations or	disposed of mo	ore than 25	5% of its	assets	5		
G				bers of the gover			·			3			6
ق ھ	4 1	Number of inc	dependen	it voting members	s of the govern	ning body (Part VI,	, line 1b)			4			6
₽	5	Total number	of emplo	yees (Part V, line	e 2a)					5			60
흏	6	Total number	of volunt	eers (estimate if	necessary)					6			20
ď	7a -	Total gross ur	related t	ousiness revenue	from Part VIII	, column (C), line	12			7a			0.
	l d	Net unrelated	business	taxable income	from Form 99	0-T, line 34				7b			0.
	-							Pr	rior Year		Curre	ent Yea	ır
_	8 (Contributions	and gran	its (Part VIII, line	1h)				87,2			153,8	
Ę				ue (Part VIII, line				1	,803,4			855,0	
Revenue	1	-		art VIII, column (A		and 7d)				25.			389.
æ	ı		•	•		9c, 10c, and 11e)			10,3				525.
			-			Part VIII, column (A	A) line 12)	1	, 903, 1		2	052,	
				ounts paid (Part I			,,e . <u></u>	-	71,3			302,	
	ı			members (Part I)					· · · · · ·	,			
	l					rt IX, column (A), I	E 10\	1	,063,1	20	1	164 (027
69	1		•		-		ines 5-10)		,003,1	.50.	1,.	154,9	<u> </u>
ens	1			ig fees (Part IX, c				200 YA . 15 X 20		हरस्क्षकुर पर	7 - JVX;		- MARCH
Expenses				nses (Part IX, col				. 934	(4,0,0)	300	<u> </u>		域、:
	17 (Other expense	es (Part I	X, column (A), lir	nes 11a-11d, 1	1f-24f)			648,4			655,5	
	18	Total expense	s Add lir	nes 13-17 (must o	equal Part IX,	column (A), line 2	5)	1	,782,8		1,	810,4	189.
	19 F	Revenue less	expense	s Subtract line 1	8 from line 12		<u> </u>		120,2	222.		242,2	<u> 283.</u>
8								Begin	ning of Y	ear	End	of Year	r
	20	Total assets (Part X, III	ne 16)				3	, 948, 2	289.	4,:	110,8	323.
Net Assets or Fund Balances	21	Total liabilities	(Part X,	, line 26)					373,0	04.		293,2	
ž	22 1	Net assets or	fund bala	ances Subtract In	ne 21 from lin	e 20		3	,575,2	285.	3.1	817,5	569
Pa	mill)							l <u>-</u>	, , -				,,,,
			-//		ramined this return	including accompanying	schedules and star	tements and t	to the best o	of my kno	wledge and h	oliof it ii	
		true, correct, ar	a complete	Declaration of prepare	er (other than office	, including accompanying er) is based on all inform	ation of which prepa	arer has any k	nowledge		/	ener, it is	,
Sig	าก	▶	HAL	IN MIC					1012	29/	12		
He	re	Signature o	hofficer	- 1/	0	0 11	/	Dat	e / -				
		▶ Ø	1124	1) NICE	100	ird Ulem	60R						
		Type or prii	nt name and	d title	<u> </u>	•					·		
		 					Date	Tal	ack of	Pr	eparer's ident	ifying nur	mber
Pai	id		PAR	thleen L. K	Burned	,		sel		X	ee instructions	3)	
Pre		Preparer's signature					10/15/1		ployed		/3		
	rer's			HLEEN L. BE		744	10/15/1		_	_ N	/A		
Us		Firm's name (or yours if self-		hleen Berna									
On	_	employed), address, and		NW Hill Ro		X 1038		EIN	<u>v ► V</u>	/A			
	-	ZIP + 4	McM:	innville, O	R 97128			Ph	опе по	(50:	3) 472-	2179	
Max	the 16	25 discuss the	e return s	with the preparer	shown above	2 (see instructions	١				Y Voc		No

TEEA0113L 12/29/09

Form 990		93-0567341	Page 2
Part III	Statement of Program Service Accomplishments		
	efly describe the organization's mission		
Γō	w_cost_retirement_housing_and_care		
2 Did	the organization undertake any significant program services during the year which were not listed on	the prior	
	m 990 or 990-EZ?	Yes X	No
	'es,' describe these new services on Schedule O.		,
	the organization cease conducting, or make significant changes in how it conducts, any program services	vices? Yes X	No
If 'Y	'es,' describe these changes on Schedule O		•
4 Des	cribe the exempt purpose achievements for each of the organization's three largest program services	by expenses Section 501(c)(3)
exp	501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and enses, and revenue, if any, for each program service reported	a anocations to others, the ti	otai
An (Co	do 1 (Fynances & 1 624 769 yearlydga grants of \$	Davianus &	
	de $(1,624,769)$ (Expenses $(1,624,769)$ including grants of $(1,624,769)$ (ck of Ages functions as a low cost alternative to residents who		,
	ford more expensive care facilities. There are approximately 2		
Ca.	re Center, 55 residents in independent living cottages and 14 i	n-home care client	 -s
	Yamhill and Polk counties. The quality of care is immeasurabl		
		-	
			-
		 	
4b (Co	de: (Expenses \$ including grants of \$) (Revenue \$)
		~	
- -			_
		- 	
			-
			- -
			
4.0 (Co.	de. (Expenses \$ including grants of \$) (Davis &	
46 (00	de (Expenses \$ including grants of \$) (Revenue \$)
			- -
	er program services (Describe in Schedule O.)		
	penses \$ including grants of \$) (Revenue \$		
40 100	al program service expenses ► 1,624,769.		

Form 990 (2009) BIBLE MENNONITE FELLOWSHIP
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	₹ *		5 }
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	* **		1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	- \$ (\$. 2
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12 <i>A</i>	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No	· 1	:	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	> 3	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) BIBLE MENNONITE FELLOWSHIP

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<i>,</i> , , , , , , , , , , , , , , , , , , ,		
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	,	х
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		Х
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	
BAA		Form	990	(2009)

Form 990 (2009) BIBLE MENNONITE FELLOWSHIP 93-0567	341	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			-
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		~
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		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	60		S. 39.4.5
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2	1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b 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. ▶			70,4
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	3		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
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		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	not 6 b		
7 Organizations that may receive deductible contributions under section 170(c).	15	î	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7a	<u>-3</u>	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	· —		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d		8,7	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	33.7
9 Sponsoring organizations maintaining donor advised funds.		77:33	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:	1	4.	
a Initiation fees and capital contributions included on Part VIII, line 12		r.`	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			-
11 Section 501(c)(12) organizations. Enter	TO SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	5 .	,
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	K . ·		

BAA

Form 990 (2009)

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. G	overning Bo	dy and Ma	nagement	-								
												Yes	No
1 a	Enter the nu	umber of voting	members of	the governing b	body			<u>1a</u>		6	ż		
t	b Enter the nu	umber of voting	members tha	t are independ	lent			1b	<u> </u>	6	, '		
2	Did any office officer, direct	cer, director, tru ctor, trustee or l	stee, or key o	mployee have	a fam	nily relations	hip or a business	relation	nship with any	other .	<u>^</u>		X
3	Did the orga	anization delega	te control ove	r management	t dutie	es customari	ly performed by o npany or other pe	r under	the direct sup	pervision	3		х
4		anization make a									4		X
	_	or Form 990 wa		J	J				-				
5	Did the orga	anization becom	e aware durir	g the year of a	a mate	eriał diversio	n of the organizat	tion's as	ssets?		5		x
6	Does the org	ganization have	members or	stockholders?			· ·				6		X
7 <i>a</i>	Does the org		members, st	ockholders, or	other	persons wh	o may elect one o	r more	members of t	he	7a		х
t		•	verning body	subject to app	roval l	by members	, stockholders, or	other p	ersons?		7b		Х
8	Did the orga		nporaneously	document the	meetii	ngs held or	written actions un	dertake	en during the y	ear by	Y	V) 4	Ŷ
9	The governu	•									8a	X	
	•	ittee with autho	rity to act on	hehalf of the o	overni	na hody?	•				8b	X	
	Is there any	officer director	or trustee, o	r kev emplover	e liste	d in Part VII	, Section A, who es in Schedule O	cannot	be reached at	the	9	•	v
Sec	tion B. P						out policies no	t regu	ired by the	Internal	_		<u> </u>
	enue Code.)	Olicles (111	is section	D requests r	iiiiOii	nation ab	out policies no	t requ	neu by the	micmai			
	since oode.y											Yes	No
10 a	Does the ord	ganization have	local chapter	s. branches. or	r affilia	ates?					10 a	***	X
	If 'Yes.' doe:	•	on have writti	en policies and	broce	edures aove	rning the activities	s of suc	h chapters, at	ffiliates,	10b		
11			•				its governing bod	Iv befor	e filing the for	m?	11	х	
	_	•					eview this Form 9	-	=		48.5		× 788
		ganization have	-	-	_				oo bomou		12a	X	
	•	•					e annually interes	ts that	could give rise	a			
	to conflicts?	,	0.000, 0	, c.mp.o,coc.					g		12 b	_X	<u> </u>
C	Does the org Schedule O	ganızatıon regul how this is don	arly and cons	istently monito Schedule	or and	enforce cor	npliance with the	policy?	If 'Yes,' desci	ribe in	12c	х	
13	Does the org	ganization have	a written whi	stleblower poli	cy?					·	13	_X	
14	Does the org	ganızatıon have	a written doo	ument retentio	n and	destruction	policy? .				14	X	
15	Did the proceed persons, cor	ess for determing	ning compens , and contem	ation of the fo	llowing	g persons ir ation of the	iclude a review ar deliberation and o	nd appro	oval by indepe	endent		&	ر د د د د د د د د د د د د د د د د د د د
a	The organiza	ation's CEO, Ex	ecutive Direc	or, or top man	nagem	ent official	See Schedul	Le O			15 a	X	
		rs of key employ									15 b		X
	If 'Yes' to lin	ne 15a or 15b, c	escribe the p	rocess in Sche	edule () (See inst	ructions)						1,3%
16 a	Did the orga		in, contribute	assets to, or p	particip	oate in a joii	nt venture or simil	ar arrar	ngement with	a taxable	16a		X
t	in joint ventu	the organizatio ure arrangement respect to such	ts under appl	icable federal f	r proce tax lav	edure requii w, and taker	ing the organizati steps to safegua	on to e	valuate its pai organization's	rticipation exempt	16b		<u>.</u>
Sec		isclosures											
17	List the state	es with which a	copy of this f	orm 990 is red	quired	to be filed	OR						
18	Section 6104 inspection	Indicate how you	ganization to make these Another's	available Che	ns 102 eck all X	that apply	applicable), 990,	and 99	00-T (501(c)(3))s only) av	aılabi	e for p	oublic
19		L					its governing doc	uments	, conflict of in	terest pol	icy, ar	ıd fına	incial
20	State the na	ame, physical ac	ldress, and te	lephone numb	er of t	the person v	vho possesses the	e books	and records	of the orga	anızatı		
٠	SHEILA S	SELBY 1560	0_SW_ROC	K_OF_AGES	_ROA	D WCWI	NNVILLE OR	97128	(503) 4	72-621	2		

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did n	T .	isate a	iny (опісег	, air	r		
(A)	(B)	_			c) 			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Larry Warfel										
Chairman	0							0.	0.	0.
Leonard Baker										
Board Member	0							0.	0.	0.
Stanley Warfel Board Member	0							0.	0.	0.
Gary NiceBoard Member	0							0.	0.	0.
Steve Smucker										
Secretary	0							0.	0.	0.
Quinton Nice										
Board Member	0							0.	0.	0.
Delvin Zook Executive Direc	0			X				63,160.	0.	0.
	-									

Part VII Section A. Officers, Directors, Trus	<u>tees, l</u>	∢ey	Em	plo	oye	es,	an	d Highest Con	npensated En	nployees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer	Key er	Mighest compensate employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		tee	ustee			ensated				
				·						
		 -								-
					_					
1 b Total							•	63,160.	(0. 0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in repo	ortable compensation
					. 1			-1		Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it. 4. For any individual listed on line 1a, is the sum of re-	ndıvıdua	a/	-		-			-	•	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to individual	han \$15	50,00	10'2 I	f 'Y	'es'	com	plet	e Schedule J for	such .	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	satioi <i>I for</i>	n fro suci	m a h pe	any erso	unre n	late	d organization fo	services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate										
compensation from the organization	ea inae	pend	ent	cor	ntrac	tors	tna	t received more t	man \$100,000 or	
(A) Name and business addres	s							Description (of Services	(C) Compensation
						-				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ted t	o th	nose	lıst	ed a	bove) who receiv	ed more than	

Page 9

Par	t VIII Statement of Revenue			_	···-							
			(A) Total rev		Rela ex fur	(B) ated or empt action renue	b	(C) Inrelated Jusiness Tevenue		Rev exclude	sectio	ns
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e											
ONTRIBUTION AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f: h Total. Add lines 1a-1f	153,852.	153	,852.								
3 1	n Total. Add lines Ta-IT		133,	, 652.								
≝	<u>L</u>	Business Code	 									
RVICE REVEN	2a Services b Lot Leases c		1,755, 99,	,850. ,156.		55,850. 99,156.						
PROGRAM SE	f All other program service revenue g Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·	1,855	.006.			**	* 7		.122		
	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt I	•		,590.		1,590.	<u> </u>					
	5 Royalties (i) Real	(ii) Personal		······································	32/				7			
	b Less: rental expenses c Rental income or (loss)			î)í	* **				;::	 	*
	d Net rental income or (loss).	<u> </u>			i							
	`	1								· · · · · · · · · · · · · · · · · · ·		
	7 a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other 3,800.		Ž	*4>	♦ .	•	Ş.	, * *	**	91 [6	
	b Less: cost or other basis and sales expenses c Gain or (loss)	2,001. 1,799.	* *	· >\$\frac{1}{2}\tag{1}	*	, i	类	***	*	£		- 1
	d Net gain or (loss)	•	1	,799.		1,799.				ĺ		
ENUE	8a Gross income from fundraising events (not including \$			į š"		***	,	¢.	, 174	***	ś	-
OTHER REVENU	See Part IV, line 18 a b Less direct expenses b		k ji	*	. \$/,		<u>\$</u> ,		,^	<i>/</i> -	-	· (B)
	c Net income or (loss) from fundraising ex 9a Gross income from gaming activities See Part IV, line 19		\$-	<u> </u>	- Ax	\{	+-,	? }	Ŷ.		*	
	b Less: direct expenses b		í			<u>`</u>		. ~. ~	Þ			
	c Net income or (loss) from gaming activi	ties 🟲			ļ							
	10 a Gross sales of inventory, less returns and allowances a		.		,	* #						
ļ	b Less cost of goods sold b	'L			 							
	c Net income or (loss) from sales of inver	ntory <u></u>			ļ					<u> </u>		
	Miscellaneous Revenue	Business Code]]
	11a Prepaid Care b Landscaping Fees c Finance Charges		40	,000. 525.	-	40,000. 525.						
	d All other revenue		 		 -							
	<u> </u>		10	,525.	 					 		
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	•			1,8	98,920.			0.			<u></u> ご 0.

Part IX | Statement of Functional Expenses

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

All other organizations must com	plete column (A) but ar	e not required to compl	ete columns (B), (C), a	ıd (D).

_OD,	not include amounts reported on lines 7b, 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			<i>?</i> .,	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			· <:	
4	Benefits paid to or for members			**,	
5	Compensation of current officers, directors, trustees, and key employees	62,326.	31,163.	31,163.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	925,711.	832,932.	92,779.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	87,893.	68,349.	19,544.	
10	Payroll taxes	78,997.	69,661.	9,336.	
11	Fees for services (non-employees)				
ā	Management				
	Legal				
•	: Accounting.				
(1 Lobbying				
	Prof fundraising svcs See Part IV, In 17 Investment management fees				
	other				
-	Advertising and promotion				
					l
13	Office expenses				
14	Information technology	·· 	_		
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,643.	1,822.	6,821.	
20	Interest	495.	495.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141,082.	141,082.		
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	Food	167,116.	167,116.	<u></u>	
	Utilities	67,769.	67,769.		
	Supplies	39,668.	32,361.	7,307.	
	Insurance	34,780.	30,460.	4,320.	
	Equipment Expenses	33,296.	30,125.	3,171.	
	All other expenses	162,713.	151,434.	11,279.	
	Total functional expenses. Add lines 1 through 24f	1,810,489.	1,624,769.	185,720.	0
25		1,010,403.	1,024,109.	103,120.	
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				Form 990 (200

		(A) Beginning of year		(B) End of year
	Cash – non-interest-bearing	16.	1	274.
:	2 Savings and temporary cash investments	255,473.	2	178,478.
;	Pledges and grants receivable, net .		3	
4	Accounts receivable, net .	41,739.	4	51,993.
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
(Receivables from other disqualified persons (as defined under section 4958(f)(1))			198
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S S S S S S S S S S S S S S S S S S	Notes and loans receivable, net		7	
E 8	Inventories for sale or use	13,900.	_8	<u>1</u> 3,900.
\$ 9	Prepaid expenses and deferred charges	34,709.	9	36,357.
10	Da Land, buildings, and equipment cost or other basis 10a 5,188,521	•		
	Complete Part VI of Schedule D			
1	b Less accumulated depreciation 10b 1,358,700	. 3,602,452.	10 c	3,829,821.
11	Investments – publicly-traded securities		11	
12	2 Investments – other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	3,948,289.	16	4,110,823.
17	· · · · · · · · · · · · · · · · · · ·	122,184.	17	73,474.
18	Grants payable .		18	
19	Deferred revenue	234,183.	19	201,745.
Ļ 20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
A 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
[22 1		3.6		
11	of Schedule L		22	
E 23	Secured mortgages and notes payable to unrelated third parties.		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	16,637.	25	18,035.
26	Total liabilities. Add lines 17 through 25	373,004.	26	293,254.
Й	Organizations that follow SFAS 117, check here ► X and complete lines			(s
Ř E	27 through 29 and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·	3	
§ 27	Unrestricted net assets	3,575,285.	27	3,817,569.
S 28	Temporarily restricted net assets .		28	
	Permanently restricted net assets		29	
R	Organizations that do not follow SFAS 117, check here and complete		1	
E	lines 30 through 34.			
F 0 30			30	
- 1			31	
ਨੂੰ 32			32	
BALANCES 3		3,575,285.	33	3,817,569.
§ 34		3,948,289.	34	4,110,823.
BAA				Form 990 (2009)

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Pa	でXIは 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.			a fr
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	b Were the organization's financial statements audited by an independent accountant?.	2b		_ X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			7.1
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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.	3ь		
BA	1	Form	990 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

Total

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

2009

OMB No 1545-0047



ame	or the	organization		E MENNONIT								56734	aon number 1		
D'AY	19: 93	Passan					must o	romple	to this	nart \	<u> </u>				
	Reason for Public Charity Status (All organizations must complete this part.) See instructions														
	ne organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).														
1	Н							Section	1 170(1)	(TXAXI)	•				
2	Н					A)(ii). (Attach Schedule		1704							
3	Ц	•	•	•		e organization described		•							
4	Ш				erate	d in conjunction with a h	nospital (describe	d in sec	tion 17	Ф(Б)(П)(А	A)(iii) Er	nter the ho	spital'	S
_		name, city,			-75										·
5		170(b)(1)(A)(iv). (0	Complete Part II.)	of a college or university	-				nmenta	i unit de	scribed in	sectio	n
6	Ц					governmental unit descri					. ,				
7	X	in section	170(b)(1	(A)(vi). (Compl	ete Pa				vernme	ntal uni	t or tron	i the gei	nerai publi	c desc	ribed
8	닏		-			170(b)(1)(A)(vi). (Comple									
9		from activition	es relate income	d to its exempt fu and unrelated b	inction	more than 33-1/3 % of its is – subject to certain exc iss taxable income (less omplete Part III)	eptions, a	and (2) r	io more t	lhan 33-	1/3 % of	its suppo	ort from arc	SS	after
10	\Box					exclusively to test for pi	ublic safe	etv See	section	1 509(a)	(4).				
11		An organiza	ation org	ganized and ope orted organizat	rated	exclusively for the bene lescribed in section 5090	fit of, to (a)(1) or	perform section	the fun 509(a)(2	ctions o	of, or ca	rry out tl 509(a)(3	he purpose	es of o	ne or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I														
		aType			•	c ∐ Type II ganization is not control		-	-		or more	Leunah			
е	Ш	than founda 509(a)(2)	ation ma	anagers and other	er tha	n one or more publicly s	supported	d organi	zations	describ	ed in se	ction 509	9(a)(1) or s	section	161
f		If the organ	nization box	received a writte	en det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting	organizatio	n,	
g		Since Augu	ıst 17, 2	006, has the org	janiza	tion accepted any gift of	or contrib	ution fro	om any	of the fo	ollowing	persons	57		
														Yes	No
		(i) a pers	son who , the go	directly or indirectly or indirectly or	ectly o	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
		(ii) a fam	ııly mem	ber of a persor	n desc	ribed in (i) above?							11 g (ii)	<u> </u>	
		(iii) a 35%	6 contro	lled entity of a p	erson	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the	followi	ng information a	bout t	he supported organizati	ons								-
	(i) Name of Supported Organization Organization Organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) Isted in your governing document? (v) Did you notify the organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) Type of organization in col (iv) Is the organization in col (iv) Is t							port							
							Yes	No	Yes	No	Yes	No			
			·				+			<u> </u>					
															-
						Commence Annual Commence and Co		* * * * * * * * * * * * * * * * * * *	1	Table 1 to 1 Table 1 to 1	I was a second	I was to be a second of			

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

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009

Par	t II Support Schedule for	_			b)(1)(A)(iv) and	d 170(b)(1)	(A)(v	i)
Soc	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	11)				
					<u> </u>			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	129,785.	276,394.	150,621.	87,234.	153,85	52.	797,886.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			_				0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-through 3	129,785.	276,394.	150,621.	87,234.	153,85	2.	<u>797,886.</u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		· **					0.
6	Public support. Subtract line 5 from line 4			b. Option				797,886.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	129,785.	276,394.	150,621.	87,234.	153,85	2.	797,886.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	10,253.	3,709.	1,201.	2,125.	3,38	39.	20,677.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							0.
11	Total support. Add lines 7 through 10					ķ.		818,563.
12	Gross receipts from related activ	vities, etc (see ins	structions)		•		12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 50)1(c)(3)) ► []
	tion C. Computation of Pu							07.54
14 15	Public support percentage for 20 Public support percentage from	•	• •	ie II, column (f)		_	14 15	97.5 % 94.9 %
				v on line 12 on	d the line 14 is 22	_		
	33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a put	olicly supported or	rganization.				► <u> X </u>
k	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box plicly supported or	on line 13, or 16a rganization.	a, and line 15 is 33	3-1/3% or mo	re, che	eck this box ☐
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in	Part IN	√ how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in	Part IN	
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	is box and s	ee inst	ructions -

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Schedule A (Form 990 or 990-EZ) 2009 BIBLE MENNONITE FELLOWSHIP

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

	(Complete only if you che	cked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr 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 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
_	Public support (Subtract line	46 X 1 X 2 X 1 X 1		G (2 9 8 2 7 3 1 2 1 3 1 2 1	188 Lat (2)		
	7c from line 6.)	# 5 V 10 3 PM		Programme and the second	X 1X (1)		
Sec	tion B. Total Support						,
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		_				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12)	Mary de C	**************************************	A delay of the same of the same before a same of the	a de la composição de l		
	First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu			12!····· (6)	<u> </u>	15	0/
	Public support percentage for 20			ne is, column (f)	,	15	<u> </u>
	Public support percentage from			<u> </u>		16	%_
	tion D. Computation of Inv				imp (ft)	17	0/
	Investment income percentage f				2010 (1 <i>)).</i>	18	<u>%</u> %
	13-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	3%, and line 17 is not	
b	33-1/3 support tests — 2008. If t is not more than 33-1/3%, check	-	_				and line 18
	Private foundation. If the organi						►H

Schedule A	\ (Form 99	0 or 990	-EZ) 200°	9 BIBI	LE MENN	MITE	FETTO	WSHIP			93-056	7341	Page 4
Part IV	Suppler Part II,	mental line 17	Inform a or 17	ation. C b; and F	omplete Part III, I	this pa ine 12.	rt to pro Provide	ovide th any ot	e explana her addıtı	ations reconstant	quired by rmation. S	Part II, lii See instru	ne 10; uctions.
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions

2009

OMB No 1545-0047

 ∴Open to Public
 ∴
 inspection Employer Identification number

DIDLE MENNONITE CELLOWOUTD

	CK OF AGES MENNONITE HOME		93-0567341
Par		Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	The contract of the process of the contract of
		(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 dor funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor advisor or for fight??	r any other Yes No
	t II Conservation Easements Comple		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	· · · ·	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
	lust day of the lax year		Held at the End of the Year
2	Total number of conservation easements .		2a
	Total acreage restricted by conservation ease	ments	2 b
	: Number of conservation easements on a certi		2c
	Number of conservation easements included in	• •	2 d
3	Number of conservation easements modified,		
•	year ►		
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitori during the year		
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conservation easeme	nts \$
8	Does each conservation easement reported o 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	n line 2(d) above satisfy the requirements of so	ection . Tes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
18	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	ilic exhibition, education, or research in further	nent and balance sheet works of art, historical rance of public service, provide, in Part XIV,
ł	amounts relating to these items	olic exhibition, education, or research in further	t and balance sheet works of art, historical cance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1	► \$
	(ii) Assets included in Form 990, Part X	•	▶\$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following
í	a Revenues included in Form 990, Part VIII, line	e 1	* \$
ı	Assets included in Form 990, Part X		* \$

Gradian Company		******				
3 Using the organization's acquisition items (check all that apply)	accession and oth	er records, ched	ck any of the following	that are a significant us	e of its collect	tion
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generat	ions					
4 Provide a description of the organiz Part XIV.	zation's collections	and explain hov	v they further the orgar	nization's exempt purpos	se in	
5 During the year, did the organization assets to be sold to raise funds rat	on solicit or receive her than to be mair	donations of art	t, historical treasures, of of the organization's co	or other similar llection?	Yes	No
PantiV Escrow and Custodial	Arrangements (Complete if o	rganization answei	red 'Yes' to Form 9	90, Part IV,	, line
9, or reported an amour	nt on Form 990,	Part X, line	21.			
1a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, or oth	ner intermediary	for contributions or oth	ner assets not	Yes	No
b if 'Yes,' explain the arrangement in	Part XIV and com	plete the followi	ng table:			
					Amount	
c Beginning balance				1c		
d Additions during the year	•			1 d	<u> </u>	
e Distributions during the year			•	1 e		
f Ending balance	•	-	••	1f		
2a Did the organization include an am	ount on Form 990,	Part X, line 21?	•	'	∐ Yes	No
b If 'Yes,' explain the arrangement in						
Part V Endowment Funds Com	plete if organiza	ation answere	ed 'Yes' to Form 99	•		
	(a) Current year	(b) Prior year		k (d) Three years back	(e) Four yea	irs back
1 a Beginning of year balance						2.18.2
b Contributions			1 1/2 1/2			20 1997
c Net Investment earnings, gains, and losses			the week of the			3.4
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the year end bala	ance held as				
a Board designated or quasi-endown	nent ►	%				
b Permanent endowment ▶	 8					
c Term endowment ►						
3a Are there endowment funds not in organization by.	the possession of t	he organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(i)	T
(ii) related organizations					3a(ii)	1
b If 'Yes' to 3a(ii), are the related org	nanizations fisted as	s required on So	thedule R?		3b	
4 Describe in Part XIV the intended in		· ·				
Part VI Investments—Land, Bu				. line 10.		
Description of investment	(a) Cost	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book V	/alue
1a Land						
b Buildings			4,185,689.	553,854.	3.631	.,835.
c Leasehold improvements			352,642.	283,199.		9,443.
d Equipment			318,936.	234,098.		1,838.
e Other	<u> </u>		331,254.	287,549.		3,705.
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990. Part X o				9,821.
RAA	(-)				lule D (Form 9	

93-0567341

Page 3

for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 BIBLE MENNONITE FELLOWSHIP	93-056/341 Page 4
Part XIM Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements N/A
1 Total revenue (Form 990, Part VIII,column (A), line 12)	• •
2 Total expenses (Form 990, Part IX, column (A), line 25)	• •
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities.	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
PartXII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return N/A
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	* 4
a Net unrealized gains on investments . 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants . 2c	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	. Ze
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	· Vi
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
	. <u>4c</u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Exp	benses per Return N/A
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments . 2b	
c Other losses 2c	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	. 4c
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also coninformation	and 4, Part IV, lines 1b and 2b, Part V, implete this part to provide any additional
	·

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Schedule **D** (Form 990) 2009

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Part XIV Supplemental Information (continued)

Schedule **D** (Form 990) 2009 BIBLE MENNONITE FELLOWSHIP

93-0567341

Page 5

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

Employer identification number

93-0567341

Department of the Treasury Internal Revenue Service

Name of the organization T

BIBLE MENNONITE FELLOWSHIP

ROCK OF AGES MENNONITE HOME

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

Attach to Form 990.

Explanation of Amended Return The original return contained numerous calculation errors and reporting omissions that were indentified upon the engagement of a new CPA firm for financial reporting and tax preparation services related to the year ended October 31, 2011 (tax year -2010)...-In-order to-prepare the 2010 form 990 correctly, it was necessary to amendthe reports for 2008 and 2009. The impacts of the changes are detailed in the attached schedule. The following is a list of those changes. Adjust current depreciation for current activity (purchases, sales, & dispositions) Adjust-current-depreciation-to-reflect-prior year amendments --Eliminate depreciation on asset not in service Adjust_balance_sheet amounts to_reflect_asset_schedule_______ Correct immaterial calculation errors on expenses Adjust equity to reflect correct balance Correct service revenue amount Enter additional revenue item Recognize revenue amortized from deferred revenue accounts ---------------Correct amount of grants received Enter Schedule A data for current and prior years
Update list of board of directors in Part VII Answer various governance questions that were not originally reported. -Correct-Schedule B-errors on amounts and contributors --------Form 990, Part-VI, Line-11 - Form 990-Review Process-------------The board of directors reviews the 990-with the tax preparer and management prior to --___filing-_____ --- Form 990-Part-VI, Line-12c-Explanation of Monitoring and Enforcement of Conflicts --------___The board is required to disclose any conflict_should one occur_in_addition_to_____ __signing_an_annual_conflict_of_interest_statement______ _ _ _Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Matment _ _ _ _ _Board_conducts_review_and_authorizes_compensation_for_CEO.________ ___Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ By request to the business office.

Schedule O (Form	990) 2009	Page 2
Name of the organization	BIBLE MENNONITE FELLOWSHIP ROCK OF AGES MENNONITE HOME	Employer identification number
	ROCK OF AGES MENNONITE HOME	93-0567341
		·
		
		
		
-		

BIBLE MENNONITE FELLOWSHIP, INC.

2009 Amended Form 990 Changes

	Original	Amended	Difference
Total Assets	3,707,075	4,110,823	403,748
Total Liabilities	510,361	293,254	217,107
Net Assets	3,196,714	3,817,569	620,855
Revenue less Expenses	155,938	242,283	86,345

	<u>Assets</u>	<u>Liabilities</u>	<u>Equity</u>	Revenue less Expenses
Effects on Depreciation Schedule & Expenses Change in current depreciation	(93,493)		(93,493)	(93,493)
Effects on 990 page 11 & Schedule D page 2 Prior year adjustment to match depr. Schedule Adjust to match current asset activity	356,841 140,399			
Effects on 990 page 10				
change misc. expense			(2,471)	(2,471)
Effects on 990 page 1 & 11				
Prior year equity corrected from amending			534,509	
Effects on 990 page 9				
Correct basis on sold/disposed assets			(940)	(940)
Revise service revenue to match client records			121,440	121,440
Enter landscaping revenue			525	525
Effects on 990 page 9 (program revenue) & 11				
Adjustment to match lease schedule (same as prior year)		(177,669)		
Adjustment to revenue recognized		(39,438)	39,438	39,438
Effects on 990 page 9 (contribution revenue) & 10				
Adjustment to master donor list			21,846	21,846
Rounding	1		1	
- -	403,748	(217,107)	620,855	86,345

Other changes with no financial impact:

Added Delvin Zook's compensation and position on form 990 pg 7

Added Year of Formation, entity type, and state of legal domicile

Adding voting members and independent voting members number on form 990 pg 1

Adding employees and volunteer estimate number on form 990 pg 1

Input Schedule A data; change amount for 2006, and enter 2007, 2008, & 2009

Added various questions regarding compliance, governance, and management

Corrected schedule B errors of amounts and contributors



F:\EXCEL\Bible Mennonite Fellowship dba Rock of Ages\2008 & 2009 amending changes