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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	010 calendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	011		Inspection
	ck if ap	C Name of organization			D Employe	r identification number
	ress cha	nge	SEMINARY		93-0398	3802
┌ Nar	ne chan	Doing Business As ge			E Telephon	e number
┌ Inıt	ıal returr	Number and street (or P.O. boy r	f mail is not delivered to street address)	Room/suite		
┌ Ter	mınated	8435 NE GLISAN ST	i mail is not delivered to street address)	Room/ suite		51-5344
_	ended re dication	PORTLAND, OR 97220	d ZIP + 4		G Gross rece	eipts \$ 18,153,902
,		F Name and address of p	rincipal officer	11/5)		
		DANIEL LOCKWOOD	imcipal officer	H(a) Is this a	group return for af	filiates? Yes No
		8435 NE GLISAN ST		H(b) Are all	affılıates ınclude	ed?
		PORTLAND, OR 97220				st (see instructions) number ► 8802
	k-exemp	t status ✓ 501(c)(3) 501(c)() ◀ ► WWW MULTNO MAH EDU	¶ (insert no)	- 10,		
				<u> </u>		T
		anization 🔽 Corporation 🗍 Trust 🦳 Associa	tion Other ►	L Year of for	mation 1937	M State of legal domicile OR
Pa	rt I	Summary				
Governance	S T T	ERVANTS OF JESUS CHRIST WHOS RANSFORMING FORCE IN THE CHU HE BIBLE AND CHRISTIAN MESSA	TE EDUCATION, BIBLICALLY COMP SE LOVE FOR GOD, HIS WORD, AND JRCH AND WORLD THE PURPOSE O GE THE COLLEGE ALSO PROVIDES S, WHERE POSSIBLE, THOSE STUDE	PEOPLE SHAPE F THE COLLEGE STUDENTS ALL	THEIR LIVE INCLUDES SERVICES	ES INTO A THE TEACHING OF
	2 C	heck this box দ if the organization	discontinued its operations or dispose	d of more than 2	5% of its net	assets
Activities &	3 N	umber of voting members of the gove	rnıng body (Part VI, lıne 1a)		3	17
¥	4 N	umber of independent voting member	s of the governing body (Part VI, line 1	b)	4	17
Act	5 T	otal number of individuals employed i	n calendar year 2010 (Part V , line 2a)		5	613
-	6 ⊺	otal number of volunteers (estimate i	fnecessary)		6	7
	7 a ⊤	otal unrelated busıness revenue from	Part VIII, column (C), line 12		7a	0
	ьN	et unrelated business taxable income	e from Form 990-T, line 34		7t	<u> </u>
				Prio	Year	Current Year
a.	8	Contributions and grants (Part VIII,	line 1 h)		1,797,047	1,655,613
	9	Program service revenue (Part VIII,	line 2g)		11,169,939	12,087,769
Revenue	10	Investment income (Part VIII, colur	-	2,656,842	543,000	
ш	11	Other revenue (Part VIII, column (A			108,807	205,520
	12		.1 (must equal Part VIII, column (A), l		15,732,635	14,491,902
	13	Grants and similar amounts paid (Pa	rt IX, column (A), lines 1–3)		1,278,780	1,199,759
	14	Benefits paid to or for members (Par	t IX, column (A), line 4)			0
92	15	Salaries, other compensation, emplo $5-10$)	yee benefits (Part IX, column (A), lines	5	9,013,513	9,275,443
Expenses	16a	•	X, column (A), line 11e)		<u>, , , </u>	0
.	b	Total fundraising expenses (Part IX, column				
Д	17), lines 11a-11d, 11f-24f)		4,937,706	4,957,647
	18		nust equal Part IX, column (A), line 25)		15,229,999	
	19	·	e 18 from line 12		502,636	
Net Assets or Fund Balances		,	· · · · · ·		of Current	End of Year
60 cm	20	Total assets (Part X, line 16)			29,139,184	29,209,031
t As	21	Total liabilities (Part X, line 26).			6,766,833	
ŽΞ	22	Net assets or fund balances Subtrac			22,372,351	
Par	t II	Signature Block	•	<u> </u>	•	· · ·
Under	penalt edge ar	ies of perjury, I declare that I have exam	ined this return, including accompanying e. Declaration of preparer (other than offi			
c -		****** Signature of officer			12-05-15 te	
Sign Here		F -		Da		
пеге	-	RUSS LACY CPA VP/CFO Type or print name and title				
	15	rint/Type	Draparode ejasatura	D-1- 1,	Check if self-	DTIM
	р	reparer's name	Preparer's signature		employed F	- PTIN
Paid		ım's name				Firm's EIN
Prepa		ırm's address 🕨				Dhana k
Use (Phone no
Mayt	he IRS	discuss this return with the preparer	shown above? (see instructions) .			┌Yes ┌No

•		/				r age =
Par	t III	Statement of Program S Check if Schedule O contains				
1	Brief	ly describe the organization's m	ssion			
JESU CHU COL	JS CHR RCH A LEGE A	CE, THROUGH COLLEGIATE E RIST WHOSE LOVE FOR GOD, ND WORLD THE PURPOSE OF ALSO PROVIDES STUDENTS A JDENTS IN FINANCIAL NEED	HIS WORD, AND PEOPLE THE COLLEGE INCLUDE	SHAPE THEIR LIVE S THE TEACHING	ES INTO A TRANSFORMI OF THE BIBLE AND CHRI	NG FORCE IN THE STIAN MESSAGE THE
2	the pr	ne organization undertake any si nor Form 990 or 990-EZ? .				Yes 🗸 No
		s," describe these new services				
3	servi	ne organization cease conductin ces?			ets, any program · · · · · Γ	Yes V No
4	Desci Section	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) org ations to others, the total expen	ements for each of the orga anizations and section 494	7(a)(1) trusts are re	equired to report the amou	
4a		e) (Expenses \$ NG THE CURRENT FISCAL YEAR THE C ENTS (915 TOTAL STUDENTS)	• •	ing grants of \$. PROGRAMS FOR APPRO	1,199,759) (Revenue \$ XIMATELY 309 GRADUATE AND 6	12,087,769) 506 UNDERGRADUATE
4b	(Code	e) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$)
4d	Othe	er program services (Describe i	n Schedule O)			
		enses \$	including grants of \$)	(Revenue \$)
4e	Tota	I program service expenses►\$	11,888,033			

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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? <i>If</i> "Yes," complete Schedule D, Part IV	9	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		Νo
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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		No
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		No
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	Yes	
		F.	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 67			
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?	1 c	Yes	
la	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		N
h	year?	3a 3b		No No
la .	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
1	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		No
	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
1	Section 501(c)(12) organizations. Enter			
	Gross income from 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)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
A -	Did the erganization receive any neumants for indeer tenning convices during the tay year?	ایموا		NI -
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	1 e s	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	_	No
Se	ection C. Disclosure	100		.10
17	List the States with which a copy of this Form 990 is required to be filed▶OR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website 🖊 Another's website 🖊 Upon request

(503) 251-5344

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of $interest\ policy,\ and\ financial\ statements\ available\ to\ the\ public\ \ See\ Additional\ Data\ Table$
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MULTNOMAH BIBLE COLLEGE 8435 NE GLISAN ST PORTLAND, OR 972205814

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) TODD WILDER Trustee	3 00	х						0	0	0
(2) TERRY WILLIAMS Trustee	2 00	х						0	0	0
(3) STEVE MITCHELL Trustee	2 00	х						0	0	0
(4) SCOTT GILCHRIST Trustee	2 00	х						0	0	0
(5) RUSS LACY VP & CFO	50 00			х				81,603	0	4,800
(6) RICHARD PALMER Secretary	3 00	х		х				0	0	0
(7) PATRICIA PALAU Trustee	2 00	х						0	0	0
(8) PAMELA REEVE Trustee	2 00	х						0	0	0
(9) LEO SOONG Trustee	2 00	х						0	0	0
(10) JON STOUSLAND Trustee	2 00	х						0	0	0
(11) JACK DRYDEN Chairman	3 00	х		х				0	0	0
(12) GLENN ZIRKLE Vice Chairman	2 00	х		х				0	0	0
(13) FRED SIEVERS Treasurer	3 00	х		х				0	0	0
(14) DWIGHT STEELE Trustee	2 00	х						0	0	0
(15) DANIEL LOCKWOOD President & CEO	50 00	х		х				152,885	0	4,800
(16) DAN JARRELL Trustee	2 00	х						0	0	0 Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours		tion ((che				compensation compensat		(E) Reportable compensation from related	n amount of othe		ited f other			
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the zation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he on and ed			
(17) COI Trustee	NNIE GREEN	2 00	Х							0		0		0			
												1					
												\dagger					
												+					
												+					
												+					
							1	\vdash				+					
							1					+					
							1	_				+					
								-				\perp					
												4					
												4					
	Sub-Total				•	•	<u>.</u>	•				4					
	Total from continuation sheets Total (add lines 1b and 1c) .	· · · · ·						>		234,488		+	9,600				
2 T	otal number of individuals (incl	udıng but not lın	nited to	thos	e lıs) who	receive	d more tha	n						
\$	100,000 in reportable compen	sation from the	organız	atıon	▶1												
											_		Yes	No			
	old the organization list any form n line 1a? <i>If "Yes," complete Sch</i>					eye	mploy -	ee, c	r highes	t compens	ated employee	_		NI -			
	or any individual listed on line 1					pens	sation	and	other co	mpensatior	from the	3		N o			
0	rganization and related organiza																
	ndividual	receive or accri		• nenes	• etion	from	n anv	• unre	· ·	· · ·	r individual for	4	Yes				
	ervices rendered to the organiz										·	5		Νo			
	tion D. Indonesidant Con										<u>'</u>						
	tion B. Independent Con complete this table for your five		nsated	ındep	ende	ent o	contra	ctors	that red	eived more	than						
\$	100,000 of compensation from	the organizatio	n							Γ	(B)		(C				
DIONIED		ne and business ad	dress							Descr	iption of services		Comper				
PIONEER COLLEGE CATERERS 12351 W 96TH TERRACE SUITE 204 LENEXA, KS 66215								FOOD SERVI	CE			678,228					
KNOWLE 256 SEA	DGE ELEMENTS INC BOARD LANE G-101 N, TN 37067									EDUCATIONA	L MATERIAL			389,925			
PO BOX 2										INSURANCE	BROKER			176,384			
	KEE, WI 532012912 K FOOD SERVICES INC																
2010 MA IRVINE, 0	IN ST CA 92614									FOOD SERVI	CE			198,010			
2 To	tal number of independent cont	ractors (includii	na but n	ot lir	nıted	to	those	liste	d above)	who receiv	ed more than						

\$100,000 in compensation from the organization $\blacktriangleright 4$

Form 99		2010) Statement of Revenu	•				Pa	ge 9
Part	/ 11 1	Statement of Revenu	e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d . 1e and 1f es 1a-1f \$	1,655,613	1,655,613			514
Program Service Revenue		TUITION, ROOM & BOARD All other program service revo		Business Code 611600	12,087,769			
	4 5 6a b	Investment income (including and other similar amounts). Income from investment of tax-exer Royalties	npt bond proceeds (I) Real	(II) Personal	292,000			292,000
ψ.	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	(I) Securities 3,913,000 3,662,000 251,000	(II) O ther	251,000			251,00
Other Revenue	c 9a b c	(not including \$ of contributions reported on life See Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming ac Less direct expenses Net income or (loss) from gam Gross sales of inventory, less returns and allowances .	a b Iraising events tivities See Part IV, line 19 . a	b	0			
	11a b c		es of inventory	Business Code 611600	205,520 205,520			
	12	Total revenue. See Instructio	ns		14,491,902	12,293,289	rm 990 (20	543,000

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

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 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	0			· · · · · · · · · · · · · · · · · · ·					
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,199,759	1,199,759							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	252,881	189,661	50,576	12,644					
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								
7	Other salaries and wages	7,795,329	6,050,967	1,319,365	424,997					
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	88,029	67,224	15,928	4,877					
9	Other employee benefits	745,684	469,682	241,281	34,721					
10	Payroll taxes	393,520	295,102	70,899	27,519					
а	Fees for services (non-employees) Management	86,874		86,874						
b	Legal	0								
С	Accounting	83,560		83,560						
d	Lobbying	0								
е	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	375,087	322,663	50,237	2,187					
12	Advertising and promotion	406,902	162,438	163,444	81,020					
13	Office expenses	248,598	137,730	79,247	31,621					
14	Information technology	221,636		221,636						
15	Royalties	0								
16	Occupancy	0								
17	Travel	254,768	201,753	12,633	40,382					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	21,796	12,223	6,376	3,197					
20	Interest	134,027	134,027							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	781,138	691,048	74,466	15,624					
23 24	Insurance	194,237	12,508	181,729						
а	OPERATION OF PLANT	1,001,800	896,025	55,685	50,090					
ь	MISCELLANEOUS EXPENSE	92,042	62,591	21,334	8,117					
c	LIBRARY EQUIPMENT & MATERIALS	94,086	94,086							
d	COURSE EXPENSE	223,856	223,856							
e	BOARDER FOOD COSTS	628,248	628,248							
f	All other expenses	108,992	36,442	69,575	2,975					
25	Total functional expenses. Add lines 1 through 24f	15,432,849	11,888,033	2,804,845	739,971					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation									

Part X Balance Sheet (A) (B) Beginning of year End of year 222.678 57,417 1 1 1.787.429 2 2.556.677 2 Savings and temporary cash investments 125,000 0 3 3 204,032 4 179,110 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 0 6 58,000 58,000 7 0 8 8 Prepaid expenses and deferred charges 150,209 9 119,106 10a Land, buildings, and equipment cost or other basis Complete 29.811.490 Part VI of Schedule D 10a 10b 15.585.975 b Less accumulated depreciation 14,577,551 10c 14,225,515 5,462,000 6.611.030 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 Intangible assets 5,403,255 15 6,551,206 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 29, 139, 184 16 29,209,031 **17** 945,118 17 823,711 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1.864.062 2.000.000 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 3.957.653 25 4.027.773 26 6.766.833 26 6,851,484 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 11,172,281 27 10,625,439 Temporarily restricted net assets 2,400,145 2,611,933 28 28 Fund F 8,799,925 29 9,120,175 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 22,372,351 22,357,547 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 29, 139, 184 34 29,209,031

Ра	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,4	191,90
2	Total expenses (must equal Part IX, column (A), line 25)	2			132,84
3	Revenue less expenses Subtract line 2 from line 1	3		-9	940,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,3	372,35
5	Other changes in net assets or fund balances (explain in Schedule O)	5		g	926,14
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		22,3	357,54
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	hallsal		103	
u	on a separate basis, consolidated basis, or both	33464			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493136032222

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury 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.

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

MULTNOMAH BIBLE COLLEGE AND SEMINARY 93-0398802

The c	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	x)		
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).		
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrıl	bed in sectio i	n 170(b)(1)	(A)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ			erated for the benefit		or universit	y owned or o	perated by a	government	al unit desc	rıbed ın
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	_						
7	ı	describ	ed in	at normally receives (A)(vi) (Complete P		I part of its s	support from	a governme	ntal unit or fr	om the gene	eral public
8	Г			described in section		4)(vi) (Com	plete Part II)			
9	Г	An orga	anization tha	at normally receives	(1) more th	an 331/3% o	f its support	from contrib	outions, mem	bership fees	s, and gross
		receipt	s from activ	ities related to its ex	kempt function	ons—subject	to certain ex	ceptions, a	nd (2) no mo	e than 331/	′3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busines	ss taxable in	come (less s	section 511 t	ax) from bu	sınesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Par	tIII)		
10	Г	An orga	anızatıon org	ganızed and operated	d exclusively	to test for p	ublic safety	See section	509(a)(4).		
11	Г			ganized and operated							
		the box	that descri	ly supported organization besthe type of supp b Type II	ortıng organı	i <u>za</u> tion and c	omplete lines	s 11e throug	gh 11h		
•	_	a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons									
е	,	•	_	on managers and oth	=		•		•	•	•
		section	509(a)(2)								
f				received a written de	etermination	from the IRS	Sthat it is a 1	Type I, Type	II or Type I	II supportır	ng organization,
g			this box	2006, has the organi	zation accen	ted any dift	or contributio	n from any	of the		l
9			ig persons?			tou un, giit		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		(i) a pe	erson who di	rectly or indirectly c	ontrols, eithe	er alone or to	gether with p	ersons des	crıbed ın (ıı)		Yes No
				governing body of th		_	tion?			11g	
				er of a person descri						11g(
				led entity of a perso						11g(iii)
_h 		Provide	the followi	ng information about	the supporte	ed organızatı	on(s)				
				(iii)	(iv)		7		/t\		
	(i)			Type of	Is the		(v) Did you not	ify the	(vi) Is the	a	
	Name		(ii)	organization (described on	organizati		organizati	•	organizat		(vii)
	suppo		EIN	lines 1- 9 above	col (ı) lıst your gove		col (ı) of	your	col (ı) org	anızed	A mount of support
organiza		ation		or IRC section	docume		suppor	t?	ın the U	S ?	Support
				(see inst ruct ions))	Yes	No	Yes	No	Yes	No	-
				IIISCI UCCIOIIS))	163	140	1 63	140	163	140	
											+
											1
Tota	l										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied 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 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136032222

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Open to Public

MULTNOMAH BIBLE COLLEGE AND SEMINARY	ployer identification number -0398802 s or Accounts. Complete If the (b) Funds and other accounts				
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year	or Accounts. Complete if the				
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year	·				
(a) Donor advised funds Total number at end of year	(b) Funds and other accounts				
Total number at end of year	(b) Funds and other accounts				
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors are the organization's property, subject to the organization's exclusive legal control?	Yes No				
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth conferring impermissible private benefit					
Part II Conservation Easements. Complete if the organization answered "Yes" to For	m 990, Part IV, line 7.				
Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a ceasement on the last day of the tax year					
easement on the last day of the tax year	Held at the End of the Year				
a Total number of conservation easements 2a	Treat at the Life of the Feet				
b Total acreage restricted by conservation easements 2b					
c Number of conservation easements on a certified historic structure included in (a)					
d Number of conservation easements included in (c) acquired after 8/17/06 2d					
Number of conservation easements modified, transferred, released, extinguished, or terminated by the taxable year 🛌	the organization during				
Number of states where property subject to conservation easement is located — Does the organization have a written policy regarding the periodic monitoring, inspection, handling of enforcement of the conservation easements it holds?	of violations, and Yes No				
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌				
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during	ng the year ► \$				
Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(l)$ and $170(h)(4)(B)(l)$?	┌ Yes				
In Part XIV, describe how the organization reports conservation easements in its revenue and expe balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements					
Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ther Similar Assets.				
If the organization elected, as permitted under SFAS 116, not to report in its revenue statement an art, historical treasures, or other similar assets held for public exhibition, education or research in f provide, in Part XIV, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and ba historical treasures, or other similar assets held for public exhibition, education, or research in furth provide the following amounts relating to these items					
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$				
(ii) Assets included in Form 990, Part X	▶ \$				
If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under SFAS 116 relating to these items					
Revenues included in Form 990, Part VIII, line 1	► \$				

b Assets included in Form 990, Part X

Par	TIPE Organizations Maintaining Col	iections of Art, H	ISTO	ric	<u>cai ireas</u>	ures, or Otne	er Similar	ASSE	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of	the f	foll	owing that a	are a significant	use of its co	llection	1	
а	Public exhibition	d	Γ	_	Loan or ex	change program	s			
b	Scholarly research	е	Γ	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explain h	ow tl	hey	further the	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						mılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Complete	ıf th	ie d	organizatio		Yes" to For	m 990),	·
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermedia	ry fo	rco	ontributions	or other assets	not	~	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	owing	g ta	ble		_			
								Amou	ınt	
С	Beginning balance					1c				63,628
d	Additions during the year					1d				188,938
е	Distributions during the year					1e			- 2	231,466
f	Ending balance					1f				21,100
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	۲,					Γ	Yes	☑ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if		1SW6 (b)Pri				rt IV, line d)Three Years		NEour V	ears Back
1a	Beginning of year balance	6,040,663	(0)		049,244	7,041,925	a)Tillee Teals	Dack (C	.ji oui i	Cars back
b	Contributions	174,301			84,557	81,107				
c	Investment earnings or losses	577,707			88,480	-790,784				
d	Grants or scholarships	198,363			181,618	283,004				
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	6,594,308		6,	040,663	6,049,244				
2	Provide the estimated percentage of the year	end balance held as								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 100 000 %									
c	Term endowment ▶									
За	Are there endowment funds not in the posses	sion of the organizatio	n tha	at a	re held and	administered fo	r the			
	organization by						ĺ	D (1)	Yes	No
	(i) unrelated organizations		•	•				3a(i) 3a(ii)		No No
b	(ii) related organizations							3b	<u> </u>	No
4	Describe in Part XIV the intended uses of the	·						<u> </u>		110
Par	t VI Investments—Land, Buildings					Part X, line 10.				
	Description of investment			(a)	Cost or other (investment)	(b)Cost or other	(c) Accumu depreciat		(d) Bo	ok value
1a	Land		+			1,200,255	;	+		1,200,255
	Buildings					19,598,676		15,676		1,583,000
	Leasehold improvements					1	<u> </u>			· · ·
	Equipment					6,701,941	5,85	50,841		851,100
	Other					2,310,618	† · · · · · ·	19,458		591,160
	I. Add lines 1a-1e (Column (d) should equal For		B), II	ne	10(c).) .		·		1	4,225,515

Part VII Investments—Other Securities. Se	<u>ee Form 990, Part X, line 12</u>	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
O tilei		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	 -	
Part VIII Investments—Program Related.	See Form 990 Part X line 1	1 13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	I -	
Part IX Other Assets. See Form 990, Part X		
(a) Des		(b) Book value
(.,,		(-,
Total. (Column (b) should equal Form 990, Part X, col.(B) III		▶ 6,551,20
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
LIABILITY UNDER SPLIT-INTEREST AGREEMENT	1,452,682	
DEPOSITS	217,693	
CAPITAL LEASES PAYABLE	182,554	
ACTUARIAL LIABILITY FOR ANNUITIES	2,174,844	
	+	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	400777	
Total. (Column (b) Should Equal Form 990, Part X, Col (B) IIII8 25)	4,027,773	

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,491,902
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	15,432,849
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-940,947
4 Net unrealized gains (losses) on investments	4	154,000
5 Donated services and use of facilities	5	10,933
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	761,210
9 Total adjustments (net) Add lines 4 - 8	9	926,143
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,804
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	15,418,045
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a 915,21	<u> </u>	
b Donated services and use of facilities	3	
c Recoveries of prior year grants	_	
d Other (Describe in Part XIV)	_	
e Add lines 2a through 2d	2e	926,143
3 Subtract line 2e from line 1	3	14,491,902
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	4	
b Other (Describe in Part XIV)	4	
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,491,902
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per	
1 Total expenses and losses per audited financial statements	1	15,443,782
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	3	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	10,933
3 Subtract line 2e from line 1	3	15,432,849
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,432,849

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
	Pursuant to FSP FIN 48-3, management has elected to defer the application of Topic 740-10 - Accounting for Uncertainty in Income Taxes to fiscal years beginning after December 15, 2008. The College evaluates uncertain tax positions in accordance with FASB Statement No. 5, Accounting for Contingencies whereby the effect of the uncertainty would be recorded if the outcome was considered probable and reasonably estimable. As of June 30, 2011 and 2010, the College had no uncertain tax positions requiring accrual.
,	PRESENT VALUE ADJ TO ANNUITIES AND SPLIT INT AGREEMENTS \$761210
Part V, Line 4 Intended uses of the endowment fund	TO PROVIDE SCHOLARSHIPS PER DONOR INSTRUCTIONS
an agent, trustee, custodian or other	STUDENT GOVERNMENT FUNDS HELD IN AGENCY ARRANGEMENT WE ASSIST OUR STUGO BY PROVIDING A/P & A/R FUNCTIONS, AT THEIR DIRECTION
	Part X FIN48 Footnote Part XI, Line 8 Other Changes in Net Assets or Fund Balances Part V, Line 4 Intended uses of the endowment fund Part IV, Line 1b Why is organization an agent, trustee, custodian or other

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DLN: 93493136032222

OMB No 1545-0047

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.

Employer identification number

MULTNOMAH BIBLE COLLEGE AND SEMINARY 93-0398802 Part I YES NO 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 Yes 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? Yes 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 Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		In accordance with federal non-discrimination regulations, and by common agreement among all OAICU (Oregon Alliance of Independent Colleges & Universities) institutions, an annual public notice was run in The Oregonian (Regional Newspaper) on September 15, 2010

Schedule E (Form 990 or 990-EZ) 2010

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MULTNOMAH BIBLE COLLEGE AND SEMINARY

Schedule I

(Form 990)

DLN: 93493136032222 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Inspection Employer identification number

93-0398802

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MULTNOMAH GRANTS	483	970,858			
(2) ENDOWMENT SCHOLARSHIPS	108	101,673			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Additional Supplemental Information		GRANT QUALIFICATIONS STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE COLLEGE'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILIAR STANDARDS

Schedule I (Form 990) 2010

DLN: 93493136032222

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization MULTNOMAH BIBLE COLLEGE AND SEMINARY **Employer identification number**

93-0398802

Pa	rt I Questions Regarding Compensation	1	•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive					
	officers, directors, trustees, and the CLO/Executive	Directo	n, regarding the items checked in line 1a.	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	l F	Written employment contract			
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) DANIEL LOCKWOOD	(I) (II)	114,211		38,674		4,800	157,685		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	-	·		·					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

_						
Identifier	Return Reference	Explanation				
Line 1a	1a Relevant	CLERGY HOUSING ALLOWANCES ARE SUBMITTED TO THE BOARD BY QUALIFYING FACULTY/STAFF WHO ARE ORDAINED MINISTERS THE PRESIDENT AND CFO OF MULTNOMAH UNIVERSITY ARE BOTH ORDAINED, AND DO SUBMIT AN ANNUAL REQUEST TO THE BOARD TO DESIGNATE A PORTION OF THEIR RESPECTIVE COMPENSATION AS A CLERGY HOUSING ALLOWANCE				

Schedule J (Form 990) 2010

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number

MULT	NOMAH BIBLÉ COLLEGE AND SEMINARY	02.020002						
Pa	rt I Types of Property				93-0398802			
	туров от глеротту	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			<u>*</u> 9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good	-							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	8	27,051				
10	Securities—Closely held							
	stock							
11	Securities—Partnership,							
12	LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b	y the org	anization during the tax yea	ar for contributions				
	for which the organization complet				29			
							Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangemen	t ın Part I	Ι					
31	Does the organization have a gift a	acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or use t	chird parti	es or related organizations	to solicit, process, or sell	non-cash	32a		No
p.						_5∠ā		No
	If "Yes," describe in Part II		n column (a) for a tuna -f	ronarty for which column - /-) is shocked			
33	If the organization did not report red describe in Part II	evenues I	n column (c) for a type of p	roperty for which column (a	, is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization MULTNOMAH BIBLE COLLEGE AND SEMINARY Employer identification number

93-0398802

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	PROVIDED ON REQUEST FROM PRESIDENT'S OFFICE

ldentifier	Return Reference	Return Reference Explanation			
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD, AND COMPARED TO CURRENT CUPA RANGES FOR EACH INDIVIDUAL			

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE, THEN SIGN AN ANNUAL FORM STATING THAT THEY HAVE REVIEWED THE CONFLICT OF INTEREST POLICY AND HAVE DISCLOSED ANY CONFLICT THEY MAY HAVE THESE FORMS ARE REVIEWED FOR ACCURACY AND COMPLETION, AND ARE RETAINED BY THE NOMINATING AND MEMBERSHIP COMMITTEE OF THE BOARD

ldentifier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Form 990, Part VI, Line 11 Form 990 Review Process	FORM 990 SUBMITTED TO THE FINANCE COMMITTEE OF THE BOARD FOR DISCUSSION AND REVIEW, THEN PROVIDED TO EXECUTIVE COMMITTE OF THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING IN ADDITION, ALL BOARD MEMBERS ARE PROVIDED A PDF OF THE FORM 990 PRIOR TO FILING