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Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

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

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

OMB No 1545-1150

2011

oftens of mego noticepent

Α	For ti	he 2011 ca	alendar year, or tax year beginning	, 201	1, and ending		,		
В	Check	Check if applicable C Name of organization D En					Employer identification number		
Щ	Addres	s change	The Bible Fund			2	7-002	27145	
Н	Name o	-	Number and street (or P O box, if mail is not delivered to street ac	dress)	Room/suite	ЕТе	lephone n	umber	
$\vdash$	Initial r		P. O. Box 547			1 (	626)	797-7151	
Н	-	lated led return_	City or town, state or country, and ZIP + 4		,			•	
П		-	Altadena		CA 91003-0547		umber Jmber	emption <b>&gt;</b>	
G	Acco	unting Met	thod. X Cash Accrual Other (specify)		H Chec	k <b>►</b> 「	If the	organization is not	
1	Webs	site: ► N	/A				attach :	Schedule B (Form	
J	Tax-ex	xempt status	s (ck only one) — X 501(c)(3) 501(c) ( ) ◄(Insert	no.) 4947(	(a)(1) or 527 990,	990-E2	Z, or 99	U-PF) 	
К	norm ınstru	ally <b>not</b> muctions). B	the organization is not a section 509(a)(3) supporting ore than \$50,000. A Form 990-EZ or Form 990 return ut if the organization chooses to file a return, be sure	s not requir to file a con	ed though Form 990-N ( nplete return.	e-post	card) m		
Ļ	Add I	lines 5b, 6	c, and 7b, to line 9 to determine gross receipts. If gro- line 25, column (B) below) are \$500,000 or more, file	ss receipts a	are \$200,000 or more, or	ıf tota	ا ⊳ د	99,513.	
			ue, Expenses, and Changes in Net Assets of						
(Clace	กักวิ	-	the organization used Schedule O to respond to any o		•	struct	10113 10	X	
	1		ions, gifts, grants, and similar amounts received	ucstion in ti	ins rait i		1	99,475.	
	2		service revenue including government fees and contra	rts			2	33,413.	
	3	_	hip dues and assessments	1013			3	<del>.</del>	
	4		nt income				4	38.	
	1 .		nount from sale of assets other than inventory	• •	5a				
	ı		st or other basis and sales expenses		5b				
	I		s) from sale of assets other than inventory (Subtract line 5b from lin	e 5a)			5 c		
	ı		and fundraising events						
R	1	_	come from gaming (attach Schedule G if greater than s	\$15,000)	6a				
R E V E	1		come from fundraising events (not including\$	, , ,	of contributions				
Ŋ		from fund	draising events reported on line 1) (attach Schedule Gross income and contributions exceeds \$15,000)	ıf the sum	<u> </u>				
	C	Less: dire	ect expenses from gaming and fundraising events		6c				
	d	Net incon 6b and su	ne or (loss) from gaming and fundraising events (add ubtract line 6c)	lines 6a and	1		6 d		
	7a	Gross sal	les of inventory, less returns and allowances		7a			· •	
	b	Less cos	st of goods sold .		7b				
	С	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b f	rom line 7a)	)		7 c		
	8	Other rev	renue (describe in Schedule O)	F	RECEIVED	]	8		
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9	99,513.	
	10	Grants ar	nd similar amounts paid (list in Schedule O)	226	MAY 1 4 2012		10	35,780.	
	11	Benefits	paid to or for members	2		•	11		
E	12		other compensation, and employee benefits				12	19,800.	
E P E N	13	Professio	onal fees and other payments to independent contractor	ors C	OGDEN, UT		13	18,658.	
N S	14	•	cy, rent, utilities, and maintenance		<del></del>	J	14		
≤SE	15	•	publications, postage, and shipping		•		15	1,512.	
2012	16		penses (describe in Schedule O)		See Form 990 EZ, Part I, Line 16 Othe		<del></del>	14,498.	
sto -	17		penses. Add lines 10 through 16		<u> </u>		<del>                                     </del>	90,248.	
<b>√</b> -i	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)	•			18	9,265.	
	19	Net asset	ts or fund balances at beginning of year (from line 27, ported on prior year's return)	column (A)	) (must agree with end-o	f-year	19	105,096.	
67	20		anges in net assets or fund balances (explain in Sche		•		20		
للل	21		ts or fund balances at end of year Combine lines 18 t				21	114,361.	
<b>Z</b> BA	A Fo	r Paperwo	rk Reduction Act Notice, see the separate instruction	s.				Form <b>990-EZ</b> (2011)	
SCANNED									

	990-EZ (2011) The Bible Fund				27	-00	27145	Page 2
	Balance Sheets. (see the ins							
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II	(A) Beginning	of vo	ar.	/D) E	Ind of year
22	Cash, savings, and investments			105,				114,361.
23	Land and buildings.			100,	0	_	3	0.
24	Other assets (describe in Schedule O)				- 0	_	4	0.
25	Total assets			105,				114,361.
26	Total liabilities (describe in Schedule O)				0		6	0.
27	Net assets or fund balances (line 27 of		ine 21) .	105,	096			114,361.
୍ନେମ								enses
	Check if the organization used Sc	hedule O to respond to any o	question in this Part	: M	[		equired for	
What	is the organization's primary exempt purpose? Hu	manitarian, Religi	ous and Educ	ational ne	eds			d 501(c)(4) s and section
Desc	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of a manner, describe the services of	its three largest pro- ces provided, the nu	gram services, a imber of person	as s	497		usts; optional
28	Subsidies sent to Worldwig	de Church of God i	n Angola with	7000 memb	are		1	
	& Church of God members				2012			
	Educational Literature in							
		is amount includes foreign g			<b>-</b>	28	a	57,988.
29	(33/700.)11.01	is amount morages foreign g	iditio, check here	<del></del>	<u></u>		-	317300.
		<b></b>						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		F∏	29	a	
30	7		,	•			1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		<b>►</b> ∏	30	a	
31	Other program services (describe in Sch		, , , , , , , , , , , , , , , , , , , ,					
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		▶ []]	31	a	
32	Total program service expenses (add lin	nes 28a through 31a) .	•		•	32	!	57,988.
Pen	List of Officers, Directors,				nsated.	(see	the instruct	ions for Part IV )
	Check if the organization used So	hedule O to respond to any	question in this Part	t IV				
	(a) Name and address	(b) Title and average hours per week	(c) Reportable compensa (Form W-2/1099-MISC	ation (d) Health contributions				imated amount of r compensation
	(a) Name and address	devoted to position	(If not paid, enter -0-	benefit p	lans, an	ıd 🌷		
				deferred co	mpensa	tion		
	Graham Davies							
	88-A_North_Allen_Ave	Chairman				_		•
	sadena, CA 91104	40.00	23,10	10.		0	•	0.
	liam G. Scott	W						
	1 Beverly Way	Treasurer				^		0
	cadena, CA 91001	0.00		0.		0	•	0.
	nan_Herrera 33 Amberwood Drive	Counsel		i				
	ith Pasadena, CA 91030	0.00		0.		0		0.
300	ich Pasadella, CA 91030	0.00		0.			•	
		-						
							<del> </del>	
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	<del></del> -							
				[				
DAA		TEE A0912 (	20/14/10	· · · · · · · · · · · · · · · · · · ·			Form	990-FZ (2011)

	the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			+ 1
33		33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ŀ	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions    Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
á	a Initiation fees and capital contributions included on line 9			
ı	Gross receipts, included on line 9, for public use of club facilities . 39b			
40 :	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►, section 4912 ►; section 4955 ►	i l	.	
ı	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed ►			<u> </u>
42	The organization's books are in care of ► William G. Scott Telephone no. ► (626)  Located at ► 1111 Beverly Way, Altadena, CA ZIP + 4 ► 91001  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		-715 Yes	
42	The organization's books are in care of ► William G. Scott  Located at ► 1111 Beverly Way, Altadena, CA ZIP + 4 ► 91001	797		01
42:	a The organization's books are in care of ► William G. Scott Telephone no. ► (626) Located at ► 1111 Beverly Way. Altadena, CA ZIP+4 ► 91001  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  ▶ 43	_ 797 		No X
42:	a The organization's books are in care of     William G. Scott	_ 797 	Yes	No X
42:	a The organization's books are in care of \times \frac{\text{William G. Scott}}{\text{May,}} \frac{\text{Altadena,}}{\text{Altadena,}} \frac{\text{CA}}{\text{CA}} \frac{\text{ZIP} + 4 \times 91001}{\text{Polonome}} \frac{\text{Doctated at } \times \frac{\text{Il11}}{\text{Beverly Way,}} \frac{\text{Altadena,}}{\text{Altadena,}} \frac{\text{CA}}{\text{CA}} \frac{\text{ZIP} + 4 \times 91001}{\text{Polonome}} \frac{\text{books are in care of } \times \frac{\text{William G. Scott}}{\text{May,}} \frac{\text{Altadena,}}{\text{Altadena,}} \frac{\text{CA}}{\text{CA}} \frac{\text{ZIP} + 4 \times 91001}{\text{Polonome}} \frac{\text{books are in care of } \text{Vex,}  calendar year, did the organization have an interest in or a signature or other authority over a financial account; no other financial account; or other financial account	797 42b 42c 42c	Yes	No X
43	a The organization's books are in care of ► William G. Scott Telephone no. ► (626) Located at ► 1111 Beverly Way, Altadena, CA ZIP+4 ► 91001 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country   See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?	_ 797 	Yes	No X
42:	a The organization's books are in care of > William G. Scott	797 42b 42c 42c	Yes	No X
43 44	Telephone no.   elephone no.  Telep	42b 42c 42c	Yes	No X
43 44	a The organization's books are in care of > William G. Scott	797 42b 42c 42c	Yes	No X X X X X

							Yes	No	
46 Did to	the organization lidates for public	engage, directly or office? If 'Yes,' cor	indirectly, in political campa mplete Schedule C, Part I	aign activities on behalf o	of or in opposition to	46		X	
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.									
	Check if the c	organization used Sc	chedule O to respond to any	question in this Part VI					
47 5 1		1.1.1.		501(1)			Yes	No	
com	plete Šchedule (	C, Part II	activities or have a section			47		X	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  49 a									
			s to an exempt non-charitable section 527 organization?	e related organization?		49a 49b		X	
<b>50</b> Com	plete this table t	for the organization'	's five highest compensated an \$100,000 of compensatio	employees (other than on from the organization	officers, directors, truste If there is none, enter	es and key		<u></u>	
	(a) Name and address paid more th	ss of each employee an \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con			
None								_	
<del></del>	<del></del>								
			. <b>  </b>	1					
			· <del> </del> - <b></b>	-					
	<del> </del>	<del></del>	<del></del>						
		- <b></b>							
e Tota	I number of othe	er employees paid o	over \$100,000 -			_			
			's five highest compensated there is none, enter 'None.'	independent contractors	who each received mo	ore than \$10	00,000	of	
	·		ctor paid more than \$100,000	<b>(b)</b> Type	of service	(c) Com	pensatio	n	
None		·· <u>-</u> ·	<del></del>		·				
<b>-</b> -		<del>-</del>	<b></b>						
				<del></del>	·	<del>                                     </del>			
<b>-</b> -			. <b></b>	. =					
			· · · ·	<u> </u>					
		- <b></b>	<b></b>						
e Tota	al number of other	er independent cont	ractors each receiving over	\$100,000					
<b>52</b> Did	the organization	•	A?Note: All section 501(c)	• •	17(a)(1) nonexempt	► X Ye	<u>.</u> Г	No	
Under penalti	ies of neriury 1 declar	re that I have examined this	s return including accompanying sch an officer) is based on all information	edules and statements, and to the	e best of my knowledge and be		1-		
tide, correct,	and compage bedan	I am A-	111/11/	of which proparer nos dry know	5/11/12				
Sign Here	Signature of o	AM G./	Scott, TRI	EASURER	Date				
	Print/Type prepare		Preparer's signature	Date	Check X if P	PTIN			
Paid	W. Meltor	n McNeely, CH	PA W. Melton McNe	eely, CPA 05/10/1		0042641	.0		
Preparer	Firm's name ►	McNeely & Mc							
Use Only	Firm's address ▶	P.O. Box 97	^		Firm's EIN ►	75-2628	3917		
-	Film's address		9						
May 11 11		Hawkins	arer shown above? See inst	TX 75765	Phone no (90		5070	0 <b>No</b>	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Tota!

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047 **2011** 

Open to Public Inspection

Name of the organization Employer identification number The Bible Fund 27-0027145 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(i). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described issection 170(b)(1)(A)(iii) Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Sesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 c Type III — Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) A family member of a person described in (i) above? 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vi) Is the (VII) Amount of support organization in column (i) organized in the your governing document? No Yes Yes Yes No (A) **(B)** (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2011

### 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.)

	• • •		• •	•	•				
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in) ►		(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	77,996.	90,051.	108,986.	83,947.	91,457.	452,437.		
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	77,996.	90,051.	108,986.	83,947.	91,457.	452,437.		
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)								
	<b>Public support.</b> Subtract line 5 from line 4			· · · · · · · · · · · · · · · · · · ·			452,437.		
Sec	tion B. Total Support						- <sub>1</sub>		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
7	Amounts from line 4	77,996.	90,051.	108,986.	83,947.	91,457	452,437.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10				·		452,437.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)	•		12			
	First five years. If the Form 990 organization, check this box and	stop here	·· ·- ··	nd, third, fourth, o	r fifth tax year as	a section 501(c)	)(3) ► □		
	tion C. Computation of Pu	<del></del>			·		100.000		
	Public support percentage for 20			ne 11, column (f))		14			
	Public support percentage from				••	15	100.00%		
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
t	b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a s-and-circumstanc	and-circumstance es' test. The orga	s' test, check this anization qualifies	as a publicly sup	, Explain in Part ported organizat	IV how to the line of the lin		
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box an <b>stop here.</b> a publicly support	Explain in Part ed organization	IV how the		
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 1/a,					
DAA					So	:nequie A (Form	990 or 990-EZ) 2011		

# 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.)

Sec	tion A. Public Support						
Caten	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5				L		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						7
Sec	tion B. Total Support	, <del></del>	<del>,</del>			·	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6.						
t	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Ourrelated 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 in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and			nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	)
Sec	tion C. Computation of Pul					<del></del>	
15	Public support percentage for 20			ne 13, column (f))	)	15	<del></del>
	Public support percentage from					. 16	
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or <b>2011</b> (line 10c,	column (f) divided	d by line 13, colu	mn (f)) .	17	8
18	Investment income percentage f	rom <b>2010</b> Schedul	e A, Part III, line	17		. 18	ક
	<b>33-1/3% support tests – 2011.</b> If is not more than 33-1/3%, check	this box andstop	here. The organi	zation qualifies a	s a publicly suppo	rted organization	
	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> The	organization qua	alifies as a publicly	supported organi	-1/3%, and zation ►
_20	Private foundation. If the organization	zation did not che	ck a box on line	14, 19a, or 19b, c	theck this box and	see instructions	<u> </u>

Schedule A	(Form 990 or 990	)-EZ) 2011	The Bib	le Fun	d			27-0027145	Page 4
Pari M	Supplementa Part II, line 1: (See instructi	l Informat 7a or 17b; ons).	i <b>on.</b> Comp and Part	lete this III, line 1	part to 2. Also	provide the complete th	explanations is part for any	27-0027145 required by Part II, lir additional information	ne 10; on.
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

► Attach to Form 990 or 990-EZ. Open to Public Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 27-0027145 The Bible Fund

# Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Specific assistance to individuals	4,337.
Telephone	2,445.
Employment taxes	2,241.
Internet & Website design	612.
Bibles	3,798.
Bank Service Charges	103.
Office Supplies	805.
Licenses & Fees	157.
Total	14,498.