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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 private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. OMB No 1545-1150

2014

Open to Public Inspection

A		he 2014 calendar year, or tax year beginning , 2014, and ending	,			
B		of applicable s change C Name of organization D E	D Employer Identification number			
-	i	· l=, -1,	27-0027145			
ļ	Initial r	Number and street (or P.O. box, if mail is not delivered to street address) Room(suite	elephone number			
			(626) 797-7151			
	Ameno	City or town, state or province, country, and ZIP or foreign postal code	· , · ·			
	Applica		roup Exemption umber			
G		unting Method X Cash Accrual Other (specify) ► H Check ►				
1	Web	U U U L	attach Schedule B			
<u>J</u>	Tax-e	tempt status (check only one) — X 501(c)(3) 501(c) () ◄(Insert no) 4947(a)(1) or 527 (Form 990,	990-EZ, or 990-PF)			
		of organization X Corporation Trust Association Other				
	asse	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				
[Pa	16t []_	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	ions for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I	 			
	1	Contributions, gifts, grants, and similar amounts received	100//1/			
	2	Program service revenue including government fees and contracts				
	3	Membership dues and assessments				
	4	Investment income	12.			
	1	Gross amount from sale of assets other than inventory	<u></u>			
5		Less: cost or other basis and sales expenses	Est /ED			
2015	6 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101			
Ę.	а	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a MAY	2015			
7		Gross income from fundraising events (not including \$ of contributions	SS			
TTWT2		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	, UT			
R	С	Less: direct expenses from gaming and fundraising events 6 c				
COMMED	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6 d			
某	7 a	Gross sales of inventory, less returns and allowances				
9	b	Less cost of goods sold				
•	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8	Other revenue (describe in Schedule O)	. 8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 105,759.			
	10	Grants and similar amounts paid (list in Schedule O)	. 10 47,105.			
	11	Benefits paid to or for members	. 11			
E X	12	Salaries, other compensation, and employee benefits	. 12 21,600.			
X P E	13	Professional fees and other payments to independent contractors	22,566.			
N S E S	14	Occupancy, rent, utilities, and maintenance	. 14			
E S	15	Printing, publications, postage, and shipping	15 550.			
	16	Other expenses (describe in Schedule O)	3373331			
\dashv	17	Total expenses. Add lines 10 through 16	17 127,449.			
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -21,690.			
A S NS EE T T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	10			
ᄩ	20	figure reported on prior year's return)	19 159,391.			
S	20 21	Other changes in net assets or fund balances (explain in Schedule O)				
RA		Net assets or fund balances at end of year Combine lines 18 through 20	137,701.			

Form 990-EZ (2014) The Bible Fund 27-002714						
Par	Balance Sheets (see the instr Check if the organization used Sched	ructions for Part II)	an in this Dort II			П
	Check if the organization used Sched	uie O to respond to any questi	on in this Part II	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			159,391		137,701.
23	Land and buildings			0		0.
24	Other assets (describe in Schedule O)		[C	. 24	0.
25	Total assets			159,391	. 25	137,701.
26	Total liabilities (describe in Schedule O) -		L	C	•	0.
27	Net assets or fund balances (line 27 of c	<u> </u>		159,391	. 27	137,701.
Par	Statement of Program Service A	l	Expenses			
Mhat	Check if the organization used Sche		ired for section 501			
Desc	is the organization's primary exempt purpose? Hu cribe the organization's program service acci sured by expenses. In a clear and concise n fitted, and other relevant information for eac	manitarian, Religi omplishments for each of its th nanner, describe the services p n program title	ous and Educa ree largest program s provided, the number	ational needs services, as of persons	organi for oth	and 501(c)(4) zations; optional iers.)
28	Subsidies sent to Worldwig				 	
	& Church of God members i				1	
					1	
	Biblical & Educational Li (Grants \$ 47,105.) If thi	s amount includes foreign grar	nts, check here	·	28 a	65,490.
29						
] [
						
	(Grants \$) If thi	s amount includes foreign grar	nts, check here		29 a	
30				. 	-	
					<u> </u>	
	76					
24	(Grants \$) If thi Other program services (describe in Scheo	s amount includes foreign gran	its, check here		30 a	
31	, ,	s amount includes foreign grar		_	31 a	
32	Total program service expenses (add lin				32	65,490.
	List of Officers, Directors,				1	
11.201	Check if the organization used Sche					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit	s, oyee	(e) Estimated amount of other compensation
	Graham Davies					
	airman	40.00	21,60	0.	0.	0.
	liam G. Scott	5 00	1			0
	easurer	5.00		0.	0.	0.
	<u>rnan Herrera</u> Insel	10.00	21,78	_	0.	0.
<u> </u>	mser	10.00	21,10	0.	- 0.	
					İ	
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					1	
	- 					
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			1			
				-		
BAA		TEEA0812 0	5/28/14			Form 990-EZ (2014)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34				
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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
	olf '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		X
36	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
t	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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
ì	o If 'Yes,' complete Schedule L. Part II and enter the total			
	amount involved			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
t	Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955 . , section 49			
ı	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	ì		
	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) 501(c)(4) and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
42:	Telephone no. (626) Located at 1111 Beverly Way, Altadena, CA ZIP+4 91001	_ <u>79</u> 7	<u>-715</u>	5 <u>1</u>
	Localed at 1111 Beverly way, Altadena, CA 21F+4 91001	- - -	Yes	No
1	o 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)?	42 b	168	X
	If 'Yes,' enter the name of the foreign country			
		ļ		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	10		Х
•	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		_ ^
	If 'Yes,' enter the name of the foreign country			
				ı
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Did the comment of th		res	NO
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	1	Х
ı	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	44 b		
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	+	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			A
,	If 'No,' provide an explanation in Schedule O	44 d		
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
	b 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,'			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form 990-E	Z(2014) The Bible Fund			27-00	27145	P	age 4
	•					Yes	No
	ne organization engage, directly or indirectly				46		
	dates for public office? If 'Yes,' complete Sc			· · · · · · · · · · · · · · · · · · ·	40	<u> </u>	X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizations		ctions 47 40h and 5	2 and complete the	a tables		
	for lines 50 and 51.	s must answer que	5110115 47-450 and 5	z, and complete the	z labies		
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. П
	Oneda ii iile elgaliizatien abea Conedale	o to respond to any que				Yes	No
	ne organization engage in lobbying activities						
•	lete Schedule C, Part II						X -
	organization a school as described in secti						X
	ne organization make any transfers to an ex s,' was the related organization a section 52	•					X
	s, was the related organization a section 52 blete this table for the organization's five hig				1		
	byees) who each received more than \$100,0						
	· ·	(h) A. arana ha		(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated other comp		
		to position		compensation			
None							
							
					-		
		<u>-</u>			-		
f Total	number of other employees paid over \$100	0.000		<u>. </u>	<u> </u>		
	olete this table for the organization's five hig		pendent contractors who	each received more tha	n \$100,000 c	of	
comp	pensation from the organization. If there is n	one, enter 'None '			-r·····		
	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Com	pensation	n
None							
					<u> </u>		
	 						
				·			
					}		
	- -						
d Total	number of other independent contractors e	ach receiving over \$100	0.000		<u> </u>		
	he organization complete Schedule A? Note	-		а		ſ	$\overline{}$
	oleted Schedule A				► X Yes	s (No
Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, inc nd complete, Declaration of preparer (otbe r t han officer)	dring accompanying schedules based on all information of whi	and statements, and to the best ch preparer has any knowledge	of my knowledge and belief, it is	S		
	1/1/1/1/10 (O. 11)	NOT		15/14/15			
Sign	Signature of officer	//		Date			
Here	WILLIAM G. SO	OH TRE	ASURER				
	Type or print name and title			<u> </u>			
	Pnnt/Type preparer's name	Preparer's signature	Date	Check X If	PTIN		
Paid	W. Melton McNeely, CPA	W. Melton McNe	ely, CPA 05/12/1	I =	P0042641	. 0	
Preparer	Firm's name ► <u>McNeely & McNee</u>	ly CPAs					
Use Only	Firm's address ► P.O. Box 979			Firm's EIN	47-3109		
	<u>Hawkins</u>		TX 75765	Phone no (9	03) 769 <u>-</u>		7
May the IR	S discuss this return with the preparer show	vn above? See instruction	ons		► X Ye		No
					Form 99	10-EZ ((2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

older or mago

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number The Bible Fund 27-0027145 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (v) Amount of monetary (i) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed in your governing document? (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) Yes No (C) (D) (E)

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

Part II 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.)

Section A. Public Support								
Calendar year (or fiscal year beginning in) ►		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	83,947.	91,457.	126,042.	122,645.		424,091.	
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	83,947.	91,457.	126,042.	122,645.		424,091.	
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 line 4						424,091.	
<u>Sec</u>	tion B. Total Support					г		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	83,947.	91,457.	126,042.	122,645.		424,091.	
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 VI)							
11	Total support. Add lines 7 through 10						424,091.	
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	2	
13	organization, check this box and s	top here			· · · · · · · · · · · ·	<u></u>	▶ □	
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage				· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 201							
15	Public support percentage from 20							
16 a	16a 33-1/3% support test — 2014. 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 — 2013. 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							
17 a	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a put	and stop here. Exp plicly supported org	plain in Part VI h ganization	ow the	
18	Private foundation. If the organiz	ation did not checl	a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruc	ctions ►	
DAA						hadula A (Farma)	990 or 990-E7\ 2014	

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						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
	any 'unusual grants ')						
2	Gross receipts from admis-		·	•		-	
	sions, 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						
5	its behalf						
3	facilities furnished by a						
	governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b			_			
8	Public support (Subtract line						
<u> </u>	7c from line 6.)) <u> </u>		<u> </u>	<u> </u>	
	tion B. Total Support	(-) 0040	(L) 0044	(-) 0040	(-1) 2042	(2) 2014	/f\ Total
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6					<u>-</u>	
iva	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is					}	
12	regularly carried on					 	+
	gain or loss from the sale of						
	Part VI)						
13	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 is organization, check this box and s						▶ □
	tion C. Computation of Pu						
15	Public support percentage for 2014		•				
16	Public support percentage from 20					16	8
	tion D. Computation of Inv						
17	Investment income percentage for						
18	Investment income percentage fro						
19 a	33-1/3% support tests $-$ 2014. If is not more than 33-1/3%, check the	the organization d	id not check the be	ox on line 14, and tion qualifies as a	line 15 is more that publicly supported	n 33-1/3%, and I organization	ıne 17 ▶ ∏
b	33-1/3% support tests - 2013. If	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/3	3%, and
	line 18 is not more than 33-1/3%, of	check this box and	stop here. The o	rganizatıon qualıfi	es as a publicly sup	ported organizat	ion ▶ 📘
20	Private foundation. If the organiz	ation did not check	ca box on line 14,	19a, or 19b, chec	k this box and see	instructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
	the designation in historic and continuing relationship, explain	<u> </u>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	made the determination	30		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	41		
	or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		1
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	amenument to the organizing documenty			
_	Type Law Type II anky. Was any added as substituted supported assentation and of a class already designated in the			4
L	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			K
	complete Part I of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
				سسان
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hine ti	he organization accepted a gift or contribution from any of the following persons?	ARKS.	Yes	No COSCI
	a A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the raining body of a supported organization?	11a	1115	
	•	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting Organizations	1 110		
<u> </u>		5. Type I Supporting Organizations		Yes	No
1	or ele Part If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint that a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove those or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	orgar vear.	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ž
2	organ	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard	3		
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations			
1	Chan	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below	2"		
	\equiv	, , , , , , , , , , , , , , , , , , , ,			
	=	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 📙 1	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
2	Activ	ities Test Answer (a) and (b) below.		Yes	No
	suppo orga: respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b	5.1	
3	Pare	nt of Supported Organizations Answer (a) and (b) below.			
	a Did ti each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did ti supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	200	***

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	lovem tions /	ber 20, 1970 See instruc A through E	tions. All	
Section A – Adjusted Net Income (A) Prior Year					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
á	Average monthly value of securities	1 a			
	Average monthly cash balances	1 b			
	Fair market value of other non-exempt-use assets	1 c			
	i Total (add lines 1a, 1b, and 1c)	1 d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI).				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6	<u></u>		
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount	T		Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-	
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6_			
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	ed Typ			
BAA			Schedule A (For	rm 990 or 990-EZ) 2014	

Schedule A (Form 990 or 990-EZ) 2014 Page 7						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continued)			
Section D — Distributions						
_1	Amounts paid to supported organizations to accomplish exempt purpose	es				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of suppor					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)					
3	Excess distributions carryover, if any, to 2014					
а						
b		- -				
С						
d						
е	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2014 from Section D, line 7					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2015. Add lines 3j and 4c					
8	Breakdown of line 7					
a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b						
	Excess from 2013					
	Excess from 2014					

27-0027145

Supplemental Information. 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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

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	10,134.
Telephone	2,082.
Employment taxes	2,589.
Internet & Website design	10,698.
Bibles	443.
Bank and Western Union Fees	1,074.
Office Supplies	2,052.
Licenses & Fees	
Internet	
Travel	6,556.
Total	35,628.