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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	mal Rever	nue Service	► Information about Form 990 and its instructions is at www.irs	gov/form99	0	Inspection				
<u>A</u>	For the	2014 cale	ndar year, or tax year beginning , 2014, and endi	ng		, 20				
В	Check if	f applicable	C Name of organization Community Bible School D Employer identification number							
	Address	change	Doing business as The Homestead, Meadow Lake Community Church			91-1275574				
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Telephor					
	Initial re	turn	19028 Meadow Lake Rd			360-568-6512				
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Snohomish, WA 98290		G Gross re	cerpts \$ 222,218.				
	Applicat	tion pending	F Name and address of principal officer	H(a) is this a g	roup return for s	subordinates? 🔲 Yes 🗹 No				
			Greg Miller 19028 Meadow Lake Rd Snohomish, WA 98290	<u> </u>		included? Ves No				
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)	If "N	lo," attach a	list (see instructions)				
<u>J</u>	Website	, ,	w.HomesteadRetreats.com		exemption					
K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	tion 1985	M State	of legal domicile WA				
P	art I	Summ								
_	1					te the gospel of Jesus				
Activities & Governance			ough having and facilitating Bible conferences with like minded churches weekly Bible studies, rescuing and training destitute young women in Nep							
Ë										
Š	2		is box if the organization discontinued its operations or disposed		1 1					
Ğ	3		of voting members of the governing body (Part VI, line 1a)		1	3				
δ. 	4		of independent voting members of the governing body (Part VI, line 1b)		4	5				
Ę	5					35				
र्ड	6		nber of volunteers (estimate if necessary)			0				
⋖	7a				<u> </u>	0				
	b	Net unrei	ated business taxable income from Form 990-T, line 34	Prior Ye	7b	<u></u>				
		0 4 1	Sana and swarts (Dark VIIII has 4 b)	79372	Current Year 102885					
9	8		tions and grants (Part VIII, line 1h)		65038	66415				
Revenue	9	•	service revenue (Part VIII, line 2g)		24725	24337				
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		11459	15884				
	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		180594	209521				
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35779	72077				
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	72077				
	14		paid to or for members (Part IX, column (Å), line 4)		5308	5778				
8	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0				
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			<u>_</u>				
쯦	l b		draising expenses (Part IX, column (D), line 25) ►	·	109643	107012				
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	 · · · · · · · · · · · · · · · · · ·	150730	184867				
	18 19		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		29864	24654				
		Revenue	less expenses. Subtract line 18 from line 12	Beginning of Ci		End of Year				
Vet Assets or	20	Total aga	oto (Part V. line 16)	Deginning of Co	362456	401361				
25	21		ets (Part X, line 16)		7193	21548				
ž.	22				355263	379813				
_	art II		is or fund balances. Subtract line 21 from line 20 cure Block							
_			ry, I declare that I have examined this return, including accompanying schedules and state	mente and to t	he beet of m	ny kaondedae and belief it is				
			ete Declaration of preparer (other than officer) is besed on all information of which prepare			iy kilowicago ana belici, it is				
		T	11 1 11 111		4/2	9/10				
Sig	an a	Sign	atupe of officer	Da	ite	4.5				
	re	1	REGORY S MILLER PRESIDENT	-						
			or print name and title							
	.:al	Pnnt/Ty	pe preparer's name Preparer's signature D	ate		PTIN				
Pa					Check L self-emp					
	epare		ame •	Fire	n's EIN ▶					
US	se On	יי די	ddress ▶		ne no.					
Ma	y the II		s this return with the preparer shown above? (see instructions)			· · DYes No				
_				lo 11282Y		Form 990 (2014)				

rum 93	0 (2014)					rage Z
Part			e Accomplishments			
				any line in this Pa	art III	<u></u>
1		he organization's mis		l of Jesus Christ th	nroughout the world by the pro	motion and support
					of Individual Christian's person	
					ng programs, and helping orph	

2	Did the organizat	tion undertake any si	gnificant program servi	ces dunng the ye	ar which were not listed on t	he
	prior Form 990 o					🗌 Yes 🛭 🗹 No
		these new services				
3		ation cease conduct	ing, or make significa	int changes in h	ow it conducts, any progra	
	services?					☐ Yes 🗹 No
4		these changes on S		sta far anah af ita	three levent program conve	an an management by
4					three largest program service the amount of grants and a	
			y, for each program ser		t the directile of grants and a	modulorio to otricio,
	•		, ,	•		
4a	(Code:) (Expenses \$	71272 including gr	ants of \$	0) (Revenue \$	66415)
	•		inistries plan and facilita			
	A total of 717 peo	ple attended these co	nferences. During these	conference we pr	ovided devotionals, Bible teacl	nings, facilities, and
		at attend these confer s, familes, and mission		ty of churches wh	ich include men's groups, won	nen's groups,
	readership group	s, rampes, and mission	nary groups.			
						,,,
						,

4b	(Code:) (Expenses \$	41518 including gr	ants of \$	0) (Revenue \$	*See below)
	We have a interde	enominational Sunday	Evening Service each w	eek along with diff	erent weekly Bible Studies eac around 25 - 30 people with ab	h week that are held
	in various nomes	of individuals in our a	d \$21 050 In general co	g services average	e around 25 - 30 people with ab lese services in 2014 over the y	out 40 different
			revenues since they we			
						<i></i>
		· · · · · · · · · · · · · · · · · · ·	72077		72077	**See below)
4c	(Code:) (Expenses \$	including gr	ants of \$	72077) (Revenue \$	nreaching
					d Poland. Most of our outreacl	
			· ·		men who have hardly any educ	
	to Kathmandu, N	epal and send them th	rough a training progran	so that they can l	become seamstresses and run	their own business.
	We pay for their r	oom, board, and tuitio	n at Rescue Training and	d Development Cer	nter. We are currently on our 14	ith group of girls.
					hans and help some Nepali pas	
					upport a Christian ministry cal	
					stry called Cafe Repair which t	
					s, homes while they are in a dif	
	•				at we receive which for 2014 to	taled \$/1826., which
	the instructions f	or this form say not to	Include these as revenu	es since they were		
	Other	anders (Describe la C	`abadula O `		···	
4d	Other program s (Expenses \$	ervices (Describe in S	g grants of \$) (Revenue	\$ 1	
	_ `	ervice expenses	184867.) (i levelide	<u>* </u>	
• • •	i viai pivylaiil St	TO TOO TOO TOO				

Part	Checklist of Required Schedules		_	ugo o
			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	*	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	<u> </u>
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		•
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? If "Yes," complete Schedule C, Part II	4		,
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		ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
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		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	-	~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		~
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		~
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	•	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	4	
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		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
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 and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ŀ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	•	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	•	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	•	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
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		•
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\Box

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	г	Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		•
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		•
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		*
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	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		•
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
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		مد
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		*
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		•
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		•
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		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	•	
		Fon	n 990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4	Established and the control of the c		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
•	reportable gaming (gambling) winnings to prize winners?	1c	/	l
2a			•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	L
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		-
b	If "Yes," enter the name of the foreign country: ▶			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		•
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
-	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		*
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	required to file Form 8282?	7c		•
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 1		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.			\vdash
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			ĺ
a b	Initiation fees and capital contributions included on Part VIII, line 12			1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	100		100
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		-
	11 100, That it mod a 1 Offit 120 to report a root payments in 110, provide an explanation in Ochequie O		990	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins		
Secti	on A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	•	
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
a	The governing body?	8a	V	
9	Each committee with authority to act on behalf of the governing body?	8b	/	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	odo l	-
56 64	on b. Folicies (This dection b requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	•	
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	₩	
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a	-	-
Section	on C. Disclosure	16b	Щ.	L
17	List the states with which a copy of this Form 990 is required to be filed ▶ Not required in Washington State			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Greg Miller 19028 Meadow Lake Road Snohomish, WA 98290 360-568-6512	cords	: >	

C~~~	$\alpha \alpha \alpha$	(2014)	

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'n	ne	•

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. 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.

Check this box if neither the organization no	Tariy relate	u org	arıız			ombe	1158	tied any currer	it onicer, airecto	r, or trustee.
	1	1			C)					
(A)	(B)	,			ition			(O)	(E)	(F)
Name and Title	Average					than e		Reportable	Reportable	Estimated
	hours per				compensation	compensation from	amount of			
	week (list any	25	15	Го		9 I	27	from	related	other
	hours for related	5 5	St	Officer	8	콩	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	S E	듣	9	3	oye st	₫	(W-2/1099-MISC)		organization
	below dotted	의 학	a		Key employee	8		[and related
	line)	Individual trustee or director	2	l	8	Į g	l			organizations
	İ	*	Institutional trustee			Highest compensated employee				•
	 		-	_	-	<u> </u>	-			
(1) Greg Miller President/Treasurer	60									
19028 Meadow Lake Rd Snohomish, WA 98290		~		1			<u> </u>	0	0	
(2) Teresa Miller Secretary	40	ļ								
19028 Meadow Lake Rd Snohomish, WA 98290		1	_	~	_			0	0	(
(3) Mark Barrett	20					ŀ		_		
8510 E. Meadow Lake Rd Snohomish, WA 98290		1	<u> </u>	~	ļ	ļ	<u> </u>	0	0	
(4)										
(5)										
(6)										
Phys.			├	<u> </u>		ļ	ļ	-		
(7)										
(8)										
(9)										
				<u> </u>	Ĺ_					
(10)	 									
(11)										
(12)							-			
(13)	ļ	<u> </u>	\vdash		-		-			
(14)	 									
	ı	i	1		L	<u> </u>	1	L	L	

Fart	Section A. Unicers, Directors, Trus	tees, Key E	mplo	<u>yees</u>	s, ar	10 F	lighe	st C	ompensated E	mployees (c	<u>ontin</u>	uea)		
	(A) Name and trile	(B) Average hours per week (list any	box,	unles er and	Pos eck s pe	rson	than on the than the	an	(D) Reportable compensation from	(E) Reportable compensation related		Esti	(F) mated ount of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		comp fro orga and	other sensation or the nization related nizations	1
(15)														
(16)														-
(17)														
(18)		-										 		
(19)														
(20)											\dashv			
(21)											\dashv			
(22)												<u>-</u>		
(23)											-			
(24)											\dashv			
(25)												·		
1b	Sub-total			<u></u>				>	0		0			0
C	Total from continuation sheets to Part	-		•	•		•	>	0		0			0
d	Total (add lines 1b and 1c)							<u>.</u>	<u> </u>					0
2	Total number of individuals (including but reportable compensation from the organi	zation >	I to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:											d 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep greater tha	portal	ole d	com	nper	nsatio	n a	nd other comp	ensation fro	m th	ie 💮		,
5	Did any person listed on line 1a receive of for services rendered to the organization													
Section	on B. Independent Contractors								, , , , , , , , , , , , , , , , , , ,	<u> </u>		1 3		_
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
NONE														
								<u> </u>						_
								<u> </u>						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	_			
	received more man \$100,000 or compens	Jacon HOIII	ine U	yan	120									

Form 990 (2014) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . 1 (D)
Revenue
excluded from tax
under sections
512-514 (C) Unrelated (A) Total revenue (B) Related or exempt function revenue business revenue Federated campaigns . . . Contributions, Gifts, Grants 1a and Other Similar Amounts Membership dues 1b Fundraising events . . . 1c Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 102885 Noncash contributions included in lines 1a-1f \$ 102885 Total. Add lines 1a-1f . . . **Business Code** Program Service Revenue **Bible Conferences** 900099 66415 66415 All other program service revenue. Total. Add lines 2a-2f. 66415 3 Investment income (including dividends, interest, and other similar amounts) ▶ 12000 12000 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties . . (ı) Real (ii) Personal 16550 6a Gross rents . . 3601 Less: rental expenses 12949 Rental income or (loss) 12949 12949 d Net rental income or (loss) 7a Gross amount from sales of (i) Securities 20630 assets other than inventory Less cost or other basis 8293 and sales expenses 12337 Gain or (loss) . . 12337 12337 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events c Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses **b** c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less 3738 returns and allowances . . . 803 Less: cost of goods sold . . . 2935 2935 Net income or (loss) from sales of inventory . Miscellaneous Revenue

209521

66415

11a

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions.

40221

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete colu	ımn (A).				
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	0	0						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1337	1337						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign			·					
4	Individuals. See Part IV, lines 15 and 16	70740 0	70740 0						
4 5	Compensation of current officers, directors, trustees, and key employees	0	0	NONE	NONE				
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 5778	5779						
7 8	Other salaries and wages	0	5778						
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0	0	•					
10	Payroll taxes	906	906	·····					
11	Fees for services (non-employees):								
а	Management	0	0						
b	Legal	0	0						
C	Accounting	0	0						
d	Lobbying	0	0						
e	Professional fundraising services. See Part IV, line 17	0	0						
f g	Investment management fees								
9	(A) amount, list line 11g expenses on Schedule O) .	o	О						
12	Advertising and promotion	0	0						
13	Office expenses	654	654						
14	Information technology	0	0						
15	Royalties	70040	70040						
16	Occupancy	73349	73349 0						
17 18	Travel								
	for any federal, state, or local public officials	o	0						
19	Conferences, conventions, and meetings .	0	0						
20	Interest	0	0						
21	Payments to affiliates	0	0		······				
22	Depreciation, depletion, and amortization	10804 4575	10804 4575						
23	Insurance	4575	4070						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
_	(A) amount, list line 24e expenses on schedule O.)		····						
a b									
C									
ď									
e	All other expenses - See Attachment	16724	16724						
25	Total functional expenses. Add lines 1 through 24e	184867	184867						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	34960	1	45638
	2	Savings and temporary cash investments [2403	2	2403
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	240000	5	240000
Assets	6	Loans and other 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). Complete Part II of Schedule L		6	-
SSe	7	Notes and loans receivable, net		7	
ď.	8	Inventories for sale or use	1373	8	1260
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 221661			
	ь	Less: accumulated depreciation 10b 133542	83720	10c	88119
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	23941
	16	Total assets. Add lines 1 through 15 (must equal line 34)	362456	16	401361
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	· 	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7193		21548
			7193	25	21548
_	26	Total liabilities. Add lines 17 through 25	7 193	26	21340
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			:
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
2	33	Total net assets or fund balances	355263	33	379813
	34	Total liabilities and net assets/fund balances	362456	34	401361
					Form 990 (2014)

	90 (2014)			Pa	ige 12
Par	XI Reconciliation of Net Assets		·		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	9521
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	34867
3	Revenue less expenses. Subtract line 2 from line 1	3		- 2	4654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	5263
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		• •	
8	Prior period adjustments	8			-104
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		37	79813
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				·
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			, , ,
	reviewed on a separate basis, consolidated basis, or both:				'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		•
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ın			
	Schedule O.		_		,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		_3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Community Bible School 91-1275574 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (iv) is the organization 60 EIN (v) Amount of monetar (vi) Amount of other support (see (described on lines 1~9) listed in your governing support (see above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

N/A

Part							
	(Complete only if you checked th						alify under
C4	Part III. If the organization fails to on A. Public Support	quality und	er the tests lis	sted below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(6) 2014	(i) iotai
•	membership fees received. (Do not include 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 line 4.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	/(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u> </u>	· · · · ·	• • • • •	• • • • •	· · · > 🖸
	ion C. Computation of Public Support Public support percentage for 2014 (line 6)			11 0011 (6)		144	
14 15	Public support percentage for 2014 (line to Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua						
Ь	331/3% support test—2013. If the organ check this box and stop here. The organ					9 15 is 33 ¹ /3%	_
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	tion meets the	e "facts-and-cits-and-cits-and-circums	ircumstances" tances" test 1	test, check to The organization	nis box and st	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		see

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.)

Secti	Section A. Public Support								
Calen	dar 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")	80331	68646	64617	79372	102885	395851		
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	92975	79175	62241	65038	66415	365844		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	923	7458	15824	25979	24368	74552		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	o	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0		
6	Total. Add lines 1 through 5	174229	155279	142682	170389	193668	836247		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	27420	20059	14331	18660	48389	128859		
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	7829	3920	1461	1423	1062	15695		
C	Add lines 7a and 7b	35249	23979	15792	20083	49451	144554		
8	Public support (Subtract line 7c from line 6.)		·				691693		
	on B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2010 174229	(b) 2011 155279	(c) 2012 142682	(d) 2013 170389	(e) 2014 193668	(f) Total 836247		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4182	8297	23102	26600	28550	90731		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	o	0	0		
c	Add lines 10a and 10b	4182	8297	23102	26600	28550	90731		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	75	0	0	0	o	75		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)	178486	163576	165784	196989	222218.	927053		
14	First five years. If the Form 990 is for the organization, check this box and stop her	=			•	ear as a sectio			
Secti	on C. Computation of Public Suppor				· · · · · · · · · · · · · · · · · · ·				
15									
16	Public support percentage from 2013 Sch		-			16	79.37 %		
Secti	on D. Computation of Investment Inc								
17	Investment income percentage for 2014 (•		17	9.79 %		
18	Investment income percentage from 2013					18	7.47 %		
19a	331/3% support tests—2014. If the organian is not more than 331/3%, check this box								
b	331/3% support tests-2013. If the organiz	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	33 ¹ /3%, and		
20	line 18 is not more than 33½%, check this be Private foundation. If the organization div		_	=			_		
<u> </u>		u		,					

N/A

Part IV	Supporting Organ	

(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.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations		1	
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	Yes	No
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		
3a	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		
	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.	3с		
	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.	4 a		
ь	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 or supervised by or in connection with its supported organizations.	4b		
С	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		
5a	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		
	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		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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," complete Part I of Schedule L (Form 990).	8		
9a	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		
b	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	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	
10a	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.	102		

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.)

Schedu	le A (Form 990 or 990-EZ) 2014		F	age 5
Part	Supporting Organizations (continued)		.	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported prganization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		·	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		12.2	
_			Yes	No
1	Were a majority of the organization's directors of trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations \	<u> </u>	L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		ļ	
_	1	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	İ	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ĺ	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	_		
	•	2a	ļ	├─-
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>	 	\vdash
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	<u> </u>

n l A

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organia	zations	rage U
1 Check here if the organization satisfied the Integral Part Test as a qual			instructions. All
other Type III non-functionally integrated supporting organizations mus			<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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 of 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 amo see instructions).	ount, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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-functions.	ionally-int	egrated Type III suppor	ting organization (see

Schedule A (Form 990 or 990-EZ) 2014

Page 7

NlA

Part	V Type III Non-Functionally Integrated 509)(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accom	olish	exempt purposes		
2	Amounts paid to perform activity that directly further	s exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	7			
3_	Administrative expenses paid to accomplish exempt	dur	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	T			
5	Qualified set-aside amounts (prior IRS approval requ				
6	Other distributions (describe in Part VI). See instruction	ions.			
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to (provide details in Part VI). See instructions.	which	ch the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6	7			
10	Line 8 amount divided by Line 9 amount	1			
Se	ection E - Distribution Allocations (see instructions	<u></u>	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			<u></u>	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)	ı			
3	Excess distributions carryover, if any, to 2014:	$\overline{}$			
а		I_{-}			
b		T			
С		1			
d		_			
е	From 2013	\overline{Z}			
f	Total of lines 3a through e	,	\		
g	Applied to underdistributions of prior years		1		
h_	Applied to 2014 distributable amount		\		
i_	Carryover from 2009 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section				
	D, line 7: \$				
a	Applied to underdistributions of prior years		/		
<u> </u>	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·	
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014 any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	/if			
6	Remaining underdistributions for 2014. Subtract line and 4b from line 1 (if amount greater than zero, see instructions).	3h			
7	Excess distributions carryover to 2015. Add lines and 4c.	3j \			
8	Breakdown of line 7:				
а					
Ь					
С					
d	Excess from 2013				
е	Excess from 2014				
		7		Schedule	A (Form 990 or 990-EZ) 2014

Part VI	Page 8 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.)
Page 3 Lin	te 1 Column (b) - We received a one time large contribution from an estate of \$237,000. In 2011 which is not included in
	nt shown on this line since it was a one time extraodinary gift.
	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Em								
	t I	Organizations Maintaining Donor Adv	ised Funds or Other Similar F	unds or				
		Complete if the organization answered '			Addding.			
	-		(a) Donor advised funds	<u> </u>	(b) Funds and other accounts			
1	Total	number at end of year						
2		egate value of contributions to (during year)			····			
3		egate value of grants from (during year) .						
4		egate value at end of year						
5		he organization inform all donors and donor	advisors in writing that the asset	s held in	donor advised			
		s are the organization's property, subject to th						
6		he organization inform all grantees, donors, a						
		for charitable purposes and not for the benef						
		erring impermissible private benefit?						
Par	t II	Conservation Easements.						
		Complete if the organization answered '	'Yes" to Form 990, Part IV, line	7.				
1	Purp	ose(s) of conservation easements held by the						
		reservation of land for public use (e.g., recreat		n of a hist	orically important land area			
		rotection of natural habitat			tified historic structure			
	□ P	reservation of open space						
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contrib	ution in th	ne form of a conservation			
		ment on the last day of the tax year.			Held at the End of the Tax Year			
а	Total	number of conservation easements			2a			
b		acreage restricted by conservation easement			2b			
c		ber of conservation easements on a certified h			2c			
ď.		ber of conservation easements included in						
					2d			
3	Num	ber of conservation easements modified, trans	ferred, released, extinguished, or t	terminated				
	tax y		, , , ,					
4	Num	ber of states where property subject to conse	vation easement is located ►					
5		the organization have a written policy reg		inspectio	n. handling of			
		tions, and enforcement of the conservation ea						
6	Staff	and volunteer hours devoted to monitoring, in	specting, and enforcing conservat	ion easem				
_	•	g,			ionio da ing ino you.			
7	Amo	unt of expenses incurred in monitoring, inspec	ting, and enforcing conservation e	asements	dunng the year			
	▶\$,			adming the year			
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements	of section	n 170(h)(4)(B)(i)			
		section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · Ves · · No			
9	In Pa	rt XIII, describe how the organization reports of	conservation easements in its rever	nue and e	— —			
		nce sheet, and include, if applicable, the text of						
		nization's accounting for conservation easeme						
Part	Ш	Organizations Maintaining Collections	of Art, Historical Treasures,	or Othe	r Similar Assets.			
-		Complete if the organization answered "						
1a	If the	organization elected, as permitted under SF			ue statement and balance shee			
	work	s of art, historical treasures, or other similar	assets held for public exhibition,	educatio	in, or research in furtherance o			
		c service, provide, in Part XIII, the text of the fe						
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in	its revenu	e statement and balance shee			
	work	s of art, historical treasures, or other similar	assets held for public exhibition,	educatio	n, or research in furtherance o			
		c service, provide the following amounts relati						
	(i) R	evenue included in Form 990, Part VIII, line 1			▶ \$			
	(ii) As	ssets included in Form 990, Part X			> \$			
2	If the	organization received or held works of art,	historical treasures, or other sim	ilar asset	s for financial gain, provide the			
_		ving amounts required to be reported under S			gain, provide the			
а		nue included in Form 990, Part VIII, line 1 .	` '		▶ \$			
h	A 222	te included in Form 900. Part Y			· · · · · · · · · · · · · · · · · · ·			

C-4	, In D. (Farm 200) 2014					- •
Pari	le D (Form 990) 2014 Organizations Maintaining	Callactions of	Aut Historias	I Transcriptor or	Othor Cimilar Acc	Page 2
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of				
а	☐ Public exhibition		d 🗌 Loa	an or exchange p	rograms	
b	Scholarly research				·····	
C	☐ Preservation for future generation:	s				
4	Provide a description of the organiza XIII.	tion's collections	and explain hov	v they further the	organization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta				Yes □ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes			•	
1a	included on Form 990, Part X?					t □ Yes □ No
ь	If "Yes," explain the arrangement in P	art XIII and compl	ete the following	g table:		nount
_	Paginning balance					TOUTL
c d	Beginning balance				1c	
e	Distributions during the year			· · · · · · · · · · · · · · · · · · ·	1e	
f	Ending balance			i i	1f	
2a	Did the organization include an amou					Yes No
	If "Yes," explain the arrangement in P					
Par		<u> </u>	<u> </u>			<u>:: </u>
	Complete if the organization	n answered "Yes	" to Form 990.	, Part IV, line 10	.	
		(a) Current year	(b) Pnor year	(c) Two years ba		(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and					
	losses					i
d	Grants or scholarships					<u> </u>
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
9	End of year balance					
2	Provide the estimated percentage of	the current year er	nd balance (line	1g, column (a)) he	eld as:	
а	Board designated or quasi-endowme	nt 🕨	%			
b	Permanent endowment ▶	%				
C	Temporarily restricted endowment ▶	·%				
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in th organization by:	e possession of th	ne organization	that are held and	administered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organ		•			3b
4	Describe in Part XIII the intended use		on's endowmen	t funds.		
Par			u. =			
	Complete if the organization					
	Decoration of property	l (a) Cost or of	that hacie I (h) Coi	et or other hacie	(c) Accumulated	(d) Rook value

(investment) (other) depreciation **1a** Land **b** Buildings c Leasehold improvements 98044 24830 73214 123617 108712 14905 Equipment Other . . 88119 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments—Other Securities				
	Complete if the organization ans		990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	'	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					· · · · · · · · · · · · · · · · · · ·
(D)					
(E)				- 	·····
(F)					
(G)					
(H)					
Total, (Column (I	b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments-Program Related	i.	······································	<u> </u>	
	Complete if the organization ansi		990. Part IV. III	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
				Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)		····			
(5)					
(6)					"
<u>(7)</u>			 		
(8)					
(9) Total (Caluma (b) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
Part IX	Complete if the organization answ	wered "Yes" to Form	990, Part IV, Ii	ne 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1) 3 - 2006	Ford E350 12 Passenger Vans for sale		·		23941.
(2)	, ,				
_(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)		**************************************			
(6)					
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)			·- · · ·		
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u> </u>	23941.
Part X	Other Liabilities. Complete if the organization ansuline 25.	wered "Yes" to Form	990, Part IV, III	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes	No	ne		
(2) Credit C	ard Loan - for Van Purchases	15	050.		
(3) PUD Wir	ndow Loan	2	998.		
(4) Deposits	s on future Conferences	3	500.		
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)	21	548.		
2. Liability for	r uncertain tax positions. In Part XIII, provi				
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740) Chec	k here if the text o	f the footnote has bee	n provided in Part XIII

Part				Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	9		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial State			er Return.	
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
C	Other losses]	
d	Other (Describe in Part XIII.)			1 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	:		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			4	
ь	Other (Describe in Part XIII.)			4 . 1	
_c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii XIII Supplemental Information.	ne 18.) .		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part	IV lines 1h and 2l	n: Part V line 4	- Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				r, 1 arc //, 11110
_,	,				
					

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Community Bible School

Department of the Treasury Internal Revenue Service **Employer identification number**

91-1275574 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total employees, agents, and independent a program service, describe specific type of service(s) in region offices in the region expenditures for and investments in region contractors in region grants to recipients located in the region) (1) South Asia - Nepal 0 0 Grants - mission work Propogating the gospel 58190. (2) North America 0 0 Grants - mission work Propogating the gospel 11800 (3) East Asia - Pacific 0 0 Grants - mission work Propogating the gospel 750. (4) (5) (6)(7) (8) (9) (10)(11) (12)(13) (14) (15) (16)(17)Sub-total 0 0 70740 3a Total from continuation sheets to Part I . . . 0 0 0 0 0 70740 Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South Asla - Nepal	Training Expenses	21890.	21890. Western Union, Cash	None	NA	
(2)		North America	Operating Expenses	11800.	Wire	None	WA	
(3)								
(4)								
(5)								
(9)								
(ع)								
(8)								
(6)			-					
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(F)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

က

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants ar

Part III can be dupilo	Part III can be dupilicated if additional space is needed.	s is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) University Tuition/Room/ Board South Asia - Nepai	South Asia - Nepai	5	32277.	32277. Western Union,cash	None	NA	
(2) Indigent Medical Bills	South Asla - Nepai	2	1000.	1000. Western Union, casi	None	NA	
(3)							
(4)							
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(18)							
						Sche	Schedule F (Form 990) 2014

D-	70	- 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizatio may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	d	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electin Fund (see Instructions for Form 8621).	1,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713; do not file with Form 990)		☑ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I - Every 4 months a ministry called Rescue and Training Development Center picks 10 young destitute women from villages in Nepal and brings them to Kathmandu. RTDC helps educate them and teaches them how to sew and run a seamstress business. We pay for the room, board, and tuition for those 4 months. During this time they are also taught about the love Jesus Christ has for them. At the end of 4 months they return to their villages to begin their businesses. We are now on our 14 group of students and have had a very high success rate. One of our board members attends the graduation every 4 months and we are in constant communication with the directors of RTDC who send us pictures and updates monthly. www.nepairtdc.com We have also involved ourselves with sending some older orphan children, whom we have some personal knowledge of , to university in Nepal, India, and the Phillipines by paying their room, board and tuition. Some of these students are from orphanages we have supported in the past, while others are children of indigent people whom we know. These students are also followers of Christ and are committed to sharing the gospel of Jesus Christ. We monitor their progress via email, personal visits when visiting Nepal, and communicating with their parents, pastor or orphanage parents. Part 1 - Frontier Lodge is a ministry located in Alberta, Canada dedicated to sharing the gospel of Jesus Christ, using creation as the way to share the gospel of Jesus Christ with those taking part in their programs. Some of the staff at Frontier Lodge grew up being part of our Sunday Church Services and participated in the ministry here. They are like minded in purpose and attended the same Bible School as one of our board of directors. We monitor the ministry through a board member visiting the ministry once or twice a year, through email, and twice a year they return to our area and share about what is happening at Frontier along with biogging. www.Frontierlodge.ca Part 1 - A doctor who use to attend our church services is now working in Papua New Guinea with a ministry called Wycliffe Bible Translators and is providing medical services to both the natives and other missionaries in that area. We monitor the ministry via personal email communication, monthly newsletters as well as them returning every few years to share with us about the ministry. Part I, II, III - Selection of Organizations and Individuals We Support - The organizations which we select have leadership that agree with our purpose, mission, and doctrinal stmts and are followers of Christ. Someone from our ministry needs to have personally met these leaders. They have not requested grants from us, but rather must be presented to the board by someone from our ministry that knows them. The individual orphans we pay tuition, room, and board for have been children in orphanages we have supported in the past or are from indigent families that we know personally. Our emphasis is finding individuals that we know are committed followers of Christ so that the gospel of Jesus Christ will be propogated and disseminated through various avenues of their employment in the future.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (9) Pelationship between disqualified person and organization and organization and organization and organization department of degualified person and organization organization organization organization organization organization and organization and organization and organization and organization organiza		munity Bible School							Emplo	yer idei		2755			
1 None Name of disqualified person Organization Organizati	Pa	Complete if the	fit Transaction le organization	is (section 501 answered "Ye	(c)(3), s" on F	section form 99	501(c)(4), a 0, Part IV, l	nd 50 ine 25	1(c)(29) organiz a or 25b, or Fo	ations	only) 0-EZ,	Part	V, line	40b.	
(1) None (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	_	(a) Name of disquelified	nomon				person and		(a) Decembre	a of trai				(d) Con	rected?
(2) (3) (4) (5) (6) (7) (8) (8) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. (6) (7) (8) (8) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Name of disqualified	person		organiza	ition			(c) Descriptio	n or trai	isactioi	1		Yes	No
(4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)	None													
49	(2)														
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	(3)														
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.	(4)														
Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.	(5)														
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization															
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization (e) Onginal principal amount (f) Balance due (g) In default? (h) Approved by board or agreement? (a) Name of interested person (b) Relationship with organization (e) Purpose of It from the organization (f) Balance due (g) In default? (h) Approved by board or agreement? (a) Name of interested person (b) Relationship with organization (e) Purpose of It from the organization (f) Balance due (g) In default? (h) Approved by board or agreement? (a) Name of interested person (b) Relationship between interested persons. (b) Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) None										_	-				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan from the organization? (b) Relationship with organization (c) Purpose of loan from the organization? To From 1 To From 1 To Prom	3	Enter the amount o	f tax, if any, on	line 2, above,	reimbu	ursed by	the organ	ızatior	۱		!	• \$			
(1) Greg Miller Director/Pres Earn Interest		Complete if the organization re	e organization eported an amo	answered "Yes ount on Form 9 (c) Purpose of	s" on F 990, Pa (d) Lo froi	art X, line oan to or m the	e 5, 6, or 2:	2. nal		г—		(h) Ap	proved pard or	(i) W	
2) Mark Barrett Director/V. Pre for our Nepal					То	From					No	Yes	No	Yes	No
(3) ministries	(1)					/	L			1	4			1	İ
(4) (5) (6) (7) (8) (9) (10) (10) (10) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(2)	2) Mark Barrett Director/		1		4	12	0000.	120000.		1	4		4	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (3) (4) (5) (6) (7)	(10)				l	1									
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (2) (3) (4) (5) (6) (7) (8)	Tota	al						.▶	\$ 240000.						
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	(Form 990 or 990-EZ) 2014	Line Laborator I Donner			F	age
Part IV	Business Transactions Invo Complete if the organization a	iving interested Persons. answered "Yes" on Form 990	, Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	
					Yes	No
(1) No	ne					
(2)						 _
(3)			· · · · · · · · · · · · · · · · · · ·			├
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(10) Part V	Supplemental Information			1		<u> </u>
r art v	Provide additional information	for responses to questions	on Schedule L (see	e instructions).		
Part II - C	Community Bible School received a	large donation of \$240,000. fro	om an estate in 2011	-2012 to support our ministries in	Nepal.	
		•		• •	•	
It was de	cided by the board to invest this me	•		to support our ministries in Nepa		
Per our o	conflict of interest policy a committe		ot Include any disqu	ualified persons or persons with		
a conflic	t of interest, unanimously voted to	oan \$120,000. of the money to	Greg and Teresa M	iller, who are both officers and dir	ectors,	
and the	other \$120,000. to Mark and Jill Barr	•	a director. The term	ns of the loan were 5 years, interes	3t	
• •	yable monthly and secured with a	mortgage on the residence and	i rental property of	Greg and Teresa Miller. All docum	nents	
	pared by our lawyer and recorded v					
Part IV -	** Greg and Teresa Miller are husba	nd, wife, & directors, and lease			unity Bil	ole
School u	ses for its Bible conferences, retre	ats, and church services. This	property is 45 acre	s, which includes two conference		
bulldings	s, two residential properties, two - c	one bedroom apartments, meet				
The facil	itles are able to accommodate 60 pe	eople overnight with dining an	d kitchen facilities.	The lease in 2014 was \$5221.00 p	er month	 1
plus pro	perty taxes totaling \$69,888. for the	entire year. For the convenier		Bible School they receive the use o	of the	
	residence located on the property.					
		o io uio piopeity whole we				- -
church s			•••••			

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.

OMB No 1545-0047 20**14**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer identification number** Community Bible School 91-1275574 Form 990 Page 6 Part VI Section A Governing Body and Management - Line 2 Greg Miller (officer/director) and Teresa Miller (officer/director) - family relationship. Mark Barrett (officer/director), Greg Miller (officer/director) and Teresa Miller (officer/director) are in a business relationship. Form 990 Page 6 Part VI Section B - Policies - Line 11 a, b - A copy of Form 990 is presented to each board member for review. A special board meeting is then convened for the purpose of having the return approved by the board. The treasurer goes over the return explaining each item and answers any questions during that meeting and If any corrections are needed to be made, they are done at which time the board approves the return and it is recorded in the board minutes. In addition the financial statements used in preparing the return are reviewed and approved by the board prior to the return being filled out. Form 990 Page 6 Part VI Line Section B Line 12a, b, c - Our Conflict of Interest policy includes officers, board members, and any related party of those individuals, whether by family relation or business relation, who may potentially benefit financially from a decision being made by that officer or board member. Any officer or board member who finds himself or herself in a position of a conflict of interest must excuse themselves from that decision making process. Any conflicts of interest are to be addressed as they occurr and the governing board be made aware of these from the individuals at that point in time. Because we are a small organization and know each other personally, any conflict of interest issues are always known by all the members of the board. Form 990 Page 6 Part VI Section C - Disclosure Line 19 - Upon request, we provide a copy of our form 1023, form 990, conflict of Interest policy and our annual financial statements. We also present to our Sunday Evening Church Service our annual financial statements each year. Form 990 Page 9 Part VIII Line 2a - Business Code 900099 - We partner with various churches and other ministries which are likeminded by hosting these groups at our facilities for gospel meetings, Bible conferences, missionary training, leadership meetings, and evangelistic meetings. We work with these groups in spreading the gospel of Christ (24 different churches and ministries in 2014) by providing facilities, sleeping quarters, meals, devotionals, and Bible teachings requested by each of these groups. Our program service includes education,

aclitties, administrative help, meals, and evangelism. I could not find any single category that seemed to include all of these.

Schedule O (Form 990 or 990-EZ) (20	114)	Page
Name of the organization Community Bible School		Employer identification number 91-1275574
Form 990 Part IX Statement of	Functional Expenses - Column C - Since all of our expenses are directly re	elated to running our program
services we did not include ar	y amounts in Column C. All wages are directly related to our program serv	rices.
		
Form 990 Part IX Statement of	Functional Expenses Line 24e - other expenses \$16724.	
Bank Fees	\$319.	
Casual Help	\$202.	
Groceries - Conference	\$7079.	
Repairs	\$2029.	
Supplies	\$1463 .	
Program Supplies	\$ 907.	
Telephone	\$2051 .	
Travel and Entertainment	\$ 570.	
Vehicle Expenses	\$1867.	
Total	\$16724.	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2014

► Attach to your tax return. Department of the Treasury Attachment ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service (99) Sequence No 179 Business or activity to which this form relates Name(s) shown on return Identifying number Community Bible School Form 990 Part IX Stmt. of Functional Expenses Line 22 91-1275574 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election. 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 9657 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use period only-see instructions) 19a 3-year property HY DDR 5691 5vr 1138 **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property 12/14 8743 i Nonresidential real property Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 10804 22 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form Par	4562 (2014)	l Propert	v (Include	o outom	obilos o	ortoi	o othor	vobic	100 00	vrt o	in oir	oroft	cortoir	· com			Page 2
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		For any ve olumns (a)											lease (expens	e, com	olete o n	ily 24a
	Section A					<u>-</u> _											
24a	Do you have ev		pport the bus	siness/inves	stment use	claime	ed? <u>L</u> (e)	_ Yes [No	24			s the evi		vritten?	Yes	∐ No
	(a) of property (list invehicles first)	(b) Date placed in service	Business/ investment use percentage		d) other basis		for depre ness/inves use only	stment	(f) Recove penod		Met	g) :hod/ :ention		(h) preciation duction) El	(i) ected sect cost	
25	Special depo											25					
26	Property use	ed more tha			d busines	ss use) :										
			96			-											
			%												-		
27	Property use	ed 50% or			usiness u	se:							<u> </u>				
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28 29	Add amount Add amount			-					-	-		28	<u> </u>		29		
	7100 07100711	<u> </u>	(у,		tion B-								•	• •			
	plete this secti																ehicles
to yo	ur employees,	first answe	r the questi	ons in Sec	ction C to	see it	you me	et an e	exceptio	n to	comp	eleting	this sec	tion for	those ve	ehicles	
30	Total business the year (do n				(a) Vehicl			b) icle 2	Ve	(c) hicle	3		(d) icle 4		(e) ncle 5		f) cle 6
	Total commut																
	Total other miles driven	·	·														
	Total miles lines 30 thro	ugh 32 .													· · · · · ·		
	Was the ve use during o	ff-duty hou	ırs?		Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% own												,				
36	Is another veh				<u> </u>		<u> </u>	L		Щ.			<u></u>	<u> </u>		<u> </u>	
	wer these que than 5% ow	stions to d		f you mee	t an exce	eption						-				who ar	e not
	Do you mair your employ	ntain a writ	ten policy		t that pro	ohıbit	s all pe	rsonal	use of	ver	nicles,	includ	ding co	mmutir	ng, by	Yes	No
38	Do you mair employees?	ntain a writ															
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40	Do you provuse of the ve	ride more t ehicles, and	tnan five vo d retain the	enicies to informat	o your en ion recer	npioye ved?	es, od:	ain in					mpioyee		ut the		
41	Do you mee	_		_	•									-			L
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				(b)	· ·							7	(e)	T			
	Description	a) on of costs		Date amortiz begins			(c) rtizable ai				(d) e sectio	on	Amortiza penod percent	or	Amortiza	(f) ation for th	ns year
42	Amortization	of costs t	hat begins	during yo	our 2014	tax ye	ear (see	instru	ctions):								
						-											• • • • • • • • • • • • • • • • • • • •
43	Amortization	of costs t	hat began	before vo	ur 2014 t	tax ve	ar .							43			
	Total. Add		_	-		-					· ·	· ·	· ·	44			

Form 4562

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172 2014

Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number Community Bible School Form 990 Part VIII Line 6b - Rental Expense Attachment 91-1275574 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing 5 (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 997 17 MACRS deductions for assets placed in service in tax years beginning before 2014 . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod only-see instructions) 19a 3-year property 2646 HY DDB 5 yr 529 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year c 40-year Part IV Summary (See instructions.) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 1526 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	4562 (2014)																Page 2
Pai	rt V Listed	Propert	y (Includ	e automo	obiles, d	ertair	other	vehic	les, c	erta	in aire	craft,	certair	comp	outers,	and pr	operty
		for enterta															
		For any ve											lease (expense	e, com	olete on	ı ly 24a
		olumns (a)															
		-Deprec															
24a	Do you have ev	ridence to su	pport the bus	siness/inves	stment use	claime	d? <u>L</u> (e)	Yes	No	24	ib If "	Yes," i	s the evi	dence v	vritten?	☐ Yes	∐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	Rusiness/		d) ther basis		for depre ness/inves use only)	stment	(f) Recove period			g) hod/ ention		(h) preciation eduction	Ele	(i) ected sect cost	
25	Special dep		llowance f				erty pla	ced in				25		· · · · · ·			
26	Property use							(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	20	<u> </u>		ـــــــــــــــــــــــــــــــــــ		
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27	Property use	ed 50% or	less in a qu	ualified bi	usiness t	ıse:									- · · · · · · · · · · · · · · · · · · ·		
			9/						-		9/L -				Π.		
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			9/	6							5/L -						
28	Add amount	s in colum	n (h), lines	25 through	jh 27. Er	ter he	re and	on line	21, pa	ıge	1 .	28					
29	Add amount	s in colum	n (i), line 26	6. Enter h	ere and	on line	7, pag	e1.							29		
_					ction B-							_			_		
	plete this sect																ehicles
to yo	our employees,	Tirst answe	er the quest	ions in Sec	ction C to	see ir	you me	et an e	xceptio	n to	comp	eting 1	inis sec	tion for	tnose ve	enicies.	
30	Total busines the year (do r			•	(a) Vehic			b) scle 2	Ve	(c) hicle	3		d) cle 4		e) icle 5		f) cle 6
31	Total commut	ting miles dr	rven during	the year			1							1			
32	Total other miles driven	•	l (noncon	nmuting)													
33	Total miles lines 30 thro																
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35	Was the veh than 5% ow																
36	Is another vel	nicle availab	le for persor	nal use?			<u> </u>	!	1	T			<u> </u>	<u> </u>			
			n C-Ques		Employ	ers W	ho Pro	vide V	ehicle	s fo	r Use	by Th	eir Em	ployee	s		
Ansv	wer these que															who ar	e not
more	e than 5% ow	ners or rel	ated perso	ns (see in	struction	ns).											
37	Do you main		tten policy	statemer	nt that pr	ohibit	s all pe	rsonal	use of	vel	nicles,	includ	ding co	mmutin	g, by	Yes	No
38	Do you mai employees?														y your		
39	Do you treat	t all use of	vehicles by	v emplove	es as pe	ersona	Juse?										
40		vide more	than five v	ehicles to	your er	nploye	es, obt	tain inf	ormati	on 1	from y	our er	nploye	es abou	ut the		
41	Do you mee							demon	stratio	n us	se? (Se	ee inst	ruction	s.) .			
	Note: If you	•		_	-						-			•			
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-44	Total. Add	amounts if	r column (t	<i>j.</i> See uile	mouuct	UIS IC	WHELE	e rolle	י זוטי	•			<u> </u>	T 444			