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DLN: 93493316002125

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	endar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
		pplicable	C Name of organization The Moody Bible Institute of Chicago		D Emplo	yer ide	entification number
_	dress ch	_			36-21	6779	2
∏ Na	me cha	nge	Doing business as				
Ini	tıal retu	rn	Number and street (se D.O. box forest as set delivered to street address). Description		E Telepho	ne nun	mber
Fir	ial urn/terr	nınated	Number and street (or P O box if mail is not delivered to street address) Room/suit 820 N LaSalle Blvd	е	(312)	329-	4000
	nended i		City or town, state or province, country, and ZIP or foreign postal code			<u> </u>	
		pending	Chicago, IL 60610		G Gross re	eceipts	\$ 155,955,896
,			F Name and address of principal officer	11/-> -			,
			J Paul Nyquist		s this a group subordinates?	returi	n for
			820 N LaSalle Blvd Chicago,IL 60610				
			Sineugo,12 00010		Are all subordi ncluded?	nates	┌ Yes <a> No
I Ta	ıx-exem	pt status	▼ 501(c)(3)			a lıst	(see instructions)
	ebsite	:⊫ www	w moodyglobal org	H(c)	Group exempt	ıon nıı	ımher 🕦
				1			
	m of org I rt I		Corporation Trust Association Other ► mary	L Year	of formation 18	87 N	State of legal domicile IL
FC			escribe the organization's mission or most significant activities				
Activities & Governance	1 1	Moody B maturing includes	escribe the organizations mission of most significant activities in the control of the control o	best kn	own for its edu	ıcatıo	n branch, which
Ĕ	-						
¥0.¥] , ;	Chack +L	nis box 📭 if the organization discontinued its operations or disposed of	more +h	an 250/2 of the	net -	ccatc
ా 26		check tr	is box If the organization discontinued its operations or disposed of	more th	an 25% or its	песа	ssets
<u>@</u>	1 8	Number	of voting members of the governing body (Part VI, line 1a)			3	12
差	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)			4	11
PC.	5 1	Total nui	mber of individuals employed in calendar year 2014 (Part V, line 2a) $$.			5	2,261
			mber of volunteers (estimate if necessary)			6	20
	1		related business revenue from Part VIII, column (C), line 12			7a	-300,105
	ь	Net unre	lated business taxable income from Form 990-T, line 34	1		7b	-300,105
	_				Prior Year		Current Year
ā	8		butions and grants (Part VIII, line 1h)		48,388,6 58,749,6		54,438,301
Rayenue	10	_	tment income (Part VIII, column (A), lines 3, 4, and 7d)		7,112,4	_	62,787,539 7,894,240
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		770,3	-	801,348
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				<u> </u>
	l		<u> </u>		115,021,1	-	125,921,428
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,695,3	889	1,925,141
	14		ts paid to or for members (Part IX, column (A), line 4)			-+	
83	15	5-10)			61,140,7	767	65,597,154
<u>\$</u>	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		844,4	12	884,897
Expenses	Ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨 10,629,567				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,144,0	002	46,975,850
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		108,824,5		115,383,042
	19	Reven	ue less expenses Subtract line 18 from line 12		6,196,5	552	10,538,386
\$ 8				Begi	nning of Curre	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		Year 389,373,9	81	375,719,398
t As d B	21		liabilities (Part X, line 26)		244,513,7	-	222,856,329
Σ. Egg	22		ssets or fund balances Subtract line 21 from line 20		144,860,2		152,863,069
Pa	rt II		ature Block	•			· · ·
my k	nowled arer ha	dge and list any kritical $\frac{****}{Signa}$	ature of officer				
	_		neth D Heulitt CFO or print name and title				
		17	Print/Type preparer's name Preparer's signature Da	te	Check If	PTIN	
Pai	d	 -	iumla nama . Na		self-employed		_
	pare		irm's name 🕨		Firm's EIN ►		
	Onl		rim's address ▶		Phone no		
May	the IR	S discus	ss this return with the preparer shown above? (see instructions)				☐Yes ☐No

Statement of Program	Service	Accom	plishments

Part III	Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III							

Briefly describe the organization's mission

Moody Bible Institute is a higher education and media ministry that exists to equip people with the truth of God's Word to be maturing followers of Christ who are making disciples around the world. Moody is best known for its education branch, which includes a fully-accredited undergraduate school and seminary, as well as distance learning. Other primary ministries include Moody Radio and Moody Publishers

- Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ☑ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
- □ Yes □ No If "Yes," describe these changes on Schedule O
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
-) (Expenses \$ 60,069,344 including grants of \$ 1,925,141) (Revenue \$ 35,267,901) (Code 4a

Education Through our undergraduate and graduate schools, and the distance learning center resources, we educate and train individuals to proclaim the gospel of Jesus Christ, to promote evangelism and to serve the evangelical Christian church vocationally and/or avocationally in its worldwide ministry Number of Students (2014-2015 school year) Undergraduate School 3,234 Graduate School 732Fifty states and sixty-one countries are represented in the undergraduate and graduate school International students are 11 0% of the total Undergraduate degrees (A B S , B A , B Mus , B S MAT, and B S) are offered in various majors including Bible, Communications, Educational Ministries, Sports Ministry, Missionary Aviation and Technology, Pastoral Studies, Sacred Music, Theology, Intercultural Ministries, Ministry Leadership Graduate degree programs include Master of Divinity (MDiv), Master of Arts in Biblical Studies (MABS), Master of Arts in Intercultural Studies/Urban (MAIS/US), Master of Arts in Spiritual Formation/Discipleship (MASF/D), Graduate Certificate (GSC), Master of Arts in Counseling Psychology, Master of Theological Studies, Master of Arts in Pastoral Ministry, Master of Arts in Ministry Leadership (MAML), Master of Arts in Applied Biblical Studies (MAABS), Master of Arts in Biblical and Theological Studies Distance Learning resources include On-line undergraduate and graduate courses, correspondence courses, extension classrooms, and AM Bible software

(Code) (Expenses \$ 18,635,693 including grants of \$) (Revenue \$ 19,691,132) 4b

Publishing The vision of Moody Publishers (MP) is to help our readers know, love and serve Jesus Christ. The mission of MP is to provide high-quality, thought provoking books and products that connect truth to life's real needs and challenges. In doing so, MP provides resources for MBI to train future Christian leaders Each year MP seeks to add approximately sixty new titles to its collection, which now includes more than 1,300 titles in print This year's most successful publications come from long-time MP authors Gary Chapman, Nancy Leigh DeMoss and John MacArthur Gary Chapman is the author of the #1 New York Times Bestseller "The Five Love Languages" with over ten million copies sold. Nancy Leigh DeMoss is the host and teacher for Revive our Hearts. John MacArthur is pastor-teacher of Grace Community Church in California

) (Expenses \$ 17,405,162 including grants of \$) (Revenue \$ 4,258,979) 4c (Code

Broadcasting Through the operation of 37 noncommercial Christian radio stations across the United States, Moody Radio broadcasts Christ centered radio programming of Bible messages, inspirational music, newscasts, current events, and special features. Moody Radio is also a major producer of original Christian programming content, which is carried by over 1000 radio outlets around the country. Moody Radio also programs multiple unique internet streams, along with providing programming via new smart-phone technology. Signature Moody Radio programming includes Today in the Word, Moody Presents, Chris Fabry Live!, In the Market With Janet Parshall, Kurt Goff Live, Music Through the Night, Open Line, Sunday Praise, Up For Debate, Building Relationships with Dr. Gary Chapman, The Land and the Book with Dr. Charlie Dyer, Faith on Record, and Dia a Dia (Spanish broadcast). Additional services and programming are made available at www moodyradio org

4d Other program services (Describe in Schedule O)

3,145,590 including grants of \$ (Expenses \$) (Revenue \$ 3,569,527) 99.255.789

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes	
L5	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		No
L6	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		No
L 7	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	Yes	
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants 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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	Yes	
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8,533 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a	response	or note to an	/ line in t	his Part VI		_	_	_									V
Check if Schedule O	contains a	1 C3 POII3 C	or mote to an	, ,,,,,	.iii3 i aic vi	•	•	•		•	•	•	•	•	•	•	•	-,

Se	ection A. Governing Body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsim	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IL , IN , MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Ken Heulitt
 - 820 N LaSalle Blvd
 - Chicago, IL 60610 (312) 329-4000

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	H		
c	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	►	2,776,345	627,433

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►19

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
The Pursuant Group PO Box 203421 Dallas, TX 75320	Consultant Fdraising	1,945,608
Quality Restorations Inc PO Box 792 Wood Dale, IL 60191	Construction Service	844,930
Oracle America PO Box 203448 Dallas, TX 75320	Software Support	576,191
Zera Construction 7800 N Lehigh Ave Niles, IL 60714	Construction Service	848,425
Ingenooity Inc 25657 South Kensington Lane Monee, IL 60449	Website development	857,238
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶24

		Check If Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
in the	ь	Membership du	es 1b					
90. 30.	c	Fundraising eve	ents 1c					
Ę į			rations 1d					
Gif ia	d							
ns,	e	Government grant						
ë ë	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	54,438,301				
ributions, Gifts, Grants Other Similar Amounts	g		ons included in lines	664,222			i	
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$	s 1a-1f		54,438,301			
ರ ಹ		TOTAL Add lines	5 Id-II	.	34,430,301			
e E		A		Business Code				
ven	2a	Auxilliary Services		900099	12,595,532	12,595,532		
<u>æ</u>	Ь	Other-Public Service	<u>e </u>	900099	7,822,219	7,822,219		
¥ Cé	^C	Sales of Literature		900099	19,697,419	19,697,419		
Š	d	Tuition and Studer	t Fees	900099	22,672,369	22,672,369		
Program Serwce Revenue	e	Λ II α+b - · · ·						
Ď	f	An other progra	am service revenue					
Δ_	g		s 2a – 2f		62,787,539			
	3		ome (including dividendar amounts)		3,764,912		-345,685	4,110,597
	4		stment of tax-exempt bond	F	0			
	5	Royalties		▶	0			
			(ı) Real	(11) Personal				
	6a	Gross rents	1,424,224	45,580				
	Ь	Less rental expenses	668,456					
	С	Rental income or (loss)	755,768	45,580				
	d	, ,	me or (loss)		801,348		45,580	755,768
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	33,495,340					
		assets other than inventory						
	ь	Less cost or other basis and	29,046,327	319,685				
		sales expenses						
	C	Gain or (loss)	4,449,013	-319,685	4,129,328			4,129,328
	d 8a	Gross income f	rom fundraising	· · · · •	4,123,320			4,125,326
<u> </u>		events (not inc						
Other Revenue		\$ of contributions See Part IV, lin	s reported on line 1c) le 18 a					
ŧ	ь		penses b [
0	С		(loss) from fundraising (events . 🛌	0			
	9a		rom gaming activities le 19 a					
	ь		penses b		_			
	100		(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C	A II						
	d	All other reven	ı					
			s 11a-11d		0			
	12	Total revenue.	See Instructions		125 921 428	62 787 539	-300 105	8 995 693

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,925,141	1,925,141		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,951,921	1,923,970	697,409	330,542
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	45,882,410	40,358,420	2,116,198	3,407,792
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,852,645	4,248,139	224,638	379,868
9	Other employee benefits	8,798,548	7,691,290	418,503	688,755
10	Payroll taxes	3,111,630	2,708,354	154,817	248,459
11	Fees for services (non-employees)		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
а	Management	0			
ь	Legal	589,721	274,704	280,371	34,646
c	Accounting	181,655		181,655	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	884,897			884,897
f	Investment management fees	464,212	464,212		001,037
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,896	67,896		
12	Advertising and promotion	4,282,219	3,275,760	150,280	856,179
13	Office expenses	3,079,096			535,684
14	Information technology	1,684,618	1,272,498	 	320,505
15	Royalties	3,860,362	3,860,362	31,910	320,000
16	Occupancy	4,528,757	4,419,494	40,815	68,448
17	Travel	1,865,056	1,095,781	88,740	680,535
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,033,701	00,740	000,333
19	Conferences, conventions, and meetings	163,175	140,553	22,592	30
20	Interest	0	_ ::,:33		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,030,270	6,424,859	259,871	345,540
23	Insurance	556,499	418,779	32,725	104,995
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)			32,123	20 1,222
а	Cost of Sales	4,272,366	4,272,366		
b	Other Outside Services	4,088,834	3,720,600	273,108	95,126
c	Other Educational Expenses	1,991,230	1,991,230		
d	Student Dining	1,798,303	1,798,303		
е	All other expenses	6,471,581	4,473,432	350,583	1,647,566
25	Total functional expenses. Add lines 1 through 24e	115,383,042	99,255,789	5,497,686	10,629,567
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 ► ✓ if following SOP 98-2 (ASC 958-720)	1,757,648	1,412,963	149,881	194,804
		I 1,737,040	1,112,505	1 177,001	15 1,007

Form 990 (2014)

Part X Balance Sheet

Par	tΧ	Balance Sheet Check if Schedule O contains a response or note to any line ii	n this l	Part X								
		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year					
	1	Cash-non-interest-bearing			1,513,289	1	3,393,414					
	2	Savings and temporary cash investments			6,722,785	2	9,587,502					
	3	Pledges and grants receivable, net			5,731,023	3	6,288,594					
	4	Accounts receivable, net			6,679,601	4	6,640,130					
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L	Part II	of	500,000	5	500,000					
Assets	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	on rs	6	300,000							
- 82 - 12 - 12 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	7	Notes and loans receivable net	Notes and loans receivable, net									
ă	8	Inventories for sale or use			209,642 4,604,212	7 8	38,214 4,287,100					
	9	Prepaid expenses and deferred charges			2,188,403	9	2,354,708					
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	163,985,8								
	b	Less accumulated depreciation	10b	109,827,5	596 55,114,948	10c	54,158,261					
	11	Investments—publicly traded securities			101,981,002	11	98,546,611					
	12	Investments—other securities See Part IV, line 11	8,621,291	12	9,246,010							
	13	Investments—program-related See Part IV, line 11				13	0					
	14	Intangible assets			8,052,993	14	7,547,694					
	15	Other assets See Part IV, line 11			187,454,792	15	173,131,160					
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			389,373,981	16	375,719,398					
	17	Accounts payable and accrued expenses			10,888,161	17	10,925,270					
	18	Grants payable				18						
	19	Deferred revenue				19						
	20	Tax-exempt bond liabilities				20						
ای	21	Escrow or custodial account liability Complete Part IV of Sci	hedule	D		21						
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua										
- GE		persons Complete Part II of Schedule L				22						
□	23	Secured mortgages and notes payable to unrelated third part	ies .			23						
	24	Unsecured notes and loans payable to unrelated third parties				24						
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete PD	art X		233,625,546	25	211,931,059					
	26	Total liabilities. Add lines 17 through 25			244,513,707	26	222,856,329					
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ ar	ıd complete								
an l	27	Unrestricted net assets			38,941,400	27	48,197,682					
ထူ	28	Temporarily restricted net assets			68,372,362	28	66,425,626					
됩	29	Permanently restricted net assets	37,546,512	29	38,239,761							
or Ful		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here Þ	- ┌─ and								
ž	30	Capital stock or trust principal, or current funds				30						
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31						
Ą	32	Retained earnings, endowment, accumulated income, or other				32						
Ş	33	Total net assets or fund balances			144,860,274	33	152,863,069					
	34	Total liabilities and net assets/fund balances			389,373,981	34	375,719,398					
							Form 990 (2014)					

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. IV
1	Total revenue (must equal Part VIII, column (A), line 12)	1		125,9	21,428
2	Total expenses (must equal Part IX, column (A), line 25)	2		115.3	383,042
3	Revenue less expenses Subtract line 2 from line 1	3			38,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			360,274 972,666
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		5,4	137,075	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			363,069
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: 14000265 **Software Version:** 2014v5.0

EIN: 36-2167792

Name: The Moody Bible Institute of Chicago

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	2/1099-14130)	2/1099-M13C)	related organizations	
(1) Jerry B Jenkıns	2 00	×						0	0	0	
Trustee (1) Paul VonTobel III	0 00										
		x						0	0	0	
Trustee (2) Thomas Fortson	0 00 2 50										
Trustee Sec	0 00	X		Х				0	0	0	
(3) David Schipper	2 00	, , , , , , , , , , , , , , , , , , ,									
Trustee	0 00	Х						0	0	0	
(4) Mark A Wagner	2 50	×		x				0	0	0	
Trustee Ast Sec	0 00	.,									
(5) Randy Fairfax	2 50	x		х				0	0	0	
Chairman (6) Richard Yook	0 00										
Trustee	0 00	х						0	0	0	
(7) Christopher Denison	2 00										
Trustee	0 00	X						0	0	0	
(8) J Paul Nyquist	38 75	V		х				170.661		146 106	
President	0 00	Х		^				178,661	0	146,196	
(9) Bervin Peterson	2 00	x						0	0	0	
Trustee (10) Parks of 5 Western	0 00										
(10) Richard E Warren	2 50	х		х				0	0	0	
Vice Chairman (11) Julianna Slattery	0 00										
Trustee	0 00	X						0	0	0	
(12) Manuel J Gutierrez	2 00	,,									
Trustee	0 00	Х						0	0	0	
(13) Debbie A Zelinski	38 75			x				54,277	0	6,057	
Vice President	0 00							,		,	
(14) Collin G Lambert	38 75			х				125,824	0	31,142	
Vice President (15) Christine K Gorz	0 00 38 75										
Vice President	0 00			Х				99,091	0	19,850	
(16) Junias V Venugopal	38 75							.=			
Provost	0 00			Х				178,886	0	41,276	
(17) Timothy E Arens	38 75			x				87,160	0	19,476	
Vice President	0 00							0.,200		25,	
(18) Kenneth D Heulitt	38 75			х				182,436	0	16,622	
CFO (19) Larry J Davidhizar	0 00 38 75										
Vice President	0 00			Х				108,818	0	17,440	
(20) Lloyd Dodson left 73114	38 75									_	
Vice President	0 00			Х				104,247	0	18,717	
(21) James G Elliott	38 75			х				127,221	0	33,837	
Vice President	0 00			<u> </u>				127,221	0	33,037	
(22) Frank W Leber	38 75			х				126,197	0	21,997	
Vice President (23) Grea Thornton	0 00 38 75							, ,		<u> </u>	
				х				159,617	0	32,082	
Sr Vice Pres (24) John A Jelinek	0 00 38 75										
Vice President	0 00			Х				103,343	0	21,186	
		I			ı	i .		<u> </u>	I	<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	more th	ion (d ian o i is b	cone box, unless compensation consists both an officer from the frector/trustee) organization (W- organization (W- organization from the consists organizat				Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustae	Officei	Key employee	Highest compensated	Forner	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Steven A Mogck	38 75			х				201,764	0	40,507
Sr Vice Pres	0 00			^				201,704	0	40,307
(1) James G Spencer	38 75									
Vice President	0 00			Х				124,117	0	33,703
(2) Paul J Santhouse	38 75			V				112.040	0	25 672
Vice President	0 00			Х				112,949	0	25,672
(3) Janet A Stiven Gen Counsel	38 75 0 00			Х				150,139	0	2,442
(4) Bruce Everhart Vice President	38 75			х				115,934	0	23,057
(5) Charles H Dyer Professor-UNDG	38 75 0 00					х		101,525	0	20,485
(6) Douglas W Hastings	38 75									
Manager, Radio Adm	0 00					Х		117,413	0	15,530
(7) Linda M Wahr Controller	38 75 0 00					х		110,890	0	14,730
(8) Joseph B Tucker	38 75									
Professor-Seminary	0 00					Х		105,836	0	25,429

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As Filed Data -

DLN: 93493316002125

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

2014

Open to Public Inspection

		ne organization		Employer identification number									
The M	oody B	ıble Institute of Chicago					26 2467702						
Do	rt I	Doncon for Dubli	o Charity C	Status (All organiza	tions must so	malata this a	36-2167792						
		zation is not a private for		` 2			•	ль					
1	rigaiii.	•		•	= -	•	•						
	<u> </u>	A church, convention				ii section 170(b))(1)(A)(I).						
2	<u> </u>	A school described in											
3	<u> </u>	A hospital or a cooper		_									
4	ı	A medical research or		erated in conjunction v	vith a hospital c	lescribed in sec	tion 170(b)(1)(A)(iii). Enter the					
5	Г	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)			,	, ,							
6	г	A federal, state, or loc		•	described in s e	ection 170(b)(1)(A)(v).						
7	, V	An organization that n						ieneral nublic					
•	1*	described in section 1	•	•	• •	om a governme	intal unit of home the g	general public					
8	Γ	A community trust de				tII)							
9	Г	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contrib	outions, membership	fees, and gross					
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of					
		its support from gross											
		acquired by the organ				•	•						
10	\vdash	An organization organ											
11	,	An organization organ	•	•	•	•	` , ` ,	uit the nurnoses of					
	,	one or more publicly s	•	•									
		the box in lines 11a th											
а	Γ	Type I. A supporting of											
		supported organizatio				ty of the directo	ors or trustees of the	supporting					
b	_	organization You mus Type II. A supporting				with its suppor	tod organization(c)	ov having control or					
U	,	management of the su	=	•			= ' ' '	•					
		must complete Part I'			ourne persons c	inde control of it	ianage the supported	organization(5) 10a					
C	Γ	Type III functionally	integrated. A	supporting organizatio	n operated in c	onnection with,	and functionally inte	grated with, its					
_	_	supported organizatio											
d	ı	Type III non-function											
		not functionally integr (see instructions) Yo					illelle allu all attelltiv	eness requirement					
е	Г	Check this box if the					a Type I, Type II, T	ype III functionally					
	·	ıntegrated, or Type II					,, ,,,,,,,						
f		Enter the number of s											
g		Provide the following i	nformation ab	out the supported orga	nızatıon(s)								
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of					
		organization		organization	listed in your		monetary support	other support (see					
				(described on lines 1-9 above or IRC	1 '		(see instructions)	ınstructıons)					
				section (see	-								
		instructions))											
					Yes	No							
	_												
Tota			1	1	1	1							

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 39,010,542 48,842,156 45,065,851 48,388,607 54,438,301 235,745,457 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 39,010,542 48,842,156 45,065,851 48,388,607 54,438,301 235,745,457 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 12,753,835 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 222,991,622 from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2014 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (f) Total beginning in) 🟲 48,842,156 48,388,607 Amounts from line 4 39,010,542 45,065,851 54,438,301 235,745,457 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,469,688 4,921,107 4,229,379 4,280,165 5,189,136 23,089,475 and income from similar sources Net income from unrelated business activities, whether or 57,980 33,109 47,835 138,924 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 258,973,856 through 10 12 Gross receipts from related activities, etc (see instructions) 281,382,484 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 86 110 % Public support percentage for 2013 Schedule A, Part II, line 14 15 88 850 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II 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? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c 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

Pa	rt IV Supporting Organizations (continued)			
S	ection 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 organization(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		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or 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		
S	ection D. All Type III Supporting Organizations			
			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?	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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b 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		
3				
	a 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	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 or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	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)	1		
а	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 amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
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 pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

Open to Public **Inspection**

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.

Name of the organization **Employer identification number** The Moody Bible Institute of Chicago 36-2167792 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 50,000 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
 - Revenue included in Form 990, Part VIII, line 1
 - Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torical	Treas	ures, or O	<u>ther</u>	<u> Similar As</u>	sets ((continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck any	of the fo	ollowing that a	re a	sıgnıfıcant use	ofits	
а	Public exhibition		d	┌ Lo	an or ex	change progr	ams			
b	Scholarly research		e	Γ 0	her					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they fu	rther the	organization	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofar	t, hıstorı	cal treas	sures or othe	rsımı	ılar	_	_
	assets to be sold to raise funds rather than								┌ Yes	☐ No
Par	Part IV, line 9, or reported an ar	nount on Form 99	0, Pa	art X, li	ne 21.				990, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for cont	rıbutıons	or other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follov	vıng tabl	e	_				
						-		Ar	nount	
С	Beginning balance					-	1c			
d	Additions during the year					 	1d			
e	Distributions during the year					<u> </u>	1e			
f	Ending balance					L	1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21,	for escr	worcus	stodial accou	nt Iıal	bility?	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation l	as been	provided in F	art >	KIII		Г
Pa	rt V Endowment Funds. Complete	ıf the organızatıor	ı ans	wered						
		(a)Current year	(b)	Prior year				hree years back	(e)Four	years back
1a	Beginning of year balance	49,420,062		43,623,		37,669,307		36,341,084		31,751,953
Ь	Contributions	734,432		750,	382	3,675,008		2,753,932		729,648
С	Net investment earnings, gains, and losses	-498,824		5,791,	555	3,257,873		-673,300		4,372,657
d	Grants or scholarships	741,280		745,	085	979,078		752,409		513,174
e	Other expenditures for facilities and programs	1,007,486								
f	Administrative expenses									
g	End of year balance	47,906,904		49,420,	062	43,623,110		37,669,307		36,341,084
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g, co	lumn (a)) held as				
а	Board designated or quasi-endowment 🕨	3 500 %								
b	Permanent endowment ► 80 000 %									
C	Temporarily restricted endowment • 16 The percentages in lines 2a, 2b, and 2c sho	500 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that are	held and	administered	d for t	the		
	organization by							<u> </u>	(:) Ye	
	(i) unrelated organizations						•	3a	• •	No No
ь	(ii) related organizations							3a(_ t	No
4	Describe in Part XIII the intended uses of the	•					•	· · · <u> </u>	<u> </u>	1 110
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line	ent. Complete if t				swered 'Yes	' to I	Form 990, Pa	art IV,	line
	Description of property	10.			t or other vestment)	(b)Cost or of basis (other		(c) Accumulated depreciation	(d)	Book value
						14,125	5,541			14,125,541
	Buildings					115,711	-	86,049,62	27	29,662,116
	Leasehold improvements					<u> </u>	,578	550,45	-	420,126
	Equipment					19,832		13,917,35	-	5,915,196
	Other					13,345		9,310,16		4,035,282
	I. Add lines 1a through 1e (Column (d) must e		K, colu	ımn (B), ı	ine 10(c,	·				54,158,261
					<u> </u>			Schedule I	O (Form	990) 2014

value value
), Part IV, line 11d
/alue
0, Part X, line 15
Book value
704,043
2,618,409
377,410
169,431,298
173,131,160
or 11f. See

Part XI, Line 2d Other revenue

amounts included in F/S but not

Part XII, Line 2d Other expenses

amounts included on 990 but not

ıncluded on form 990

included in F/S

and losses per audited F/S
Part XII, Line 4b Other revenue

Part		evenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line :		nts With Revenue բ	er R	Leturn Complete If
1	•	er support per audited financial statements			1	123,591,405
2	· -	it not on Form 990, Part VIII, line 12				, ,
а	Net unrealized gains (losses)	·	2a	-7,972,666		
b		acilities	2b	, ,		
c	Recoveries of prior year grant	S	2c			
d			2d	5,375,674		
e	Add lines 2a through 2d				2e	-2,596,992
3	ū				3	126,188,397
4		0, Part VIII, line 12, but not on line 1				
a		uded on Form 990, Part VIII, line 7b .	4a	401,487		
b	•		4b	-668,456		
c		4c	-266,969			
5						125,921,428
		xpenses per Audited Financial St			5 s per	
		swered 'Yes' to Form 990, Part IV, line			. р с.	
1	Total expenses and losses pe	r audited financial statements			1	115,547,380
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
С	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d	668,456	1	
e	Add lines 2a through 2d				2e	668,456
3						114,878,924
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	401,487		
b	Other (Describe in Part XIII)		4b	102,631		
С	Add lines 4a and 4b	4c	504,118			
5		nd 4c. (This must equal Form 990, Part I, lir	ne 18)	5	115,383,042
Part	XIII Supplemental In					<u> </u>
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
	, Line 4 Intended uses of the ment fund	Permanently restricted endowment has be of the Institute including maintenance of of faculty chair				
Part X	FIN48 Footnote	Income Taxes The Institute has received indicating that the Institute has been reco Internal Revenue Code and, except for tax federal and state income taxes. No provision financial statements, as the Institute has follows guidance issued by the Financial A accounting for uncertainty in income taxes likely than not that the tax position would being presumed to occur. The amount recothan 50% likely of being realized on exam not test, no tax benefit is recorded The In unrecognized tax benefits in interest and in amounts accrued for interest or penalties the Institute is not subject to U.S. federal subject to examination by U.S. federal or second in the se	ognized kes pel lon has had no ccoun s A ta be sus ognize ination stitute as of J income state t	d as tax-exempt pursuan rtaining to unrelated busing been made for income to significant unrelated busing Standards Board (FAx position is recognized at the largest amount of For tax positions not make tax expense, respective une 30, 2015 or 2014 Details tax or state income tax	t to Se ness iness sines: ASB) vas a b ion, wi f tax b neeting penal ely Th oue to x The	ection 501(c)(3) of the income, is exempt from in the accompanying income The Institute with respect to enefit only if it is more ith a tax examination benefit that is greater go the more likely than ties related to its tax-exempt status, Institute is no longer

Endowment Gifts \$-724731 Operating Investments Inc vs Non-Oper \$6100405

change in the next 12 months

Change in Estim Asset Retirement Oblig \$102631

Rental expense \$668456

Jenedale 2 (1 31111 33 3) 23 13		r age 3			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493316002125

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

2014

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

The Moody Bible Institute of Chicago

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

Open to Public Inspection

(2) Middle East 0 0 Program Service Study Abroad 303,000 (3) Sub-Saharan Africa 0 0 Program Service Radio Training 11,100 (4) Europe 0 0 Program Service Radio Training 32,500 (5) 3a Sub-total 990,600 b Total from continuation sheets						36-216//92				
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Pai									
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (by type) (e.g., fundraising, program service, describe specific type of services) in region (by type) (e.g., fundraising, program service), specific type of services (s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service), specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (by type) (e.g., fundraising, program ser	1	and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria								
(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e g, fundraising, program service, specific type of service(s) in region (1) Europe (2) Middle East (3) Sub-Saharan Africa (4) Europe (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (b) Number of employees, agents, and independent contractors in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (a) Region (b) Number of employees, agents, and independent contractors in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (a) Europe (b) Factivity listed in (d) is a program service, describe specific type of service(s) in region (c) Factivity listed in (d) is a program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditures for an univestments in region (f) Total expenditures for an univestments in region (f) Total expenditures for an univestments in region (f) Total expenditures for an univestment in region (graph) Autority and the region (graph) Autority a	2									
offices in the region of independent contractors in region of service(s) in region of service(s) in region of service(s) in region of independent contractors in region of independent contractors in region of service(s) in region of servic	3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)				
(2) Middle East 0 0 Program Service Study Abroad 303,000 (3) Sub-Saharan Africa 0 0 Program Service Radio Training 11,100 (4) Europe 0 0 Program Service Radio Training 32,500 (5) 3a Sub-total 990,600 b Total from continuation sheets		(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments			
(3) Sub-Saharan Africa 0 0 Program Service Radio Training 11,100 (4) Europe 0 0 Program Service Radio Training 32,500 (5) 3a Sub-total 990,600 b Total from continuation sheets	(1)	Europe	0	0	Program Service	Study Abroad	644,000			
(4) Europe 0 0 Program Service Radio Training 32,500 (5) 990,600 b Total from continuation sheets	(2)	Mıddle East	0	0	Program Service	Study Abroad	303,000			
(5) 3a Sub-total b Total from continuation sheets	(3)	Sub-Saharan Africa	0	0	Program Service	Radio Training	11,100			
3a Sub-total 990,600 b Total from continuation sheets	(4)	Europe	0	0	Program Service	Radio Training	32,500			
b Total from continuation sheets	(5)									
	b	Total from continuation sheets to Part I					990,600			
c Totals (add lines 3a and 3b) 990,600 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2014			the Instructions	for Form 990	C 3+		990,600			

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
	1			l .					

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 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 a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	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)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	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)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	We use accrual based accounting for these entries

DLN: 93493316002125

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization The Moody Bible Institute of Chicago **Employer identification number**

36-2167792

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- ▼ Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 Pursuant Group PO Box 203421	Direct mail		No	12,904,916	546,417	12,358,499
Plano, TX 75320						
2 Roger Kemp & Co 31255 Cedar Val	Consulting		No		108,340	
Westlake V, CA 91362	C Ib		NI.		70.120	
3 Five Q PO Box 346	Consulting		No		79,120	
Atlantic, IA 50022						
4 Messenger Media 869 Schaumburg	Consulting		No	400,142	73,304	326,838
Schaumburg, IL 60194						
5 Timothy Group 1663 Sutherland	Consulting		No	7,085,122	55,000	7,030,122
Grandrapid, MI 49508						
6 DonorCare 4535 Strausser	Phone		No	16,320	22,716	
N Canton, OH 44720						
7						
8						
0						
9						
10						
			.	20,406,500	884,897	19,715,459

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, KY

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List			
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))			
_			(event type)	(event type)	(total number)	(3),			
Revenue	1	Gross receipts							
9 <u>7</u>	2	Less Contributions							
<u>~</u>	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
မာ	5	Noncash prizes							
Expenses	6	Rent/facility costs							
ă ă	7	Food and beverages .							
Direct	8	Entertainment							
Ā	9	Other direct expenses .							
	10	Direct expense summary Add line	es 4 through 9 in colum	ın (d)		()			
	11	Net income summary Subtract lir							
Par	t II			l "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than			
		\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) billyu	bingo/progressive bingo	(c) Other gaming	col (a) through col			
<u>~</u>	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes% Г Nо	Г Yes%	│ Yes				
	7	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)					
9	Ent	ter the state(s) in which the organiza	ition conducts gaming a	ictivities					
а		the organization licensed to conduct				「Yes 「No			
b	If"	If "No," explain							
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain							

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3					
11	Does the organization conduct gaming	activities with no	nmembers?	T Yes	Γ _{No}					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable gaming	,		┌ Yes	Г _№					
13	Indicate the percentage of gaming activ	vities conducted i	ın							
а	The organization's facility				%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares	the organization's gaming/special events books and records		_					
	Name 🕨									
	Address 🟲									
15a	Does the organization have a contract v	with a third party	from whom the organization receives gaming							
				Г ves	Γ _{No}					
b		If "Yes," enter the amount of gaming revenue received by the organization * \$ and the								
	amount of gaming revenue retained by the third party • \$									
c	If "Yes," enter name and address of the third party									
	Name 🟲									
	A ddress ▶									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation 🟲 \$		······································							
	Description of services provided									
	Director/officer	– Employee	Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?									
b	Enter the amount of distributions requir	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·							
Pai	rt IV Supplemental Information	n. Provide the	explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inform							
	Return Reference		Explanation							
			Schodulo C /Form C	200 000	F7\ 2014					

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DLN: 93493316002125

OMB No 1545-0047

Department of the Treasury

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public

Interr	nal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .	Inspection
Name	Employer identificati	on number	
The	Moody Bible Institute of Chica	36-2167792	
Pa	rt I General Informat	ion on Grants and Assistance	
1		n records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and award the grants or assistance?	∀ Yes
2	Describe in Part IV the organ	ızatıon's procedures for monitoring the use of grant funds in the United States	
Pa		Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yeune 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.	es" to

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	0
3	Enter total number of other organizations listed in the line 1 table	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to students	877	1,925,141			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
Grants are Used	Scholarships are granted to deserving students based on the terms of the grant establishing the particular scholarship fund. For example, some scholarships are available only to students in the Missions Department, or Music majors, etc., while some scholarships funds can be given to any student who can show a need Scholarships and grants are placed on student receivable accounts except in a few exceptional cases. If there is a credit balance left on the student account no amounts are refunded until any unused scholarships or grants are reversed.							

Schedule I (Form 990) 2014

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DLN: 93493316002125

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization The Moody Bible Institute of Chicago **Employer identification number**

36-2167792

Pa	Part 1 Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the follow 990, Part VII, Section A, line 1a Complete Part III to provide any releva	· '			
		vance or residence for personal use			
	<u> </u>	business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or soc	ial club dues or initiation fees			
	Discretionary spending account Personal serv	vices (e g , maid, chauffeur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a wri				
	reimbursement or provision of all of the expenses described above? If "No	· · · · · · ·	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing directors, trustees, officers, including the CEO/Executive Director, regard		2	Yes	
3	Indicate which, if any, of the following the filing organization used to estab organization's CEO/Executive Director Check all that apply Do not chec used by a related organization to establish compensation of the CEO/Exe	k any boxes for methods			
	_	pyment contract			
	·	n survey or study			
		the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, \ln or a related organization	ne 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?		4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retire	ement plan?	4b		Νo
c	c Participate in, or receive payment from, an equity-based compensation ar	rangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable a	mounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete li	ines 5-9.			
5					
а	a The organization?		5a		Νo
	b Any related organization?	T T	5b		No
	If "Yes," to line 5a or 5b, describe in Part III	<u> </u>			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organ compensation contingent on the net earnings of	ization pay or accrue any			
а	a The organization?		6a		Νo
ь	b Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organ payments not described in lines 5 and 6? If "Yes," describe in Part III	ızatıon provide any non-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursua	int to a contract that was			
	subject to the initial contract exception described in Regulations section				
	ın Part III	<u>L</u>	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumpt section 53 $4958-6(c)$?	on procedure described in Regulations	9		No

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Collin G Lambert, Vice President	(i) (ii)	125,824			9,136	22,006	156,966	
2 Greg Thornton, Sr Vice Pres	(i) (ii)	159,617			11,788	20,294	191,699	
3 J Paul Nyquist, President	(i) (ii)	178,661			20,413	125,783	324,857	
4 James G Spencer, Vice President	(i) (ii)	124,117			8,771	24,932	157,820	
5 James G Elliott, Vice President	(i) (ii)	127,221			9,412	24,425	161,058	
6 Janet A Stiven, Gen Counsel	(i) (ii)	150,139				2,442	152,581	
7 Junias V Venugopal, Provost	(i) (ii)	128,886		50,000	13,113	28,163	220,162	
8 Kenneth D Heulitt, CFO	(i) (ii)	182,436			12,978	3,644	199,058	
9 Steven A Mogck, Sr Vice Pres	(i) (ii)	201,764			14,365	26,142	242,271	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
in regards to selections on 1a	Housing Allowance is included on the individuals W-2 in box 5 Medicare wages and tips since it is Federal tax exempt under Sec 107 Only ordained ministers receive the housing allowance J Paul Nyquist has housing allowance which is Federal, State, and FICA exempt as he completed form 4361 Application for Exemption from self-employment tax for use by ministers and he was approved for exemption from self-employment tax on ministerial earnings (Sec 1042(e)) His housing allowance than is not included on his W-2 in box 5 and is included on this form under Nontaxable benefits The Institute has covered some spousal travel for officers to donor events. The Institute has requested that President J. Paul Nyquist's wife travel with him The travel is considered non-taxable to specific functions where the spouse would be expected and/or required to attend.

Schedule J (Form 990) 2014

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 36-2167792

Name: The Moody Bible Institute of Chicago

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

		2 0	,,,	,p.o, cco, a	2gcot copcc			'
(A) Name and Title		(B) Breakdown of (i) Base Compensation	of W-2 and/or 1099-M (ii) Bonus & Incentive compensation	MISC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Collin G Lambert, Vice President	(1) (11)	125,824			9,136	22,006	156,966	
1 Greg Thornton, Sr Vice Pres	(I) (II)	159,617			11,788	20,294	191,699	
2 J Paul Nyquist, President	(1) (11)				20,413	125,783	3 24,857	
3 James G Spencer, Vice President	(I) (II)	124,117			8,771	24,932	157,820	
4 James G Elliott, Vice President	(I) (II)	127,221			9,412	24,425	161,058	
5 Janet A Stiven, Gen Counsel	(I) (II)	150,139				2,442	152,581	
6 Junias V Venugopal, Provost	(I) (II)	128,886		50,000	13,113	28,163	220,162	
7 Kenneth D Heulitt, CFO	(I) (II)				12,978	3,644	199,058	
8 Steven A Mogck, Sr Vice Pres	(I) (II)				14,365	26,142	242,271	

DLN: 93493316002125

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Open to Public Inspection

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

Employer identification number The Moody Bible Institute of Chicago 36-2167792 Part I 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 (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section
	4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Loans to and/or From Interested Persons.

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 Ioan			(e)O riginal principal amount	(f) Balance due				(h) Approved by board or committee?		(i)Written agreement?	
			Τo	From			Yes	No	Yes	No	Yes	No	
(1) J Paul Nyquist	Pres	See stmt		Х	500,000	500,000		No	Yes		Yes		

Total	P \$		500,000								
Part IIII Grants or As	Grants or Assistance Benefiting Interested Persons.										
Complete ıf tl	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) A mount of assistance	(d) Typ	e of assistanc	e (e) Purpose	e of assistance					

Part IV Business Transactions I													
Complete if the organization 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) A mount of transaction		(e) Sh of organiz reven	: zation's								
				Yes	No								

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)											
Return Reference	Explanation										
Schedule L, Part V Supplemental Information	Loans to OfficersTo assist the president in obtaining a home adjacent to the Institute, the trustees approved a loan from the Institute in the amount of \$500,000 This note has a rate of 4 0% per annum and is held as part of the Institute notes in the Operating fund. The president is currently paying interest only										

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493316002125

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Noncash Contributions

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

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

Internal Revenue Service

Department of the Treasury

Employer identification number Name of the organization The Moody Bible Institute of Chicago

Cocket Check Che					36	-2167792			
Check International Contributions Form 900, Part VIII, International Contribution Form 900, Part VIII, Interna	Pa	Tt I Types of Property							
2 Art—Historical treasures	1	Art Works of art	Check If	Number of contributions	Noncash contribution amounts reported on Form 990, Part VIII,	Method of	detern	_	ints
3 Art—Fractional interests									
### A Books and publications									
5 Clothing and household goods									
Special Content of Cars and other vehicles		•							
Note 1		goods							
8 Intellectual property									
9. Securities—Publicity traded. 10. Securities—Partnership, LLC, or trust interests			X	1	18,083	Appraisal			
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial 17 Real estate—Other									
11 Securities—Partnership, LLC, or trivist interests:			X	69	506,790	Quoted Prices			
or trust interests		·							
13 Qualified conservation contribution—Historic structures	11								
contribution—Historic structures	12	Securities—Miscellaneous							
Qualified conservation contribution—Other	13	contribution—Historic							
contribution—Other									
16 Real estate—Commercial		contribution—Other							
1									
Collectibles					124 500				
19 Food inventory			X	1	124,500	Appraisai			
Taxidermy									
21 Taxidermy		•							
22 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts									
25 Other ► (
26 Other ► (Q	1 / 9 / 0	Salos Valuo			
Other \(\bigcup \) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			^	0	14,049	Sales Value			
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement									
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	27	O ther ►()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement		,				1			
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29	·	_	=	1 2	9			
it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						-		Yes	No
for exempt purposes for the entire holding period?	30a	During the year, did the organization	receive by (contribution any property r	eported in Part I, lines 1	through 28, that			
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 No b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,		ıt must hold for at least three years fr	om the date	e of the initial contribution,	, and which is not require	d to be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		for exempt purposes for the entire ho	ldıng period	?			30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	b	If "Yes," describe the arrangement in	Part II						
contributions?	31	Does the organization have a gift acc	eptance po	icy that requires the revie	w of any non-standard co	ntributions?	31	Yes	<u> </u>
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	32a	-	d parties or	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
	b	If "Yes," describe in Part II							
	33		mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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Form 990, Part VI, Line 12c Explanation of Monitoring and

Form 990, Part VI, Line 15a Compensation Review & Approval

Form 990, Part VI, Line 15b Compensation Review and

Form 990, Part VI, Line 19 Other Organization Documents

Other Changes In Net Assets Or Fund Balances - Other

Other Changes In Net Assets Or Fund Balances - Other

Other Changes In Net Assets Or Fund Balances - Other

Approval Process for Officers and Key Employees

Publicly Available

Decreases

Increases

Decreases

DLN: 93493316002125

SCHEDULE O (Form 990 or 990-EZ)

Enforcement of Conflicts

Process - CEO, Top Management

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Inspection

Name of the organization	Employer identification number
The Moody Bible Institute of Chicago	
	36-2167792

Name of the organization The Moody Bible Institute of Chicago	Employer identification number
	36-2167792
990 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Other Programs include our Conference Ministries and various programs that support our mission
Form 990, Part VI, Line 11b Form 990 Review Process	The 990 and 990T are reviewed by the Audit Committee of the Board of

with a copy

and key e

questionnaire eac

action is taken if co

officer salary leve

comparable instit

following posit

Officer We typ

expenses) We loo

This data is use

institutions) in re

to Moody

is adjuste

which is

each calend

Institute salary g

disapprove the P

are scheduled f

President's salary i

website as well as th

and Conflict of Interest Policy

the institutio

transaction where there

Trustees The Audit C

ommttee reports to the board its findings. The entire board is also presented

All officers, trustees and key employees complete a conflict of interest

h year These questionnaires are reviewed by our General Counsel and

are potential conflicts are at arm's length and the affected officers, trustees,

Several years prior, consultants were used to establish benchmarks for

Is Since 2009 Moody has annually reviewed the 990 salary information of

utions to set benchmarks for this purpose Information is accessed for the

ions President, COO, CFO, Chief Educational Officer and Chief Development

ically look at 7-10 higher education institutions, some of which are competitors

We choose institutions of comparable mission and size (based upon total

k at 3-4 parachurch organizations (of generally comparable size) as well

d for cost of living differences (based upon the location of the other

d as a salary administration benchmark. To increase its applicability, the data

lation to the cost of living in the greater Chicago area Following this analysis,

provided for review by the Compensation Committee of the Board in the fall of

ar year, the President's salary increase recommendations are based upon

uidelines for the fiscal year(which reflect trends in national average salary

nd upon job performance The Compensation Committee can either approve or

resident's recommendations Increases for officers and other key employees

or October of each year, so that the financial condition and performance of

ncrease is scheduled at the same time and is set by the Board (in the context

n at the close of the prior fiscal year can be taken into account The

provided and the current fiscal year salary guidelines for the Institute)

Audited Financial Statements and 990s and 990Ts are available on our

rough the mail by request We also make available upon request our By-laws

See note under compensation for CEO and top executives

Change in Value of Pension Obligation = -\$4335835

Change in value of postretirement health = \$15189586

Change in value of Split Interest Agreements = -\$5416676

nflicts need to be resolved. We would take steps to make sure any

This happens prior to the return being filed with the IRS

mployees are not involved in the decision making process

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316002125

-

Employer identification number

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)

Name, address, and EIN (if applicable) of disregarded entity

(b)

Primary activity

(c)

Legal domicile (state or foreign country)

Total income or foreign country

End-of-year assets

Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	•					
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	\ \ \	Exempt Code section	Public charity status	_	Section 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controlled
						entity?
						Yes No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line
	because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	manag	jing	ownership
		(state or	entity	unrelated,		assets			20 of	partn	er?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-								
				514)								
				,			Yes	No		Yes	No	
	_	, and the second		_	-							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	1 512 13) olled
							Yes	No
(1) Charitable Unitrusts 120	trusts	IL	N/A	Т				No
820 N LaSalle Blvd Chicago, IL 60610								
(2) Pooled Income Fund 1	trusts	IL	N/A	Т				No
820 N LaSalle Blvd Chicago, IL 60610								

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Forn	n 990, Part IV, line	e 34, 35b, or 36.	1 4	ge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	i

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**