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Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

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

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

Open to Public

Dep	artment o	f the Treasury	·	security numbers on this t		-	-		Inspect	
Inter		nue Service	<del></del>	Form 990 and its instruction			ov/torm990	<u>,</u>		lion
<u>~</u>			endar year, or tax year beginning		2015, a	nd ending	<del></del>	D Employ	, 20 er identification ni	
В		applicable	C Name of organization Community					D Employ		umber
$\vdash$		change	Doing business as The Homestea Number and street (or P O box if ma	<del></del>				E Talaaha	91-1275574	
님	Name c	•	`	all is not delivered to street addre	:SS)	Room/suite		ne number		
님	Inrtial re		19028 Meadow Lake Rd			360-568-6512				
		rm/terminated				_				
님		ed return	Snohomish, WA 98290				لـــــا	<b>G</b> Gross re		239178
ш	Applicat	tion pending	ľ						_	No No
_			Greg Miller 19028 Meadow Lake						s included? 📙 Yes	
<u> </u>		mpt status	<b>∠</b> 501(c)(3)	) ◀ (insert no ) 🔲 4947(a	a)(1) or	527	ł		ı lıst (see ınstructio	ins)
<u>J</u> _	Website		w homesteadretreats com				H(c) Group	<del></del>		
K			Corporation	tion ☐ Other ►	L Yea	r of formation	1985	M State	of legal domicile	WA_
P	art i	Summ		<del></del>					· ·	
	1		escribe the organization's miss							
Activities & Governance		Christ thro	ough having and facilitating Bible co	onferences with like minded c	hurches	and ministr	es, holdin	Sunday	evening services	2
ш		weekly Bil	ble Studies, rescuing and training y	oung destitute woman in Ne	e lo te	seamsfress	es educa	ion of orpl	nans in Nepal	
9	2		is box $ ightharpoonup \square$ if the organization (			sposed of	more than	25% of	its net assets.	
ő	3	Number	of voting members of the gove	rning body (Part VI, )族自1a	a) .	1 6 2016	. ·  ö	3		3
<b>ජ</b> ග	4	Number	of independent voting member	s of the governing body (I	Part VJ.	1 (A 1 (2)		4	<u> </u>	0
Ę.	5	Total nur	mber of individuals employed ir	n calendar year 20 <b>151(F</b> art	t V, line	2a)		5		8
¥.	6	Total nur	mber of volunteers (estimate if i	necessary)	TOP	VERI-	17	6		30
ĕ	7a	Total unr	related business revenue from I	Part VIII, column (O), line			<u>U I</u>	7a		0
	b	Net unrel	lated business taxable income	from Form 990-T, line 34	<u></u>			7b		0
							Pnor Ye	ar	Current Ye	ear
Φ	8	Contribu	tions and grants (Part VIII, line		102885		105695			
핕	9 Program service revenue (Part VIII, line 2g)									58880
Revenue	10	Investme	ent income (Part VIII, column (A	), lines 3, 4, and 7d)		[		24337		22355
<u>a</u>	11	Other rev	venue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and	11e).			15884		14981
	12	Total reve	enue-add lines 8 through 11 (n	nust equal Part VIII, columi	n (A), lır	ne 12)		209521		201911
	13	Grants a	nd similar amounts paid (Part I)	X, column (A), lines 1-3) .		· · L		72077		69605
	14	Benefits	paid to or for members (Part IX	(, column (A), line 4)				0		0
S	15	Salanes,	other compensation, employee b	oenefits (Part IX, column (A)	), lines 5	5–10)		5778		8278
Expenses	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 11e) .		[		0		0
ŝ	b	Total fun	draising expenses (Part IX, colo	umn (D), line 25) 🕨						
ũ	17	Other ex	penses (Part IX, column (A), line	es 11a-11d, 11f-24e) .				107012		110158
	18	Total exp	penses. Add lines 13-17 (must	equal Part IX, column (A),	line 25	i) . 🗀		184867		188041
	19	Revenue	less expenses. Subtract line 1	8 from line 12		[		24654		13870
8	1					Be	ginning of Cu	rrent Year	End of Ye	ar
Assets Balanc	20	Total ass	sets (Part X, line 16)			$\square$		401361		403737
₹	21	Total liab	pilities (Part X, line 26)			$\square$		21548		10055
2	22	Net asse	ts or fund balances. Subtract li	ine 21 from line 20		[		379813		393682
P	art II	Signat	ture Block							
Ur	nder pena	alties of perju	ury, I declare that I have examined this r	return, including accompanying s	chedules	and stateme	nts, and to t	he best of r	my knowledge and	belief, it is
tru	ie, correc	t, and comp	lete Declaration of preparer (other than	officer) is based on all information	on of which	ch preparer ha	as any knowl	edge	,	
			// A MIL	PAES				4/3	5/16	
Sig	gn	Sign	nature of officer				Da	te		
He	ere	1	GREGORY S. M	TILLER. PA	451	DENT	-			
		Туре	e or print name and title	,						
P	nid	Pnnt/Ty	pe preparer's name	Preparer's signature		Date		Check	□ d PTIN	
	nu epare	ا م						self-em		
	epare se On	1	name ►				Fim	n's EIN ▶		
Ų:	e Ull	יין עי	address ►					ne no	<del></del>	
Ma	y the I		s this return with the preparer s	shown above? (see instru	ctions)				Ye	s 🗌 No
_			ection Act Notice, see the separa			Cat. No	11282Y			990 (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

orm 99	0 (2015) Page <b>2</b>
Part l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our purpose is the propogation and dissemination of the gospel of Jesus Christ throughout the world by the promotion and support
	of evangelistic endeavors and missionary activities, as well as the strengthening of individual Christian's personal relationship with
	God Activities include Bible conferences, Bible studies, Benevolence work, training programs, and helping educate orphans
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	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.
_	
4a	(Code:) (Expenses \$69183_ including grants of \$0 ) (Revenue \$58880_ )
	We helped 23 different churches and ministries plan and facilitate 23 different Bible Conferences in 2015. A total of 668 people attended
	these conferences. During these conferences we provided devotionals, Bible teaching, facilities, and meals. Groups that attend these
	conferences come from a variety of churches which include men's groups, women groups, leadership groups, youth groups, family groups,
	childrens groups and missionary groups
4b	(Code:) (Expenses \$49089 including grants of \$0 ) (Revenue \$**see below )
	We have a interdenominational Sunday Evening Service each week along with different weekly Bible Studies each week that are held
	In various homes of individuals in the area Our Sunday Evening Services average around 25 - 30 people with about 40 different people attending regularly "We received \$49,113" in general contributions from these services in 2015, which instructions say not to include
	these as revenues since they were contributions
	unde da tevenidos since una mare contributoria
4c	(Code:) (Expenses \$ 69769 including grants of \$ 69605 ) (Revenue \$ ** See Below)
	We are involved with various ministries and individuals in other countries who are likeminded as we are and are preaching the gospel of
	Jesus Christ in India, Nepal, Canada, Papa New Guinea, and Poland Most of our outreach involves the nation of Nepal Apprx every
	4 months we take 10 destitute young women who have hardly any education and bring them to Kathamandu and send them through a
	training program so that they can become seamstresses and run their own businesses. We pay for room, board, and tuition at Rescue
	Traing and development Center We are currently on our 15th group of girls. We also help care for street children, pay for schooling for
	some orphans, and help some Nepali pastors financially. This year we helped with earthquake relief also. We help support Frontier lodge in
	Canada, a doctor in Papua New Guinea, and Vedanadam ministries in India. We help indigent people in our community through our
	ministry called Cafe Repair which provides help for people who are injured, unemployed, widowed, etc. with repairs of cars, houses, etc.
	All of these ministries are ran from contributions that we received which for 2015 was **\$56,582 which the instructions say not to include
	under revenue
4d	Other program services (Describe in Schedule O.)
-7-3	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 188041
	TANK BY SALEM CANADISCS F. 1000-11

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
Ь	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		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	~	,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
ъ	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.		,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	•	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15	<i>y</i>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18		,
			<u> </u>	<u></u>

Part I	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	 		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	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		>
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
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	05-		~
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		-
•	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		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	•	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		•
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	100		<del>                                     </del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	L	~
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		v
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,	27		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		╁
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<u></u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			, ,
20	reportable gaming (gambling) winnings to prize winners?	1c	~	<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		<del></del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	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			ŀ
	account)?	4a		~
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).			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>.</u> .		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			١,
a	and services provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<del> </del>
_	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	<u></u>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ь—
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1	1	ł
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	İ	İ	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ì
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1	i	
C	Enter the amount of reserves on hand			<del>                                     </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	~
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	_ 00¢	(2015)
		ron	iii ool	<i>•</i> (∠U15)

. 01111 33	0 (2013)			rage <b>u</b>		
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins		ions.		
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	•	. <u>v</u>		
Section	on A. Governing Body and Management		Yes	No		
10	Enter the number of voting members of the governing body at the end of the tax year		163	NO.		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3  If there are material differences in voting rights among members of the governing body, or	-		1		
	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 0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1				
_	any other officer, director, trustee, or key employee?	2	,	1		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~		
6	Did the organization have members or stockholders?	6		~		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		~		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b	~	<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1				
	the year by the following:	1				
а	The governing body?	8a	~			
b	Each committee with authority to act on behalf of the governing body?	8b	~	<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١		
C4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9				
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oge.,	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	~		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		-		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	+		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ť	<del>                                     </del>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<del>                                     </del>		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	~			
13	Did the organization have a written whistleblower policy?	13		~		
14	Did the organization have a written document retention and destruction policy?	14	~			
15	Did the process for determining compensation of the following persons include a review and approval by	Γ				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		
а	The organization's CEO, Executive Director, or top management official	15a	ļ	~		
Ь	Other officers or key employees of the organization	15b		~		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a						
	with a taxable entity during the year?	16a	ļ	~		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	406	ł	Ì		
Socti	on C. Disclosure	16b		l		
17	List the states with which a copy of this Form 990 is required to be filed ► Not required in Washington State			<del></del>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)	s only		
	available for public inspection. Indicate how you made these available. Check all that apply.		(-)(-)	···y		
	☐ 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 int	erest	polic	y, 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 re	cords	: ▶			
	Greg Miller 19028 Meadow Lake Rd Snohomish, Wa 98290					

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Form	ഹഹ	/201	5

Part VII	Compensation of Officers,	Directors,	Trustees, Key Employee	es, Highest Compensated	d Employees,	and
	Independent Contractors					

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.		
		ŀ		•	C)							
(A)	(B)	(do n	ot ct		more	e than o	one	(D)	(E)	(F)		
Name and Title	Average	box,	unles	ss pe	erson	is both	an	Reportable	Reportable	Estimated		
	hours per week (list any	-	officer and a director/trustee) compensation compensation						compensation from related	rom amount of other		
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흵플	Former	the	organizations	compensation		
	related organizations	ا آو ک	喜	ĕ	e a	o nest	를	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	below dotted	₫ =	1 8		3	ခ်ီရ		(**-2/1099-141130)		and related		
	(ine)	털	1		8	<u>8</u>	1		į	organizations		
		#	stee	l		Highest compensated employee	1					
		ļ	-	-	<u> </u>	8	-					
(1) Greg Miller President/Treasurer	60							:				
19028 Meadow Lake Rd Snohomish, WA 98290	1	1		~				0	۰ ا	0		
(2) Teresa Miller Secretary	40											
19028 Meadow Lake Rd Snohomish, WA 98290		~		~				0	0	0		
(3) Mark Barrett Vice President	20											
8510 E Meadow Lake Drive Snohomish, WA 98290		~		~				0	0	. 0		
(4)										-		
(5)	<del> </del>		-	╁	╁		-					
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<u>(7)</u>	†			$\vdash$								
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(9)												
(40)	<del></del>		_	┡	-	<u> </u>		1				
(10)												
(11)					-	<b> </b>	<u> </u>					
		<u> </u>	<u> </u>		<u> </u>	<u> </u>						
(12)				ļ								
			<u> </u>	┞-	$\vdash$	<b> </b>	<u> </u>	<b>ļ</b>				
(13)		-										
(14)	1		$\vdash$	T	†		$\vdash$					
	-T	1	1	1	1	1	1	1	I	I		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	2)								
	(A)	(B) Position				(D)	(E)		(	F)				
	Name and title Average box, unless person is both				Reportable	Reportable		Estir	nated					
		hours per officer and a director/truster				compensation	compensation	on from amount of						
		week (list any hours for	reek (list any 영화 화 이 조 영표)			יק	from the	related organization	.		her ensatio	_		
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MI			n the	
		organizations	햜뿉	ē	4	ğ	ye st	뽁	(W-2/1099-MISC)	,	- ' }	organ	ization	
		below dotted	7 7	a		ş	l " ä						elated	_
		line)	ste	E.		ď	l e				Ì	organ	zations	,
			•	8			Sã	Ì		•				
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(15)		<u> </u>												
(16)														
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(17)														
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(21)				1			İ							
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(23)									Ĭ					
2			1		1	1		1						
(24)								•						
3			1		Ì			İ	ļ					
(25)			$\vdash$	-	<del>  -</del>	<del> </del>		<del> </del>						
322/		<del> </del>	1	1					İ					
1h	Sub-total	<b>L</b> ,		1	l	<u> </u>	ı		0		0	<del></del>		0
	Total from continuation sheets to Part			•	•	•	•		0		0			
		-												0_
-	Total (add lines 1b and 1c)							<u> </u>			0			0
2	Total number of individuals (including but			nose	e list	ted	above	e) w	ho received m	ore than \$10	0,000	of		
	reportable compensation from the organ	zation > N	lone						···-	··				,
													Yes	No
3	Did the organization list any former of											\		ļ
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual	•			•	3		~
4	For any individual listed on line 1a, is the													ĺ
	organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s,"	complete Sch	nedule J for	such	) [		i
	individual											4		~
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz	zation or indi	vidual			
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J	for s	such person			5		1
Section	on B. Independent Contractors		-											
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than	\$100	000 of		
•	compensation from the organization. Rep													ax
	year.								,		3			
	<del> </del>								(D)	T		<b>1</b> CC		
	(A) Name and business add	fress						1	(B) Description of s	ervices		(C) Compens	ation	
A1-								+-	•			•		
None								$\vdash$						
								$\vdash$						
		<del></del>						$\vdash$						
								<u>i_</u>						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	ation from	the o	rgar	nizat	tion	<u> </u>		None					

	90 (201	·						Page S
Part	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s 1a					
irar oun	b	Membership dues .	1b					
A G	С	Fundraising events .	1c					
ia gi	d	Related organizations						
in is	е	Government grants (con			}			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi and similar amounts not inc	luded above 1f	105695				
E D	9	Noncash contributions include		1800				
	h	Total. Add lines 1a-1	<u>f</u>		105695		·	
Program Service Revenue				Business Code				
eve	2a	Bible Conferences		900099	58880	58880		
ě	b							<del>                                     </del>
Ĭ,	d							
Š	e							<del> </del>
grar	f	All other program sen					·-···	
ę.	g	Total. Add lines 2a-2		•	58880	I		
	3	Investment income and other similar amo	(including divid	ends, interest,	12000			12000
	4	Income from investmen		12000			12000	
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	17100					
	b	Less. rental expenses	4059					
	C	Rental income or (loss)	13041	<u> </u>			-	
	_d	Net rental income or i	<del></del>		13041			13041
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
	_	assets other than inventory  Less cost or other basis		43475				}
	b	and sales expenses .		20100				
	c	Gain or (loss)		33120 10355				
	d			•	10355			10355
<u>o</u>				•	10355			10355
evenue	8a	Gross income from fu events (not including \$						
Other R		of contributions reported See Part IV, line 18	ed on line 1c) · · · a					
₹		Less: direct expenses		<del></del>	]			
		Net income or (loss) f		events . ►				
	9a	Gross income from gassee Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) f		ivities ►			<del></del>	ļ
	10a	Gross sales of in returns and allowance		2028				
	ь	Less: cost of goods s						
	С	<u> </u>			1940			1940
		Miscellaneous F	Revenue	Business Code				
	11a							
	b	•				<u> </u>		<b>-</b>
	C	All other recent					-	+
	d	All other revenue . Total. Add lines 11a-			<del> </del>			<u> </u>
	12	Total revenue. See in			0	50000		
	114	Total revenue. See II	nau uotions	<u> P</u>	201911	58880		37336

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	<del> </del>		s must complete co	lumn (A).
	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1173	1173	,	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	1173	1173		
	individuals. See Part IV, lines 15 and 16	68432	68432		
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	. 0		
6	Compensation not included above, to disqualified	0	0	None	None
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 8	Other salaries and wages	8278	8278		
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0	0		
10 11	Payroll taxes	1338	1338		
a	Fees for services (non-employees):  Management	0	0		
Ь	Legal	0	. 0		<del> </del>
C	Accounting	0	. 0		
d	Lobbying	0	0		
e	Professional fundraising services See Part IV, line 17	0_			
f	Investment management fees	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	0	0		
12	Advertising and promotion	0	00		
13	Office expenses	115	115		
14	Information technology	. 0	0		
15	Royalties	0	0		
16	Occupancy	77640	77640		
17	Travel	0	0		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	0	0	<u> </u>	
20	Interest	0	0		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	12237	12237		
23	Insurance	4424	4424		
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 avecage as Sabadula (A)				
а	(A) amount, list line 24e expenses on Schedule O.)	-			
b		<del></del>			
c					
d	All of				
е 25	All other expenses See Schedule O  Total functional expenses. Add lines 1 through 24e	14404 188041	14404 188041	0	0
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)				

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5	11 C X	Check if Schedule O contains a response or	note to any line in this Par	+ Y		🗆
		Office in Schedule & Contains a response of	Tiote to any line in this rai	(A)	<del></del>	(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		45638	1	47070
	2	Savings and temporary cash investments		2403	2	2403
	3	Pledges and grants receivable, net			3	
	4	•		-	4	
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest co	employees.			
		Complete Part II of Schedule L		240000	5	240000
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				
		sponsoring organizations of section 501(c)(9) volun	tary employees' beneficiary			;
2		organizations (see instructions). Complete Part II of Sche	sdule L[		6	
Assets	7	Notes and loans receivable, net	[		7	
۲	8	Inventories for sale or use	[	1260	8	1172
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 252927	-		1
	b	Less: accumulated depreciation	<b>10b</b> 146361	88119	10c	106566
	11	· · ·			11	
- 1	12	Investments—other securities. See Part IV, line			12	
	13	Investments—program-related. See Part IV, line		_ <del></del>	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	<u> </u>	23941	15	6526
	16	Total assets. Add lines 1 through 15 (must equa		401361	16	403737
	17	Accounts payable and accrued expenses	_		17	
	18	Grants payable		18		
	19	Deferred revenue	· ·	19		
	20	Tax-exempt bond liabilities	F		20	<del></del>
	21	Escrow or custodial account liability. Complete			21	<del>-</del>
ië	22	Loans and other payables to current and for trustees, key employees, highest compen				
ii		disqualified persons. Complete Part II of Schedu			22	'
Liabilities	23	Secured mortgages and notes payable to unrela	<u>-</u>		23	
_	24	Unsecured notes and loans payable to unrelated			24	<del></del>
	25	Other liabilities (including federal income tax,	· .		27	
	25	parties, and other liabilities not included on lines				
		of Schedule D		21548	25	10055
	26	Total liabilities. Add lines 17 through 25	<b>-</b>	21548	26	10055
		Organizations that follow SFAS 117 (ASC 958				
Sex		complete lines 27 through 29, and lines 33 an	d 34.			
aŭ	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets	[		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ 🗹 and [			
or Fund Balances		complete lines 30 through 34.				
şţ	30	Capital stock or trust principal, or current funds	T T T T T T T T T T T T T T T T T T T		30	
386	31	Paid-in or capital surplus, or land, building, or e	· · · .		31	
Net Assets	32	Retained earnings, endowment, accumulated in			32	
Ž	33	Total net assets or fund balances		379813	33	393682
	34	Total liabilities and net assets/fund balances .	<u> </u>	401361	34	403737
						Form <b>990</b> (2015)

Page	- 1	_

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Part	XI Reconciliation of Net Assets			·	,	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			20	1911
2	Total expenses (must equal Part IX, column (A), line 25)	2			18	8041
3	Revenue less expenses. Subtract line 2 from line 1	3			1	3870
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			37	9813
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		R	oundi	ng -1
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			393	8682_
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990  ☑ Cash  ☐ Accrual  ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			٠ .
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	٠.	.	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	•		_		
	of the audit, review, or compilation of its financial statements and selection of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the section of an independent according to the section of an independent according to the second section of an independent according to the second section of an independent according to the second section of an independent according to the section of an independent according to the second section of an independent according to the second section of a section of		<b>⊢</b>	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	cpiain	"			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		-	-
	the Single Audit Act and OMB Circular A-133?		.	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t	he [			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	<u> </u>	3b		
				Form	n <b>99</b> 0	(2015)

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

## **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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number Community Bible School 91-1275574 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calen	der veer for flood voor beginning in							
	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
$\overline{}$	on B. Total Support							
	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4		ļ			-	ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructi	ons)			12		
13	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, secon					
Secti	on C. Computation of Public Suppor							<u> </u>
14	Public support percentage for 2015 (line 6			1. column (fl)	· · · · · ·	14		%
15	Public support percentage from 2014 Sch					15	<del></del>	%
16a	331/3% support test 2015. If the organiz					1 1	check this	<del></del>
	box and stop here. The organization qual						🕨	
b	331/3% support test—2014. If the organicheck this box and stop here. The organi					9 15 is 33 <sup>1</sup> /3%	or more,	
17a	10%-facts-and-circumstances test—2015. 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 – 20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. 1	test, check the organization	his box and son qualifies as	top here. a publicly	_
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	ck this box and	see	

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

_	if the organization fails to quality	under the tes	sis listed beit	w, please co	mpiete rait i	!. <u>/</u>	_
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	68646	64617	79372	102885	105695	421215
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	79175	62241	65038	66415	58880	331749
3	Gross receipts from activities that are not an	75175	- OLL-41	03000	30413	30000	001740
•	unrelated trade or business under section 513	7458	15824	25979	24368	45503	110120
4	Tax revenues levied for the	/436	13624	20979	24300	45505	119132
4	organization's benefit and either paid		1				
	to or expended on its behalf		_				
_	· •	0	0		0	0	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0_
6	Total. Add lines 1 through 5	155279	142682	170389	193668	210078	872096
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	20059	14331	18660	48389	29628	131067
b	Amounts included on lines 2 and 3						
	received from other than disqualified					İ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	3920	1461	1423	1062	23100	30966
C	Add lines 7a and 7b	23979	15792	20083	49451	52728	162033
8	Public support. (Subtract line 7c from					1	
	line 6.)					i	710063
Secti	on B. Total Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	155279	142682	170389	193668	210078	872096
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				ŀ		
	royalties and income from similar sources	8297	23102	26600	28550	29100	115649
b	Unrelated business taxable income (less	020.	25,02			20,00	
-	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	О	0
С	Add lines 10a and 10b	8297	23102	26600	28550	29100	115649
11	Net income from unrelated business	0231	25102	20000	20330	23100	113043
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	٥	o	٥
12	Other income. Do not include gain or	<u>-</u>	<u> </u>	U	U		0
12	loss from the sale of capital assets				!		
	(Explain in Part VI.)	<u> </u>		ار	ا ۗ	ا ً	^
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
13	and 12.)	100570	105701	100000	000040	000470	007745
14	First five years. If the Form 990 is for the	163576	165784	196989 d	222218	239178 ]	987745
174	organization, check this box and stop he	-			-		11 30 1(c)(3)
C4			<u> </u>	<del>· · · · ·</del>	• • • • •	<del></del>	· · · ·
<del></del>	on C. Computation of Public Suppor			01 (0)	· <del>- · · · · · · · · · · · · · · · · · · </del>	TaeT	
15	Public support percentage for 2015 (line 8		•			15	719 %
16	Public support percentage from 2014 Sch			· · · ·	<del></del>	16	746 %
	on D. Computation of Investment In					1.45	
17	Investment income percentage for 2015 (	•	• • •	y line 13, colur	nn (f))	17	11.7 %
18	Investment income percentage from 2014					18	98 %
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/2%, check this box		-			_	_
b	331/3% support tests – 2014. If the organiz				-		
	line 18 is not more than 331/3%, check this		-				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Secti	on 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
ь	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		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	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		
	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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ĺ		
	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.			
	organizations and what conditions of 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		
Section	on 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		
Section	on D. All Type III Supporting Organizations		<del></del>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	i		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
1		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	l		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b>.</b>
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.	_		1
C- 44		3	<u> </u>	
Section	on 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	instru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	1	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		<del>                                     </del>	<del>                                     </del>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	T		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3ь	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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):			
a Average monthly value of securities	1a		
<b>b</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	<u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount	1 =		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Τ		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III suppor	ting organization (see
instructions)	-		- •

Part		) Supporung Organi	zauons (continued)	
	on D - Distributions	<del></del>		Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity	ni-otrono		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del></del>
4_	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.			
		h the executed in it		
8	Distributions to attentive supported organizations to whic	n the organization is res	ponsive	
9	(provide details in <b>Part VI</b> ) See instructions.  Distributable amount for 2015 from Section C, line 6		-	·
	Line 8 amount divided by Line 9 amount			
-10	Line o amount divided by Line o amount		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
<u>a</u>				
<u>b</u>				
<u>c</u>	F 0012		·	
<u>d</u>	From 2013			
	From 2014		-	
<u>f</u> _	Total of lines 3a through e			
<u>g</u> h	Applied to underdistributions of prior years  Applied to 2015 distributable amount			
<u>n</u>	Carryover from 2010 not applied (see instructions)			
<u>'</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section			
4	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
<del>-5</del>	Remaining underdistributions for years prior to 2015, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7.			
а				
Ь				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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.)
Page 3 Line	1 Coumn (a) - We received a one time large contribution from an estate of \$237,000 in 2011 which is not included in the amount
shown on th	is line since it was a one time extraodinary gift
	······································
	······································
•	

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB № 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Community Bible School 91-1275574 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on 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) ☐ Preservation of a 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 2 easement on the last day of the tax year. Held at the End of the Tax 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 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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 the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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. b 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 on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . 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: Assets included in Form 990, Part X .

Cobadu	la D /Fan	m 990) 2015								- 6
Part		Organizations Maintaining	Collections of	A-+ Li	torical	Tropouros	- A- O	ther Cimiler A	conta (con	Page 2
3	Using	the organization's acquisition, ction items (check all that apply):	accession, and o							
а	_	ublic exhibition		d	□ Loa	n or exchang	ae prog	rams		
b	□ s	cholarly research		e	☐ Oth	er	<b>J</b> - F3	·		
С	☐ Pr	reservation for future generations	3					***************************************		
4		de a description of the organiza		and exp	laın how	they further	the or	ganızatıon's exe	empt purpos	e in Pari
5		g the year, did the organization s to be sold to raise funds rather							_	□ No
Part		Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes					•		-orm
1a	includ	e organization an agent, trustee ded on Form 990, Part X?						other assets	_	☐ No
b	If "Ye	s," explain the arrangement in P	art XIII and compl	ete the f	ollowing	table:				
	_						L		Amount	
C	-	nning balance					10			
ď		ions during the year					10			
e		butions during the year					16		<del></del> -	<del></del>
f On		ig balance							+ 0 D V	
2a k		s," explain the arrangement in P							•	□ NO
Par		Endowment Funds.	art Alli. Offeck fiel	e ii uie e	xpiarian	ion nas been	provid	ed on Part Alli		<u> </u>
		Complete if the organization	answered "Yes	" on Fo	rm 990	Part IV line	e 10.			
		oon.p.o.o.n.n.o.o.gan.m.ao.	(a) Current year		nor year	(c) Two yea		(d) Three years ba	ick (e) Four ye	ears back
1a	Begin	nning of year balance								
b	_	ributions		<u> </u>						
C		nvestment earnings, gains, and						· · · · · · · · · · · · · · · · · · ·		-
	losse	s		ł						
d	Grant	ts or scholarships								
е	Other	expenditures for facilities and								
	progr	ams		ļ						
f	Admi	nistrative expenses .		1						
g		of year balance								
2		de the estimated percentage of t		nd balan	ce (line 1	1g, column (a	a)) heid	as:		
а	Board	d designated or quasi-endowme	nt <b>&gt;</b>	%						
b		anent endowment	%							
C	Temp	oranly restricted endowment	<u></u> %							
_		percentages on lines 2a, 2b, and								
3a		nere endowment funds not in the nization by:	e possession of t	he orgar	ization t	that are held	and ac	iministered for	_	es No
		nrelated organizations							.  3a(i)	
_		elated organizations							. 3a(ii)	
b		s" on line 3a(ii), are the related o							. <u>3b</u>	
4 Pos		ribe in Part XIII the intended uses		on's end	owment	Tunas.		· .		
Par	VI	Land, Buildings, and Equip Complete if the organization		" on Fo	rm 000	Part IV lin	م 11a	See Form 00/	Dart V II-	no 10
<del></del>		Description of property	(a) Cost or o	ther basis	_	, Fart IV, IIII It or other basis (other)	(c)	Accumulated lepreciation	(d) Book	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment . . . . .

Part VII	Investments—Other Securities.			·		
	Complete if the organization answ	vered "Yes" on For	rm 990	0, Part IV, Im	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b)	Book value		thod of valuation l-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)			<u></u>			
(C)	••••••		ļ			
(D)						
(E)			1			· <del></del> · · · · · · · · · · · · · · · · · ·
(F)						
(G)						
(H)			<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>			
Part VIII	Investments — Program Related Complete if the organization answ		00	) Dort IV lin	. 11. Can Farm	000 Dart V line 12
-		rered res on ro				
	(a) Description of investment		(6)	Book value		thod of valuation l-of-year market value
(1)						
(2)	<del></del>					
(3)						
_(4)						
(5)						
(6)						
_(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 13 )	,				
Part IX	Other Assets.	rared "Vac" on Ear	00	O Dort IV lin	a 11d Can Farm	000 Dart V line 15
	Complete if the organization answ	Description	1111 991	J, Part IV, IIII	e 11a. See Forn	(b) Book value
(1) One 2006	6 FOrd E350 15 Passenger Van	Description		<del></del>		
(2)	5 FOIG ESSO 15 Fassenger van			<u>, _</u>		6526
(3)						
(4)						
(5)						-
(6)					<del> </del>	
(7)						
(8)						
(9)					· · · · · · · · · · · · · · · · · · ·	
Total. (Colu	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)			<b>.</b> ▶	6526
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" on Fo	rm 99	0, Part IV, Im	e 11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal ır						
(2) Credit Ca			6593			
	on future Conferences		1062			
(4) Renters I	Deposit		2400			
(5)		<del> </del>				
(6)		····				
(7)						
(8)						
	b) must equal Form 990, Part X, col. (B) line 25 ) ▶		10055			
	r uncertain tax positions. In Part XIII, provid		10055	the omanization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under					

Part			r Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	_	
b	Other (Describe in Part XIII.)	4b	]	
C	Add lines <b>4a</b> and <b>4b</b>		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	• • • • • • • • • • • • • • • • • • • •		er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	<b>⊣</b> ∣	
b	Prior year adjustments	2b	_	
C	Other losses	2c	<b>⊣</b>	
d	Other (Describe in Part XIII )	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	4b		
С 5	Add lines 4a and 4b		4c	
	XIII Supplemental Information.	<del>6 10.)</del>	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h and 2	h Part V line	1. Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			+, 1 W( ), III C
•	, , , , , , , , , , , , , , , , , , , ,	,,,		
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#### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

0. Inspection

Name of the organization					Employer id	entification number		
Community Bible School 91-1275574  Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"								
	<b>formation on Activit</b> art IV, line 14b.	ies Outside t	the United States. Comp	olete if the organi	ization ansv	wered "Yes" on		
	antees' eligibility for th		ords to substantiate the am sistance, and the selection					
assistance outside	e the United States.	·	on's procedures for moni	·	J	s and other		
		T	can be duplicated if addition	1		10 7 1 1		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in r	c type of	(f) Total expenditures for and investments in region		
(1) South Asia - Nepal	0	0	Grants - mission work	Propagating the o	gospel	60129		
(2) North America - Canad	da 0	0	Grants - mission work	Propagating the o	gospel	7300		
(3) East Asia - India	0	0	Grants - mission work	Propagating the o	gospel	1003		
(4)								
(5)					i			
(6)		<u>.</u>			:			
(7)								
(8)								
(9)								
(10)						<del>_</del>		
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a Sub-total	0	0				68432		
<b>b</b> Total from cor sheets to Part I.								

0

c Totals (add lines 3a and 3b)

68432

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

		5							
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of variation (book, FMV, appraisal, other)
Ξ			South Asia - Nepal	Training Expense	19946	Western Union, Cash	None		
<u> </u>			North America Canada	North America Canada Operating Expenses		Wire - XE Trade	PuoN		
ල			South Asia - Nepal	Earthquake Relief	12161	12161 Westerm Union, Cash	None		
€									
<u></u>									
9									
€									
<u> </u>									
<u> </u>									
<u>5</u>									
Ê									
(12)									
13)									
<u>\$</u>									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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

Schedule F (Form 990) 2015 (g) Description of non-cash assistance None None None (f) Amount of non-cash assistance 12041 Western Union, Cash 8528 Western Union, Cash (e) Manner of cash disbursement 510 Western Union (d) Amount of cash grant (c) Number of recipients 70 - 80 5 (1) University Tuition, Room, Board South Asia - Nepal South Asia - Nepal South Asia - Nepal (a) Type of grant or assistance (2) Earthquake Relief (3) Medical Help Ξ (12) (15) (17) (18) € 6 <u>6</u> (13) 14 (16) 9  $\epsilon$ <u>®</u>

Part	IV Foreign Forms		· <del></del>
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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).	☐ 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)	☐ Yes	☑ No
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).	☐ 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)	☐ Yes	₽ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	₽ No

### Part V

#### **Supplemental Information**

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

Part I Line 1 - Every 4 months a ministry called Rescue and Training Development Center picks 10 young destitute women from villages in Nepal
and brings them to Kathmandu RTDC helps educate them and teaches them how to sew and run a seamstress business. We pay for
the room, board, and tuition for those 4 months. During this time they are also taught about the love Jesus Christ has for them
At the end of 4 months they return to their villages to begin their businesses. We are now on our 15 group of students and have had
a very high success rate. One of our board members attends the graduation every 4 months and we are in constant communication with
the directors of RTDC who send us pictures and updates monthly www nepalitidc com
We have also involved ourselves with sending some older orphan children, whom we have some personal knowledge of , to
university in Nepal, India, and the Phillipines by paying their room, board and tuition. Some of these students are from orphanages
we have supported in the past, while others are children of indigent people whom we know. These students are also followers of Christ
and are committed to sharing the gospel of Jesus Christ We monitor their progress via email, personal visits when visiting Nepal,
and communicating with their parents, pastor or orphanage parents. We also provided earthquake relief in 2015 to past students of RTDC
as well as villages that they live in
Part 1 Line 2 - Frontier Lodge is a ministry located in Alberta, Canada dedicated to sharing the gospel of Jesus Christ, using creation as the
way to share the gospel of Jesus Christ with those taking part in their programs. Some of the staff at Frontier Lodge grew up being part of
our Sunday Church Services and participated in the ministry here. They are like minded in purpose and attended the same Bible School as
one of our board of directors. We monitor the ministry through a board member visiting the ministry once or twice a year, through email,
Part 1 Line 3 - Vedanadam Ministires is ran by a couple from India who attended the same Bible School in Canada that one of board members
attended. They became friends and the ministry they are in charge of in Kerala, India is committed to the propagation of the Gospel of Jesus.
Christ. They run a small Bible School, train evangelists, do evangelistic work and radio broadcasts of the gospel throughout the nation of
India as well as various children programs
Part I, II, III - Selection of Organizations and Individuals We Support - The organizations which we select have leadership that agree with
Tart, II, III Occount of Organizations and marviodals we outport The Organizations when we december accounts of additional and marviodals we outport The Organizations when we december a december of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Organization of the Orga
our purpose, mission, and doctrinal stmts and are followers of Christ Someone from our ministry needs to have personally met these
leaders. They have not requested grants from us, but rather must be presented to the board by someone from our ministry that knows them
The individual orphans we pay tuition, room, and board for have been children in orphanages we have supported in the past or are from
indigent families that we know personally. Our emphasis is finding individuals that we know are committed followers of Christ so that
the gospel of Jesus Christ will be propogated and disseminated through various avenues of their employment in the future

#### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury

# **Transactions With Interested Persons**

OMB No 1545-0047

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

Attach to Form 990 or Form 990-EZ and its instructions is at water ire gov/form990.

Open To Public

Name of the organization	mormation about	Schedule L (Fon	n 990	or 990-EZ	and its instr	uction	s is at www.irs.go Employ			UL DUD DUS	nber	цоп	
<b>G</b>								,					
Community Bible School Part I Excess Bene	fit Transaction	e (coction 501	(0)(3)	caction	501(0)(4) a	nd 50	1(c)(29) organiza	ations		2755	/4		
Complete if the	e organization	answered "Ye	s" on	Form 99	0, Part IV, I	ne 25	a or 25b, or For	m 990	Orny) O-EZ,	Part \	V, line	40b.	
1 (a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	of tran	saction	n		(d) Cor	rected?
t (a) manie en diadazinea	po.00		organız	ation			( <b>0</b> , 2000 ipilo.		100001101			Yes	No
(1) None													
(2)													
(3)													
(4)													
(5)													
(6)													L
<ul><li>2 Enter the amount under section 4958</li><li>3 Enter the amount of</li></ul>								ring th · ·	ne ye l <b>l</b>	ar ▶ \$ ▶ \$			
Complete if the	/or From Inter- ne organization eported an amo	answered "Yes	s" on	Form 999	0-EZ, Part \( e 5, 6, or 22	V, line 2.	38a or Form 99	90, Pa	rt IV,	line 2	6; or	if the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the inization?	(e) Ongir principal arr		(f) Balance due	(g) In d	lefault?	by bo	proved pard or nittee?		ntten ment?
			То	From				Yes	No	Yes	No	Yes	No
(1) Greg Miller	Pres/Director	Earn Interest		1	120	0000	120000		~	~		~	
(2) Mark Barrett	V Pres/Director	For our Nepal		1	120	0000	120000		~	~		~	
(3)		Ministries											
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total			• •			. ▶	\$ 240000						
Complete if the	sistance Beneface organization	answered "Ye	s" on	Form 99		T	<del></del>						
(a) Name of interested person		ship between interested the organization		(c) Amount	of assistance	(	d) Type of assistanc	e	(e)	Purpo	se of a	ssistan	ice
(1) None - See note*													
(2)													
(3)													
(4)													
(5)													
(6)									l				
(7)													
(8)				l -						_			
(9)									Ī	-			
(40)						<del>                                     </del>		_	<del> </del>				

Schedule L (Form 990 or 990-EZ) 2015 Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction organization's interested person and the transaction revenues? organization Yes No (1) None - see note\*\* (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). Part II - Community Bible School received a large donation of \$240,000 from an estate in 2011to support our ministries in Nepal It was decided by the board to invest this money and to use the interest earned from the investment to support our ministries in Nepal Per our conflict of interest policy a committee of 18 members, which did not include any disqualified persons or persons with a conflict of interest, unanimously voted to loan \$120,000 of the money to Greg and Teresa Miller, who are both officers and directors, and the other \$120,000 to Mark and Jill Barrett, Mark being an officer and a director. The terms of the loan were 5 years, interest at 5%, payable monthly and secured with a mortgage on the residence and rental property of Greg and Teresa Miller All documents

Part III - A son of one of the directors, and his wife work fulltime in Canada at a ministry called Frontier Lodge Frontier Lodge was founded in 1959
and is likeminded as us, using creation as the means to share the gospel of Jesus Christ to all of those who participate in their outdoor
adventure programs In 2015 we sent \$7300 to Frontier Lodge in support of their programs www frontierlodge ca
Part IV - ** Greg and Teresa Miller are husband, wife, & directors, and have lease to Community Bible School the facilities that Community Bible
School uses for its Bible conferences, retreats, and church services for 20 years now. This property is 45 acres, which includes two conference
buildings, two residential properties, two - one bedroom apartments, meeting rooms, a shop building, and lake property
The facilities are able to accommodate 60 people overnight with dining and kitchen facilities. The lease in 2015 was \$5221 00 per month
plus property taxes totaling \$70,732 for the entire year. Lease is renewable every 5 years. For the convenience of Community Bible School they
use the personal residence located on the property. This is the property where we hold overnight Bible conferences and retreats as well as our

were prepared by our lawyer and recorded with Snohomish County in the State of Washington

church services

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number						
Community Bible School	91-1275574						
Form 990 Page 6 Part VI Section A Governing Body and Management - Line 2							
Greg Miller (officer/director) and Teresa Miller (officer/director) - family relationship Mark Barrett (officer/director), Greg Miller							
(officer/director) and Teresa Miller (officer/director) are in a business relationship							
Form 990 Page 6 Part VI Section B - Policies - Line 11 a, b - A copy of Form 990 is presented to each board member for review A special							
board meeting is then convened for the purpose of having the return approved by the board. The treasurer god	board meeting is then convened for the purpose of having the return approved by the board. The treasurer goes over the return explaining						
each item and answers any questions during that meeting and If any corrections are needed to be made, they	are done at which time the						
board approves the return and it is recorded in the board minutes. In addition the financial statements used in	preparing the return are						
reviewed and approved by the board prior to the return being filled out							
Form 990 Page 6 Part VI Line Section B Line 12a, b, c - Our Conflict of interest policy includes officers, board members, and any related							
party of those individuals, whether by family relation or business relation, who may potentially benefit financially from a decision being							
made by that officer or board member. Any officer or board member who finds himself or herself in a position of a conflict of interest							
must excuse themselves from that decision making process. Any conflicts of interest are to be addressed as they occurr and the							
governing board be made aware of these from the individuals at that point in time. Because we are a small organization and know each							
other personally, any conflict of interest issues are always known by all the members of the board							
Form 990 Page 6 Part VI Section C - Disclosure Line 19 - Upon request, we provide a copy of our form 1023,	form 990, conflict of interest						
policy and our annual financial statements. We also present to our Sunday Evening Church Service our annual financial statements							
each year							
Form 990 Page 7 Compensation of Officers							
Community Bible School leases from Greg and Teresa Miller 45 acres, which includes two conference center to	ouldings, two homes, 3 apartments,						
sleeping quarters for 60 people, commercial kitchen, which is where Community Bible School holds all of its re	etreats and conferences and Sunday						

Total Other Expenses

\$14404