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#### EXTENDED TO JUNE 15, 2017

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Department of the Treasury

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

A F	or the 2	015 calendar year, or tax year beginning AUG 1, 2015 and 6		UL 31, 2016	пізреодоп				
			United 5						
	heck if pplicable	C Name of organization JOHN WITHERSPOON COLLEGE		D Employer identific	cation number				
	¬Address	<b>5</b>		ļ					
느	change Name	DBA BLACK HILLS BIBLICAL INSTITUTE			000404				
ᆫ	change	Doing business as		20-5	892134				
	]initial  return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•				
	Final return/	4021 RANGE ROAD		605-	342-0317				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	580,514.				
	Amended			H(a) Is this a group re					
$\vdash$	Applica-	F Name and address of principal officer LANNY L. EVANS		for subordinates					
pending   Gaster and Gaster									
	·		r = 507	H(b) Are all subordinates in					
		pt status X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) o  ▶ WWW.JOHNWITHERSPOONCOLLEGE.ORG	or 527		list. (see instructions)				
			<del></del>	H(c) Group exemption					
		ganization: X Corporation Trust Association Other ▶	L Year	of formation: 2007 N	A State of legal domicile: SD				
Pa		Summary							
	<b>1</b> Br			ZATION'S PUR					
Governance	<u>P</u>	ROVIDE BIBLICAL THEOLOGICAL AND PRACTICAL	L TRAI	NING FOR LA	Y AND				
n.	2 C	neck this box I if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.				
. A	3 Ni	umber of voting members of the governing body (Part VI, line 1a)		3	6				
ું છુ	4 No	umber of independent voting members of the governing body (Part VI, line 1b)		4	6				
<b>≪</b>		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	17				
Activities &		otal number of volunteers (estimate if necessary)		6	7				
Ė.	l .	``		<del></del> 1	0.				
Ä		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b_Ne	et unrelated business taxable income from Form 990-T, line 34		7ь					
	•		}	Prior Year	Current Year				
•	8 C	ontributions and grants (Part VIII, line 1h)		173,175.	456,306.				
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		36,102.	49,812.				
ě	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	L	<u>-8,760.</u>	<u> 1,757.</u>				
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,325.	43,934.				
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		207,842.	551,809.				
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		16,265.	35,505.				
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45 0.	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,510.	251,395.				
Expenses	160 D	ofessional fundraising fees (Part IX, column (A), line 11e)	<b>├</b> ─	0.	0.				
Ë	loa Pr		10 H		<del></del>				
	D 10		<del>''·</del>	105,502.	167,887.				
	, ,, ,	ther expenses (Part IX, column (A), lines 11a-11d, 11+24e)							
		otal expenses Add lines 13-17 (must-equal Part IX, column (A), line 25)	<b> </b>	246,277.	454,787.				
		evenue less expenses. Subtract line 18 from line 12 5 2022		-38,435.	97,022.				
28		601 5	Be	ginning of Current Year	End of Year				
Assets o	20 To			382,469.	491,866.				
S.H.	21 To	otal labilities (Part X, line 16)  OGDEN, UT		<u>_55,856.</u>	39,525.				
25	22 N	et assets or fund balances Subtract line 21 from line 20		326,613.	452,341.				
Pa	irt II	Signature Block			<del></del>				
Und	er penaltu	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
	-	and complete. Declaration of preparer (other than officer) is based on all information of wh		•					
<u></u>		Tanny X El aine		15/9/	2017				
C:	. 1/	Signature of officer ()		Date					
Sign	١.								
Her	e	LANDY L. EVANS, CHAIRMAN  Type or print name and title			<del></del>				
_				Date Check	PTIN				
		Print/Type preparer's name Preparer's signature	7L//4	d   -	<del>_</del>				
Pald	K	EVIN R. EGGEBRAATEN, CPA	44 0	4/11/17 self-employ					
Pre		irm's name ► CASEY PETERSON LTD		Firm's EIN	46-0403496				
Use	Only F	irm's address ▶ 909 ST JOSEPH ST SUITE 101		İ					
		RAPID CITY, SD 57701		Phone no. (6	05)348-1930				
May	the IRS	discuss this return with the preparer shown above? (see instructions)			. X Yes No				
	01 12-16-1		ne		Form 990 (2015)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2015)

Form	990 (2015) DBA BLACK HILLS BIBLICAL INSTITUTE	20-5892134	Page 2
	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	THE ORGANIZATION'S PURPOSE IS TO PROVIDE BIBLICAL THEOLO	GICAL AND	
	PRACTICAL TRAINING FOR LAY AND BI-VOCATIONAL CHRISTIAN L		GH
	<del></del>	EIDERD IMEGO	<u> </u>
	FORMAL COURSES IN A CLASSROOM SETTING.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on		
-			X No
	the prior Form 990 or 990-EZ?	LJ fes	A NO
	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?	Yes	X No
-	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 othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported	•	
	Teveride, if any, for each program service reported	72	044
4a	(Code) (Expenses \$ 246,059. including grants of \$ 35,505. ) (Rever	nue\$	944.)
	PROVIDE BIBLICAL THEOLOGICAL AND PRACTICAL TRAINING FOR	LAY AND	
	BI-VOCATIONAL CHRISTIAN LEADERS THROUGH FORMAL COURSES I	N A CLASSROO	<u> </u>
	<del></del>		<del></del>
	SETTING.	<del></del>	
4b	(Code) (Expenses \$) (Rever	nue \$	)
		<del></del>	
4c	(Code) (Expenses \$	nue \$	)
4d	Other program services (Describe in Schedule O)		
-		١	
	0.4.6.05.0		
4e	Total program service expenses ▶ 246,059.		

Form **990** (2015)

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# 20-5892134

# JOHN WITHERSPOON COLLEGE Form 990 (2015) DBA BLACK HILLS BIBLICAL INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		X
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?			x
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	<del>-"</del>		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i i	۱.,
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(i)(2, If "You " complete School ide S	12b 13	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-1-4		<u> </u>
	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	14Ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	}		1
	complete Schedule G. Part III	19	<u> </u>	X
		Form	990	(2015)

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# JOHN WITHERSPOON COLLEGE

Part IV | Checklist of Required Schedules | (continued) | Checklist of Required Schedules | (continued) | Checklist of Required Schedules | (continued) | (checklist of Required Schedules | (continued) | (checklist of Required Schedules | (checklist of Required

			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	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		1	
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		- 1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	_23_		<u>x</u>
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		1	x
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?  Did the example ton extreme the policy of the bonds outstanding at any time during the year?	24c 24d		
250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
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? // "Yes,"			
	complete Schedule L, Part II	26		X
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		_X_
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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.5
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II  Did the aggregation own 100% of an ontitu discongreded as consists from the argentization under Regulations.	32_		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ا مم ا		X
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33_		
34		34		X
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		-	_
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del>-</del> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	
		Form		(2015)

DBA BLACK HILLS BIBLICAL INSTITUTE 20-5892134 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 17 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O **3**b 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 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) 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 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 the organization is licensed to issue qualified health plans 13b

14a

14b

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

Form 990 (2015)

DBA BLACK HILLS BIBLICAL INSTITUTE

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

	Check if Schedule O contains a response or note to any line in this Part VI					IX.		
Sec	tion A. Governing Body and Management							
			1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>				1		
	If there are material differences in voting rights among members of the governing body, or if the governing	ŀ				,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	<b>i</b>	.		1		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b		븨		,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			- <u></u>		
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervision			.,		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint (	one or	1_		]		
	more members of the governing body?			7a		X		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or	1	į			
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	e following:		<u>.</u>	د ـــ د		
а	The governing body?			<u>8a</u>	X	├		
þ	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	├		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the					
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	Ц	<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			Г		
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a	<del> </del>	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	, affiliates,	Ì	İ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	h. h. e	- 51 41 - 6 - 0	10b 11a	X	├		
_	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	, ,, g		4	12a	X	х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escпbe	140-		x		
40	in Schedule O how this was done			12c	-	X		
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?		d	14_		-^-		
15	Did the process for determining compensation of the following persons include a review and approve	-	aepenaent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		X		
a				15a	-	X		
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	<del>                                     </del>	┢┸		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont w	nth a					
ioa	taxable entity during the year?	III <del>C</del> IIL W	nui a	160		X		
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the second of the control of	to ite n	articipation	16a	$\vdash$	<del>  ^</del>		
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization that the organization the organization the organization the organization that the organization the organization the organization that the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization the organization that the organization the organization the organization that the organization the organization the organization the organization that the organization the organization the organization the organization that the organization the organization the organization that the organization the organization the organization that the organization the organization the organization the organization the organization that the organization the organization the organization the organization the organization the organization that the organization the organization the organization the organization the organization the organiza		•			ĺ		
	exempt status with respect to such arrangements?	ilizatioi	15	16h				
Sec	tion C. Disclosure			16b				
	List the states with which a copy of this Form 990 is required to be filed NONE		<del></del>					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s only)	availabl				
10	for public inspection. Indicate how you made these available. Check all that apply.	. 10001	on our (o)(o)s only)	availabl	<del>-</del>			
		0-	t ( t - 0)					
40	Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		/	d funce -	und			
19		minut O	i interest policy, and	ı ımanc	idi			
20	statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's bo	nke ar	d records					
20	LANNY L. EVANS - 605-341-2468	UND BIT						
	13075 MISSION HILLS LOOP, RAPID CITY, SD 57702		<del></del>					

DBA BLACK HILLS BIBLICAL INSTITUTE

20-5892134

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 r	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	{do not check r					ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son ı	s both	an	compensation	compensation	amount of
	week	$\vdash$	officer and a direc			T T T		from	from related	other
	(list any	recto	L			l		the	organizations	compensation
	hours for	ᅙ	<sub>22</sub>		1	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust			Suad	ļ	(W-2/1099-MISC)		organization and related
	organizations below	ual t	lonal lonal		lg y	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	e) e)	Highest compensated employee	Former			Organizations
(1) MR. LANNY L. EVANS	5.00				Ī					
CHARIMAN OF THE BOARD	<u> </u>	X		X				0.	0.	0.
(2) MR. DALE BARTSCHER	1.00	1	1		İ					1
VICE CHAIRMAN	<u> </u>	X		X				0.	0.	0.
(3) MR. SCOTT VANDER HAMM	1.00	]	1							
BOARD MEMBER		X						0.	0.	0.
(4) DR. LOYAL TILLOTSON	1.00									
BOARD MEMBER		X		L				0.	0.	0.
(5) CHET COOLBAUGH	1.00									
BOARD MEMBER	<u> </u>	X	辶		<u> </u>		L_	0.	0.	0.
(6) RICK SCHLAUGER	1.00		ŀ							
BOARD MEMBER		X	L	_			匚	0.	0.	0.
(7) DR. C. RICHARD WELLS	15.00	1		l						
PRESIDENT	\	<u> </u>	<u> </u>	X	_		<u> </u>	0.	0.	0.
(8) CAROL HARRIS	40.00									_
BOOKKEEPER	<del>\</del>	<u> </u>	-	X	<u> </u>	<u> </u>	-	31,809.	0.	0.
		-								
	<del> </del>	┡	-	-	┝		┝	<del> </del>	<del></del>	
		1						ļ		
	<del>                                     </del>	1	<u> </u>		1	一	-			
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	<del> </del>	$\vdash$	-	┝	┝	├	-	<del> </del>		<del></del>
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	}	1		1		1		<b>\</b>	1	
	<del> </del>	$\vdash$	╁			<del>                                     </del>				
		1			L	L	L			
==		1								
						<u> </u>	Ц.	<u> </u>	<u> </u>	L

	CK HILLS								20-5	892	134	Pa	age 8
Part VII   Section A. Officers, Directors, Tr	ustees, Key Em	oloye	ees,	and	1 Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box,	not c	Pos heckinssper adad	C) ition more rson i	) then is boti	one n an	(D) Reportable compensation	(E) Reportable compensatio	on	Est amo	(F) mate ount o	
	(list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated employee	ŕ	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga	ensat m the nızatı relate	e ion ed
							L						
							L						
							L						
					<u> </u>								
							L						
							L						
1b Sub-total c Total from continuation sheets to Part	VII, Section A			_		_	<b>▶</b>	31,809.		0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including bu	it not limited to th	ose	liste	ed at	oove	e) wh	o re	31,809. eceived more than \$100	,000 of reportable	0. e			0.
compensation from the organization	<u> </u>										<del>-  </del>	Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ustee	e, ke	ey en	npio	yee	or I	highest compensated er	mployee on	{	3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab								he organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." or	or accrue comper	nsati	on f	rom	any	unr			dual for services		5		x
Section B. Independent Contractors								h a h wa a a w a dh a a dh	1100 000 - 6				
the organization. Report compensation f								the organization's tax y		Jensai			
(A) Name and busine	ess address	NO	INC	8				(B) Description of s	services	С	(C) ompen		n
							_						
		_											
							_						
													_
2 Total number of independent contractor \$100,000 of compensation from the orga		ot lin	nite	d to		se lis O	ted	above) who received m	ore than				
								·			Form 9	90 (2	2015

Form 990 (2015) DBA BLACK HILLS BIBLICAL INSTITUTE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
रु छ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b		i			
وَق	c	Fundraising events	1c					
E E	d	Related organizations	1d					İ
S, Ellin	e	Government grants (contribution	ons) 1e					
į į	f	All other contributions, gifts, grant	ts, and					
類		similar amounts not included abov	/e <b>_1f</b>	456,306.		ļ		İ
퉏릴	9	Noncash contributions included in lines 1	la-1f \$			]		
<u>8</u>	h	Total. Add lines 1a-1f			456,306.			
1				Business Code				
8	2 a			900099	48,170.	48,170.		<del></del>
ق چ	b	ACADEMIC CONFERI	ENCE	900099	1,642.	1,642.		<del> </del>
Program Service Revenue	C			<u> </u>				<del></del>
Eğ	d							<del> </del>
5	е			<b>}</b>		L		<del> </del>
•	f	' '	nue .	<u> </u>	40 010			
$\rightarrow$		Total. Add lines 2a-2f	<del></del> .	<u> </u>	49,812.			<del> </del>
	3	Investment income (including of	dividends, intere	est, and	515.			515.
i		other similar amounts)		<b>?</b> }	313.			313.
	4	Income from investment of tax	r-exempt bona p	roceeds				<del> </del>
ĺ	5	Royalties	(i) Real	(ii) Personal			<del></del>	<del> </del>
ł	6 a	Gross rents	12,025.	(ii) Fersonal		}		1
	b		0.					ļ
		Rental income or (loss)	12,025.					
		Net rental income or (loss)	<u> </u>	<u> </u>	12,025.			12,025.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,242.					
	b	Less cost or other basis						
- [		and sales expenses	0.					
	c	Gain or (loss)	1,242.	<u></u>				.l
	d	Net gain or (loss)			1,242.	1,242.		
	8 a	Gross income from fundraising	g events (not	] ]				1
evenue		including \$	of	1				
اَچُ		contributions reported on line	1c) See	10000				1
Other Re		Part IV, line 18	. а					
튕		Less direct expenses	b	28,705.	10 FOC			- 10 - E0C
		Net income or (loss) from fund	-	<del>-</del>	19,596.	<del> </del>		19,596.
	9 a	Gross income from gaming ac						1
}	9	Part IV, line 19 Less direct expenses	a b					1
		Net income or (loss) from game	•				- ~	
		Gross sales of inventory, less	-		<del></del>	<del></del>		<del></del>
	10 a	and allowances	iotums a			1		İ
ļ	b	Less cost of goods sold	b					
Ì		Net income or (loss) from sales		<b>•</b>				1
Ì		Miscellaneous Revenue		Business Code				† — — —
ļ	11 a	MISCELLANEOUS		900099	12,313.	12,313.		
	b							†
	c							<u> </u>
Ì	d							
	е	Total. Add lines 11a-11d		▶	12,313.			
	12	Total revenue. See instructions.	· _ · · · · · · · · · · · · · · · · · ·	<u></u> . ▶∫	551,809.	63,367.	0	32,136.
53200	9 12-16	S-15	<del></del>				- <del> </del>	Form <b>990</b> (2015)

Form 990 (2015) DBA BLACK HILLS BIBLICAL INSTITUTE
Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	35,505.	35,505.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24 000	40.405	45 405	1 000
	trustees, and key employees	31,809.	12,406.	17,495.	1,908
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	199,906.	85,967.	113,939.	
7	Other salaries and wages	133,300.	05,307.	113,939.	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	4,583.	4,583.	<del></del>	
9 10	Other employee benefits Payroll taxes	15,097.	6,341.	8,756.	
11	Fees for services (non-employees)	13,057.			
a					
b	<sup>*</sup>		-		
c	, ·	12,655.	12,655.		
d	T				
e	D. (				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		<del> </del>
g					<del></del>
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	20,524.	12,709.	7,815.	
13	Office expenses				
14	Information technology	11,073.	11,073.		
15	Royalties				
16	Occupancy	6,603.	6,273.	330.	
17	Travel	1,207.		1,207.	
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,250.		2,250.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,193.	8,733.	460.	
23	Insurance	6,933.	6,586.	347.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	PROMOTIONAL EVENTS	74,552.	29,952.		44,600
b	DOONA C GUDDI TEG	9,401.		9,401.	
c	A CODED TO A DITONI	6,850.	6,850.		
d	DROGDAM GUDDODE	2,449.	2,449.		<del> </del>
_	All other expenses	4,197.	3,977.	220.	
: <u>5</u>	Total functional expenses. Add lines 1 through 24e	454,787.	246,059.	162,220.	46,508
<u>.                                    </u>	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 frollowing SOP 98-2 (ASC 958-720)			}	

DBA BLACK HILLS BIBLICAL INSTITUTE

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 89,096. 21,411. 1 Cash - non-interest-bearing 1,980. 2 2 Savings and temporary cash investments 9,650.  $\overline{127}, \overline{575}$ 3 Pledges and grants receivable, net 3 349 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 2,250. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 310,125. basis. Complete Part VI of Schedule D 10a 272,596. 37,529. 280,300. 10b b Less accumulated depreciation 10c Investments - publicly traded securities 69,128. 0. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 382,469. 491,866. Total assets. Add lines 1 through 15 (must equal line 34) 16 <u> 16</u> 4,291.3.310. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 51,565. 36,215. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 55,856. 39,525. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 442,468. 9,873. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 326,613. 32 Retained earnings, endowment, accumulated income, or other funds 32 326,613. 452,341. 33 Total net assets or fund balances 382,469. 491,866. Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2015) DBA BLACK HILLS BIBLICAL INSTITUTE	20-	-5892134	Pac	ge 12
	t XI   Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1. [	<u>5</u> 51	. , 8	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	454	. , 7	<u>87.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	97	, 0	<u>22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	326	, 6	13.
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	28	, 7	06.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	452	:, 3	<u>41.</u>
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	)	1		<b> </b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		}
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			ŀ
	consolidated basis, or both		1 1		
	X 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 oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	Jule O	.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud	dıt		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	iit [		

Form 990 (2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization JOHN WITHERSPOON COLLEGE Employer identification number 20-5892134 DBA BLACK HILLS BIBLICAL INSTITUTE 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). X 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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). A An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 DBA BLACK HILLS BIBLICAL INSTITUTE 20-5892134 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				ľ	ľ	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		_				
3	The value of services or facilities						
	furnished by a governmental unit to		ŀ	1	}	1	
	the organization without charge						
4	Total. Add lines 1 through 3						<del></del> _
5	The portion of total contributions						
	by each person (other than a		1	1	Ì	1	
	governmental unit or publicly				ļ		ı
	supported organization) included				Ĭ	i l	
	on line 1 that exceeds 2% of the		ļ		}	<u> </u>	l
	amount shown on line 11,				Į.		
	column (f)				<del> </del>		L <u></u> _
	Public support. Subtract line 5 from line 4				<u> </u>	L	
_	ction B. Total Support		T	1 1 2010	1 1 2211	1 1 2015	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4			<del></del>		<del> </del>	
8	Gross income from interest,						
	dividends, payments received on			1		[	
	securities loans, rents, royalties		}	j	ļ	j	
_	and income from similar sources		<del> </del>	<del> </del> -	<del>-</del>	<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain			<del> </del>	<del>                                     </del>	<del> </del>	
10	or loss from the sale of capital						
	assets (Explain in Part VI )		1	ì		ľ	
11	Total support. Add lines 7 through 10	<del></del>					
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stop	•	,	_	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	▶[
Sec	ction C. Computation of Public	c Support Per	rcentage				
14	Public support percentage for 2015 (li	ne 6, column (f) d	ivided by line 11, o	olumn (f))	·	14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			
b	33 1/3% support test - 2014. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- <b>2015.</b> If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check th	is box and stop I	here. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances" t	est The organiza	tion qualifies as a	publicly supported	lorganization		
b	10% -facts-and-circumstances test					·	
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ		•	•	•		▶⊨
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17i</u>	b, check this box a	ind see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015 DBA BLACK HILLS BIBLICAL INSTITUTE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					ļ	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to	·					
	or expended on its behalf				<u> </u>	ļ	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>			<u> </u>	
k	2) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	!					
•	Add lines 7a and 7b					<u> </u>	<u> </u>
	Public support. (Subtract line 7c from line 6.)	<u> </u>	<u> </u>	<u> </u>	<u>l</u>	<u>l.</u>	<u> </u>
Se	ction B. Total Support		T	<del></del>	<del></del>	<del>,</del>	
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6					<del> </del>	ļ
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975					L	
	Add lines 10a and 10b				ļ		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>	L	┸———	L	<u> </u>
14	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organız	ation,
<u></u>	check this box and stop here	o Cuppert De	roomtogo	<del></del>			
_	ction C. Computation of Publi			-1 (0)	<del></del>	Tarl	
	Public support percentage for 2015 (	•••	•	olumn (t))		15	<u>%</u>
16 Se	Public support percentage from 2014 ction D. Computation of Inves					16	%
_	Investment income percentage for 20			no 13 column (f)	·	17	%
	Investment income percentage from			18 13, COIGITIT (1))		18	
18	a 33 1/3% support tests - 2015. If the			on line 14 and lin	e 15 is more than 1		
131	more than 33 1/3%, check this box a	-					<b>.</b> .5.10t
	33 1/3% support tests - 2014. If the	-	•	•	•	•	and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		•	•		•	▶□

Schedule A (Form 990 or 990-EZ) 2015 DBA BLACK HILLS BIBLICAL INSTITUTE

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# 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- 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 Part VI
- 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 Part VI
- 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
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		=
2		
3a		
3b		
3c	,	
4a		
- 4b		-
75		
4c		- 
5a		
5b 5c		
	-	
7		
- 8		
9a		
9b		
9c		
10a	! !	
10b m 990 or 99		2015

chedule A (Form 990 or 990-EZ) 2015 DBA BLACK HILLS BIBLICAL INSTITUTE

Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s) 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 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement Parent of Supported Organizations. Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3h

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Sche Pa	dule A (Form 990 or 990-EZ) 2015 DBA BLACK HILLS BIBLICA			20-5892134 Page 6
Щ.				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	mpiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<del> </del>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	-		
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<del> </del>
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del> </del>
	ion B - Minimum Asset Amount	<u> </u>	(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)			<u>i</u>
а	Average monthly value of securities	1a		T
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		T
	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		1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		T
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ţ		
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly-ıntegra	ited Type III supporting ora	anization (see
-			,, ,, ,,	· ·

Schedule A (Form 990 or 990-EZ) 2015

Sched Par	to the A (Form 990 or 990-EZ) 2015 DBA BLACK HILI to Type III Non-Functionally Integrated 509(	LS BIBLICAL INS	STITUTE 2	0-5892134 Page 7
	on D - Distributions	<u>-/(0/ 0-ppo: a.i.g 0-ga</u>	(CONTINUED)	Current Year
	Amounts paid to supported organizations to accomplish exer	mot numoces		Current rear
	Amounts paid to supported organizations to accomplish even Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	r purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt-use assets	s or supported organizations		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	e organization is responsive		
•	(provide details in <b>Part VI</b> ) See instructions.	e organization is responsive		
9	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	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)	TYGOGO DISHINGHONS	Pre-2015	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>_</u>				
c		<del></del>	<del></del>	
	From 2013		<del></del>	
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			<del></del>
	Carryover from 2010 not applied (see instructions)			1
_ <u>-</u> -	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.			
•	line 7 \$			l
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount	į		
	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 3			
	and 4c.			,
8	Breakdown of line 7			
а	Ţ			
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-f	Z) 2015 I	BA BLACE	HILLS	BIBLICAL	INSTITUTE	20-5892134 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Se Section D, lines 5	I Informa , lines 1, 2, ction D, line , 6, and 8, a	ation. Provide 3b, 3c, 4b, 4c, es 2 and 3, Part	the explanat 5a, 6, 9a, 9b, IV, Section E	ions required by Pa 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	art II, line 10, Part II, line 11c, Part IV, Section B,	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions	)				<u> </u>	
		<del></del>					
							<del></del>
						<del></del>	
			:			· <u>·</u>	
							<del></del>
			<del></del>		<del></del>		
					<del></del>		<del></del>
532028 09-23-	15						Schedule A (Form 990 or 990-EZ) 2019

#### **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

JOHN WITHERSPOON COLLEGE

Empl

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DBA BLACK HILLS BIBLICAL INSTITUTE

Employer identification number 20-5892134

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·
		(a) Donor advised funds	(b) Fun	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds	
•	are the organization's property, subject to the organization's		J 101105	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	sed only	
Ü	for chantable purposes and not for the benefit of the donor of	• •	•	
	impermissible private benefit?	r donor duvisor, or for any object purpose of	Jinoning	Yes No
Par		nanization answered "Yes" on Form 990, Pa	art IV line 7	
1	Purpose(s) of conservation easements held by the organization		aic 10, [o 7.	<del></del>
•	Preservation of land for public use (e.g., recreation or e		rically impoi	rtant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space	Freservation of a certif	ieu mstoric	Structure
•	Complete lines 2a through 2d if the organization held a qualif	fied concentration contribution in the form of	·	tion accoment on the last
2		ned conservation contribution in the form of	a conserva	
_	day of the tax year.		-	Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	continue in all the district (1)	2b	
С	Number of conservation easements on a certified historic stri		2c	<del></del>
d	Number of conservation easements included in (c) acquired a	arter 8/17/06, and not on a historic structure		
_	listed in the National Register		_ <u>2d</u> _	<del></del>
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization	during the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·		
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ease	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemen	ts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	)(4)(B)(ī)	
	and section 170(h)(4)(B)(ii)?		-	Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ie organizati	ion's accounting for
_	conservation easements		<del></del>	
Pai	t III Organizations Maintaining Collections of	•	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	ınd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, p	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
	(ii) Assets included in Form 990, Part X	•	•	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, providi	θ
_	the following amounts required to be reported under SFAS 1			•
а	Revenue included on Form 990, Part VIII, line 1	- 1	•	\$
	Assets included in Form 990. Part X	•		\$

		CK HILLS B				Other			92134	Page 2
	t III   Organizations Maintaining C				_	•				
3	Using the organization's acquisition, accessing	on, and other record	s, check	any of the f	ollowing that	are a sigr	nificant u	se of its c	ollection ite	ems
	(check all that apply)									
а	Public exhibition	d			hange progra	ms				
b	Scholarly research	е	· LJ ·	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	· ·		=	-			se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	ures, or othe	r sımılar a	ıssets	_	٦	
<u> </u>	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for c	contributions	or other ass	ets not in	cluded		٦	
	on Form 990, Part X?							<u> </u>	」Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able					<del></del>	
							+		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								1	
	Did the organization include an amount on F					-	y <sup>7</sup>	<u> </u>	」 Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII									Ш
rai	t V Endowment Funds. Complete									
		(a) Current year	(b) P	rior year_	(c) Two year	S Dack 1	a) inree y	ears back	(e) Four ye	ears back
1a	Beginning of year balance	<del></del>								
Ь	Contributions			<del></del> _						
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities	,				1				
_	and programs	<b> </b>				-+			<u> </u>	
Ť	Administrative expenses				<del> </del>					
g	End of year balance	L			<u></u>				<u></u>	
2	Provide the estimated percentage of the curr	rent year end balanc	-	j, column (a)	) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are neid ar	na administer	ea tor tne	organiza	ation	[ <del></del>	<del>- 1</del>
	by									es No
	(i) unrelated organizations								3a(i)	$\dashv$ —
	(ii) related organizations		0	- b - d - l - DO					3a(ii)	<del></del>
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment to	unas				<del></del>		~
<u> </u>	Complete if the organization answere		Dort IV	lina 11a S	on Form 900	Dort V II	no 10			
	Description of property	(a) Cost or o			or other		cumulate	ad T	(d) Doole	ralus
	Description of property	basis (investr			(other)		reciation	L	(d) Book v	alue
	Lond	Dasis (ilivesti	onej		0,000.	чер	· Joiation		40	,000.
	Land	<del></del>			9,640.	<del></del> -	29,8	30		,801.
	Buildings	<del></del>			-, v <del>=</del> 0•	_	0,0	<del></del>	443	, 001.
	Leasehold improvements	<del></del>								
	Equipment	<del></del>		1	0,485.		7,6	an I	<u> </u>	795.
	Other						7,0	<del></del>		. 795. . 596.

Schedule D	(Form 990) 2015 DBA BLACK F	<u> HILLS BIBLICAL</u>	INSTITUTE	20-5892134 Page 3
	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation C	ost or end-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11c. See Form 990, Part X, line	13
	(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		I	
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d See Form 990, Part X, line	15.
		) Description	<del></del>	(b) Book value
(1)	<del></del>			
(2)				
(3)	<del></del>			
(4)			<del></del>	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll	umn (b) must equal Form 990. Part X. col. (B) lu Other Liabilities.	ne 15.)		<b>&gt;</b>
	Complete if the organization answered "Yes	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part	X. line 25.
1.	(a) Description of liability	1	(b) Book value	
	deral income taxes		<u>, </u>	
(2)	Soldi illoomo taxoo			
(3)				
(4)				
(5)				
(6)	<del></del>	<del></del>		
(7)				
(8)			<del></del>	
		<del></del>	<del></del>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

20-5892134 Page 4 DBA BLACK HILLS BIBLICAL INSTITUTE Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 580,515. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recovenes of prior year grants 2c 28,706 d Other (Describe in Part XIII) 2d 28,706. e Add lines 2a through 2d 2e 551,809. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990. Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 551 809. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 454,787. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d **2e** e Add lines 2a through 2d 454 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4b

#### PART X, LINE 2:

b Other (Describe in Part XIII.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

THE COLLEGE FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME

TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED

TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN

NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY TAXING

AUTHORITIES. THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE IS NOT LIABLE FOR

INCOME TAXES IF IT OPERATES WITHIN THE CONFINES OF ITS EXEMPT STATUS,

THOUGH THE ORGANIZATION MAY BE RESPONSIBLE FOR TAXES ON UNRELATED BUSINESS

ACTIVITIES. IN THE EVENT OF AN EXAMINATION OF THE INCOME TAX RETURNS, THE

TAX LIABILITY OF THE COLLEGE COULD BE CHANGED IF AN ADJUSTMENT IN THE

787.

5

20-5892134 Page 5 DBA BLACK HILLS BIBLICAL INSTITUTE Schedule D (Form 990) 2015 PartXIII Supplemental Information (continued) EXEMPT PURPOSE OR INCOME FROM UNRELATED BUSINESS ACTIVITIES IS ULTIMATELY DETERMINED BY THE TAXING AUTHORITIES. AS OF JULY 31, 2016, THE COLLEGE HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE COLLEGE'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAX AUTHORITIES. THE COLLEGE IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2013. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. THE COLLEGE BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. INTEREST AND PENALTIES ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY, ARE INCLUDED IN INTEREST EXPENSE. PART\_XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES

#### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
JOHN WITHERSPOON COLLEGE

Empl

DBA BLACK HILLS BIBLICAL INSTITUTE

Employer identification number 20-5892134

Part I YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. X If you need more space, use Part II 3 WHILE THE NON-DISCRIMINATION POLICY INFORMATION IS NOT IN OUR MEDIA OR ADVERTISING, IT IS AVAILABLE IN THE ORGANIZATION'S POLICY MANUAL, THE STUDENT HANDBOOK AND THE FACULTY HANDBOOK. Does the organization maintain the following? 4a a Records indicating the racial composition of the student body, faculty, and administrative staff? X 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to X 5a a Students' rights or privileges? X b Admissions policies? X c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? 5d X e Educational policies? f Use of facilities? X 5**f** X g Athletic programs? X h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? X b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) (2015)

# JOHN WITHERSPOON COLLEGE Schedule E (Form 990 or 990-EZ) (2015) DBA BLACK HILLS BIBLICAL INSTITUTE 20-589 [Partition of the explanat 20-5892134 Page 2 Also provide any other additional information.

ž Schedule I (Form 990) (2015) **Employer identification number** 20-5892134 Open to Public 2015 OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of JOHN WITHERSPOON COLLEGE (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table DBA BLACK HILLS BIBLICAL INSTITUTE (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

Page 2

20-5892134

(Form 990) (2015) DBA BLACK HILLS BIBLICAL INSTITUTE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015) Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	23	35,505.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, line	2, Part III, column	(b), and any other ac	Iditional information.	
STUDENTS ARE AWARDED SCHOLARSHIPS BY THE ORGANIZATION.	BASED ON	<u> </u>	BASED ON ELIGIBILITY CRITERIA SET FORTH	SET FORTH	

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
JOHN WITHERSPOON COLLEGE

Employed

DBA BLACK HILLS BIBLICAL INSTITUTE

Employer identification number 20-5892134

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BI-VOCATIONAL CHRISTIAN LEADERS THROUGH FORMAL COURSES IN A CLASSROOM
SETTING.
FORM 990, PART VI, SECTION B, LINE 11:
BOARD MEMBERS ARE GIVEN A COPY OF THIS FORM 990. EACH MEMBER REVIEWS THE
FORM AND HAS THE OPPORTUNITY TO RAISE QUESTIONS BEFORE THE FORM IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FUNDRAISING EXPENSES 28,706.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEAR