## Form **990**

Department of the Treasury Internal Revenue Service

## FOR PUBLIC RELEASE

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

<u>A</u>	For the	2012 calen	dar year, or tax year begin	ning Jun 1	, 2012,	and ending		31		2013	
В	Check if a	applicable:	C Name of organization THE	BIBLE SEMINARY				D Employ	er Identif	ication Number	
	Add	ress change	Doing Business As						21900		
	Nam	ne change	Number and street (or P.O. box	if mail is not delivered to street add	r)	Room/su	uite	<b>E</b> Telepho	ne numbe	er	
	Initia	al return	2655 S MASON RD					(28	1) 64	6-1109	
	Terr	minated	City, town or country		State	ZIP code + 4					
	Ame	ended return	KATY		TX	77450-3	1772	<b>G</b> Gross r	eceipts \$	566,71	2.
	App	lication pending	F Name and address of principal	officer:		ŀ	H(a) lsthisa⊚	group returr	for affiliat		E-1
			Rick McCalip 2655 S	Mason Rd Katy	TX	77450	H(b) Are all af If 'No,' at	filiates inclu	ided?	otions\ Ye	s No
ī	Tax-ex	xempt status	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	ir No, at	tach a list. (	see instruc	ctions)	
J			ebibleseminary.or	ra	,,,,	<del>'''</del> ,	H(c) Group ex	cemption nu	mber -		
K	Form o	of organization:	X Corporation Trust	Association Other ►	LY	ear of Formatio	n: 2010	M s	State of leg	gal domicile: T	X
Pa	art I	Summar	V	I I	<u> </u>			<u> </u>			
			e the organization's mission	or most significant activitie	es: Th	e Bible	Semin	arv e	xists	s to glo	rifv
ക	١,	-	raining Christian	_							
Activities & Governance			6 books of the Bi								
Ë	1		the Great Commiss								
ove.	2 (	Check this bo	x I if the organization	discontinued its operations	or disposed	of more th	an 25% of	its net as	ssets.		
ري معر	3 1		ting members of the governi	9 9 1					3		11
SS	4 1		lependent voting members of						4		11
ij	5 T		of individuals employed in confined and in the						5		7
ij	70 7		of volunteers (estimate if ne d business revenue from Pa	- · · · · · · · · · · · · · · · · · · ·					7a		12
ď	1		business taxable income from						7b		0.
		10t amoiatea	business taxable interne ire	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	ior Year	1 . 5	Current	Vear
	8 (	Contributions	and grants (Part VIII, line 1h	)			<u> </u>	214,0	128		4,181.
Revenue	1		ice revenue (Part VIII, line 2	•				19,3			9,093.
Vel	1	•	come (Part VIII, column (A),						84.		3,438.
æ	11 (	Other revenue	e (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e	e)			,			
	12 T	otal revenue	- add lines 8 through 11 (n	nust equal Part VIII, columr	n (A), line 12	)		238,0	39.	56	6,712.
	13	Grants and si	milar amounts paid (Part IX,	column (A), lines 1-3)						13	9,486.
	14 E	Benefits paid	to or for members (Part IX, o	column (A), line 4)							
'n	15 5	Salaries, othe	r compensation, employee b	enefits (Part IX, column (A	), lines 5-10	)		192,5	49.	28	9,075.
Se	16a F	Professional f	undraising fees (Part IX, col	umn (A), line 11e)							
Expenses	ЬТ		ing expenses (Part IX, colun			2,797.					
Щ	17 (		es (Part IX, column (A), lines	· · · · —				144,5	26	22	7,178.
		· ·	es. Add lines 13-17 (must eq	·							
		•	expenses. Subtract line 18	. ,	*			337,0			5,739.
<del>0</del> 0	19 1	veveriue iess	expenses. Subtract line 10	ITOTIT IIITE 12			Danimaina	-99,0		End of \	9,027.
jets	20 T	Total accete (	Part X, line 16)				Beginning				
Ase	20 I		s (Part X, line 26)					779,4	0.		3,252. 2,818.
Net Assets or Fund Balance	22 \		fund balances. Subtract line								
Da	art II			21 from line 20				779,4	·61.	68	0,434.
		Signatur					-f l l		C-6 (4)- 4		
com	er penallie plete. Decl	s of perjury, I ded laration of prepare	lare that I have examined this retum, er (other than officer) is based on all in	including accompanying schedules iformation of which preparer has an	and statements, y knowledge.	and to the best	of my knowle	age and be	ilet, il is tru	ie, correct, and	
							0.9	/29/1	3		
Sig	nn	Signatu	re of officer				Date				
He	re	Ric	k McCalip				WD-Fi	nance	r ⊿d	lministra	ation
			print name and title.				VI III	iiaiicc	a Aa	IIII DCI (	1011
		Print/Type p	reparer's name	Preparer's signature		Date	1	Check 2	ζ if F	PTIN	
D-	:	'''	nan Tucker	Jonathan Tucker		09/06/3		self-employe		20031145	3
Pa	ıd eparei			•		10 <i>3</i> /00/.	10 8	Jon Chiploys	~  E	0031143	
	e Only		001111111111111111111111111111111111111					Firm's EIN <sup>I</sup>	•		
-3	J Jill	Firm's addre		OUGH DR STE 304	1V 774	0 2205					
Ma	v the IP	S discuss this	KATY s return with the preparer sh			9-3295		Phone no.		X Yes	No
IVIA	v ment	o obseries into	s remon with the ofebalet SD	OWNER AND VER USER INSTRUCTIO	1151						1 1100

# Form 990 (2012) THE BIBLE SEMINARY 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</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	11 b		Х
1	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
•	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13		13	Х	v
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 (see instructions)	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		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

## Form 990 (2012) THE BIBLE SEMINARY Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L. Part I</i>	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line</i> 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> 'Yes,' <i>complete Schedule R, Part VI</i>	37		Х
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	X	

BAA Form **990** (2012)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

-	Check if Schedule O contains a response to any question in this Part V				. П		
				Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming					
	(gambling) winnings to prize winners?		1 c				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2 b	Х			
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instruct						
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	·	3 a		X		
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b				
	At any time during the calendar year, did the organization have an interest in, or a signature or oth						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •						
I.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	sial Assaunts					
<b>.</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5 a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year		5 b		X		
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		- 21		
	-		36				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di solicit any contributions that were not tax deductible as charitable contributions?	d the organization	6 a		X		
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	utions or gifts were	6 b				
	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?	or goods and	7 a		X		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? $\dots$		7 b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which in Form 8282?	t was required to file	7с		Х		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contract?	7 e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontract?	7 f		X		
9	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7.0				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	aization file a	7 g				
	Form 1098-C?		7 h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have enholdings at any time during the year?	xcess business	8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?		9 a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b				
	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities $\dots$	10 b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11 a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b					
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of I	orm 1041?	12 a				
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13 a				
	$\textbf{Note.} \ \ \textbf{See the instructions for additional information the organization must report on Schedule O}.$						
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	13 b					
	Enter the amount of reserves on hand	13 c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	ıle O	14 b				

Form	990 (2012) THE BIBLE SEMINARY 27-2190032		Р	age 6	
Par	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes is Schedule O. See instructions.	n			
	Check if Schedule O contains a response to any question in this Part VI			. Х	
Sec	tion A. Governing Body and Management				
			Yes	No	
1 a	Enter the number of voting members of the governing body at the end of the tax year				
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
3	officer, director, trustee or key employee?	2		Х	
4	of officers, directors or trustees, or key employees to a management company or other person?	3		Х	
·	since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_			
	members of the governing body?	7 a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8 a	X		
b	Each committee with authority to act on behalf of the governing body?	8 b	Χ	<u> </u>	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)		
			Yes	No	
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Χ	
b	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b			
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Χ		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a	Χ		
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	Х		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Χ		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15 a	Х		
b	Other officers of key employees of the organization	15 b		Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X	
b	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16 b			
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic		
Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availab the public during the tax year.	le to			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:			
•	Rick McCalip 2655 S. Mason Rd Katy TX 77450 (28	31) 6	5 <u>4</u> 6-1	1109	

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
		(C)									
<b>(A)</b> Name and Title	(B) Average hours per	one bo offic	x. unl	ess p	erson	more that is both r/trustee	an	( <b>D</b> )  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Dan Dunham	2.00										
Chair		Х		Χ				0.	0.	0.	
(2) Doug Johnson	2.00										
Vice Chair		X		Χ				0.	0.	0.	
(3) Mitch Peairson	2.00										
Secy, Treas		X		Χ				0.	0.	0.	
(4) Joel Anthis	1.00									_	
Director		X						0.	0.	0.	
(5) Heidi Arneson	1.00										
Director		X						0.	0.	0.	
(6) Bob Button	1.00										
Director		X						0.	0.	0.	
(7) Gene Chambers	1.00										
Director		Х						0.	0.	0.	
_(8)_William_Chumchal	_1.00										
Director		X						0.	0.	0.	
_(9)	1.00										
Director		Х						0.	0.	0.	
(10) Jim O'Leary	1.00										
Director		Х						0.	0.	0.	
(11) Charles Wisdom	1.00										
Director		Х						0.	0.	0.	
(12) Jim Leggett	2.00										
President				Χ				0.	0.	0.	
(13) Lynn Lewis	45.00										
Exec VP/Provost				Χ				79,369.	0.	0.	
(14) Rick McCalip	30.00										
VP Fin/Admin				Χ				0.	0.	0.	

Part VII   Section A. Officers, Directors, Trus	stees,	Key	Em	plo	oye	es,	an	d Highest Con	pensated Emp	oyees	(cor	nt)
	(B)			(0	,							
(A) Name and title	Average hours per week (list any	box offi	unle: cer ar	ss pe nd a c	rson i directo	than o s both or/trust	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amou	(F) timated nt of other	
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the inization I related inization	
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b>&gt;</b>	79,369.	0.			0.
c Total from continuation sheets to Part VII, Section							<b>•</b>					
d Total (add lines 1b and 1c)							ivo	79,369.	0.	noneat	ion	0.
from the organization		iisteu	abc		WIIO	1606		u more than \$ 100,0		iperisat		
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such ind										. 3	Yes	No X
For any individual listed on line 1a, is the sum of report the organization and related organizations greater that	ortable co	ompe	nsat	ion :	and	other	r coi	mpensation from				
such individual			٠.	٠.						. 4		Х
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors	mplete S	Sched	ule .	J for	suc	h per	rson	<u> </u>		. 5		X
Complete this table for your five highest compensate compensation from the organization. Report compen										ar.		
(A) (B)							(( Compe	C) nsatio	n			
2 Total number of independent contractors (including b	ut not lin	nited	to th	ose	liste	d ab	ove	l ) who received mo	re than			
\$100,000 in compensation from the organization	•											

# Form 990 (2012) THE BIBLE SEMINARY Part VIII Statement of Revenue

b c d d e f All other program service revenue g Total. Add lines 2a-2f	(D)
Business Code     364,181.   364,181.     364,181.   364,	Revenue excluded from tax under sections 512, 513, or 514
3 Investment income (including dividends, interest and other similar amounts)	
3 Investment income (including dividends, interest and other similar amounts)	0.
3 Investment income (including dividends, interest and other similar amounts)	
other similar amounts)	
(i) Real   (ii) Personal   (iii) Personal   (iii	0.
(not including. \$ of contributions reported on line 1c).  See Part IV, line 18	
9 a Gross income from gaming activities. See Part IV, line 19	
c Net income or (loss) from gaming activities ▶	
10 a Gross sales of inventory, less returns	
and allowances a  b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Rusiness Code	
44 -	
b	
c	
d All other revenue	
e Total. Add lines 11a-11d	

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	Check if Schedule O contains a res	<u> </u>			
Do r. 7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	139,486.	139,486.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	133, 100.	1357100.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	124,344.	75,850.	28,599.	19,895.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	124,344.	73,030.	20,333.	15,055.
7	Other salaries and wages	77,979.	40,885.	22,754.	14,340.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	77,373.	10,003.	22,731.	11,310.
9	Other employee benefits	68,138.	47,696.	10,221.	10,221.
10	Payroll taxes	18,614.	12,099.	3,909.	2,606.
11	Fees for services (non-employees):	,	,	,	,
а	Management				
	Legal				
	Accounting	7,728.	0.	7,728.	0.
	Lobbying	7,720.	0.	7,720.	<u> </u>
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, col-				
_	umn (A) amt, list line 11g expenses on Sch O)	51,551.	33,401.	7,525.	10,625.
12	Advertising and promotion	40,272.	15,151.	9,970.	15,151.
13	Office expenses	58,856.	18,630.	30,440.	9,786.
14	Information technology				
15	Royalties				
16	Occupancy	37,667.	15,569.	22,098.	0.
17	Travel	4,212.	0.	4,212.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	8,005.	0.	8,005.	0.
19	Conferences, conventions, and meetings	-,	· ·	-,	•
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,382.	0.	6,382.	0.
23	Insurance	4,708.	803.	3,732.	173.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,7333		3,7321	=731
а	Student IT resources	17,797.	17,797.	0.	0.
b	'				
С					
d	'				
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	665,739.	417,367.	165,575.	82,797.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response to any question in this Part X			
			<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash — non-interest-bearing	46,795.	1	158,563.
	2	Savings and temporary cash investments	700,115.	2	500,025.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,363.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Α	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
E	9	Prepaid expenses and deferred charges		9	
5	_	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D		9	
	L-		00.050	10-	06.000
	11	Less: accumulated depreciation	29,259.	10c	26,009.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11			
	_	Intangible assets		13	
	14	Other assets. See Part IV, line 11		14	
	15		3,292.	15	3,292.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	779,461.	16 17	693,252.
	18	Grants payable	0.	18	0.
	19	Deferred revenue		19	12,818.
	20	Tax-exempt bond liabilities		20	12,818.
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
В	22	Loans and other payables to current and former officers, directors, trustees,		21	
AB I L I T I ES	22	key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	12,818.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
A	27	Unrestricted net assets	779,461.	27	666,310.
ASSETS	28	Temporarily restricted net assets		28	14,124.
	29	Permanently restricted net assets		29	
O R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
В	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZOES	33	Total net assets or fund balances	779,461.	33	680,434.
Ĕ	34	Total liabilities and net assets/fund balances	779,461.	34	693,252.
	Ψ.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		0,70,404.

BAA Form **990** (2012)

	, , , , , , , , , , , , , , , , , , , ,					<u> </u>	
Pai	rt XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		56	56,7	12.	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		66	55,7	39.	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		_ 9	99,0	27.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		77	79,4	61.	
5	Net unrealized gains (losses) on investments	. 5					
6 Donated services and use of facilities							
7 Investment expenses							
8	Prior period adjustments	. 8					
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	. 10		68	30,4	34.	
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII					. $\square$	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
			— I				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2 a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	na					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
k	b Were the organization's financial statements audited by an independent accountant?			2 b	Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate						
	basis, consolidated basis, o <u>r b</u> oth:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		_			
	review, or compilation of its financial statements and selection of an independent accountant?			2 c	Х		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
k	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b			
	or additio, explain with the content of and decemberary steps taken to didding such addition that it is a first of the content	· · · · ·		0.0	Į.		

**BAA** Form **990** (2012)

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

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

OMB No. 1545-0047

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. ► See separate instructions.

Open to Public Inspection

Employer identification number

THE BIBLE SEMINARY 27-2190032 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 9 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) A family member of a person described in (i) above? . . . . . . . . 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (vii) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the (v) Did you notify the organization in (vi) Is the organization organization in he organization ir column (i) of your organization in column (i) olumn (i) listed in your governing document? (see instructions) organized in the U.S.? support' Yes Yes No Nο Yes No (A) (B) (C) (D) (E)

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		<u> </u>		1		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲
	tion C. Computation of Pu						
	Public support percentage for 2012						<u>%</u>
15	Public support percentage from 20	111 Schedule A, Pa	art II, line 14			15	%
	<b>33-1/3% support test</b> — <b>2012.</b> If and <b>stop here.</b> The organization q	ualifies as a public	ly supported organ	nization			▶ ∐
t	33-1/3% support test — 2011. If the and stop here. The organization of						
17 a	10%-facts-and-circumstances te or more, and if the organization methologenization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	and <b>stop here.</b> Exp licly supported org	lain in Part IV how anization	the ▶
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instructio	ns ▶

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
1	Gifts, grants, contributions and membership fees	(,	(-)		(,	(5) = 3 1	(7.555.
	received. (Do not include any 'unusual grants.')						
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 business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	Add lines 10a and 10b						
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 IV.)						
13	<b>Total support.</b> (Add Ins 9, 10c, 11, and 12.)						
14	i i i i i i i i i i i i i i i i i i i	for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3	<sup>)</sup> ► □
Sec	tion C. Computation of Pul						
15	Public support percentage for 2012	2 (line 8, column (f	) divided by line 13	B, column (f))	<del></del>		15 %
16	Public support percentage from 20	11 Schedule A, Pa	art III, line 15				16 %
	tion D. Computation of Inv						
17	Investment income percentage for				))		17 %
		•	A, Part III, line 17	, ,	• •		18 %
18	investment income percentage iro						<u> </u>
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check the	the organization d	id not check the boere. The organizat	ox on line 14, and l ion qualifies as a p	ine 15 is more that publicly supported	n 33-1/3%, a organization	ind line 17
19 a	33-1/3% support tests — 2012. If	the organization dais box and stop hathe organization d	ere. The organizat	ion qualifies as a p on line 14 or line 1	oublicly supported 19a. and line 16 is	organization more than 3	........ <b>►</b>

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

тнг	BIBLE SEMINARY		27-2190032	
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun			if
ı uı	Organizations Maintaining Donor Advised Funds or Other Similar Fur the organization answered 'Yes' to Form 990, Part IV, line 6.			
	(a) Donor advised funds	<b>(b)</b> Fu	unds and other accou	nts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor act are the organization's property, subject to the organization's exclusive legal control?		<u> </u>	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposimpermissible private benefit?	be used only se conferring	Yes	No
Par	t II Conservation Easements. Complete if the organization answered 'Yes' to	Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	an historicall	y important land area	
	Protection of natural habitat Preservation of	a certified his	storic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the follast day of the tax year.	rm of a conse	rvation easement on t	the
		Н	eld at the End of the	Tax Year
a	Total number of conservation easements	. 2 a		
k	Total acreage restricted by conservation easements	. 2 b		
c	Number of conservation easements on a certified historic structure included in (a)	. 2с		
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic			
	structure listed in the National Register	. 2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ►	the organizat	tion during the	
4	Number of states where property subject to conservation easement is located ▶	_		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	s during the y	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements dur	ing the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	170(h)(4)(B)(i	) 	□No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements.			
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Other Sim	nilar Assets.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research in fin Part XIII, the text of the footnote to its financial statements that describes these items.			
k	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue staten historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		▶\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for final amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		· -	
a	Revenues included in Form 990, Part VIII, line 1		▶\$	
	Assets included in Form 990. Part X			

Part III	Organizations Mainta	ining Colle	ctions of	Art, Histo	rical	Treasures, o	r Othe	er Similar As	sets (d	ontinu	ied)
	ing the organization's acquisition ns (check all that apply):	n, accession, a	and other rec	ords, check a	any of	the following that	are a si	gnificant use of	its collect	ion	
а	Public exhibition			<b>d</b> Loan o	r exch	nange programs					
b	Scholarly research			e Other							
С	Preservation for future general	tions									
	ovide a description of the organi rt XIII.	zation's collect	tions and exp	plain how the	y furth	er the organizatio	n's exer	mpt purpose in			
to b	ring the year, did the organizatione sold to raise funds rather that	n to be mainta	ined as part	of the organiz	zation	's collection?					No
Part IV	Escrow and Custodial reported an amount on				organ	ization answer	ed Ye:	s' to Form 990	), Part I'	√, line	9, or
on	he organization an agent, truste Form 990, Part X? ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ∕es,' explain the arrangement in					utions or other ass	sets not	included 	Yes		No
D II 1	res, explain the arrangement in	rait Aili ailu	complete the	i lollowing tat	ле.				Amoun		
c Bed	ginning balance						. 1	С	Amoun	•	
	ditions during the year							d			
	tributions during the year							е			
<b>f</b> End	ding balance						. 1	f			
<b>2 a</b> Did	the organization include an am	ount on Form	990, Part X,	line 21?					Yes		No
b If '\	es,' explain the arrangement in	Part XIII. Che	ck here if the	e explantion h	nas be	en provided in Pa	rt XIII		<del></del>	[	
Part V	Endowment Funds. C	omplete if t	he organiz	zation ansv	vere	d 'Yes' to Form	1 990.	Part IV. line	10.		
	- '	(a) Curren		(b) Prior yea		(c) Two years		d) Three years		our year	rs
<b>1 a</b> Be	ginning of year balance										
<b>b</b> Co	ntributions				ĺ						
	t investment earnings, gains,										
<b>d</b> Gra	ants or scholarships										
	ner expenditures for facilities	_									
<b>f</b> Adı	ministrative expenses										
g End	d of year balance										
<b>2</b> Pro	ovide the estimated percentage	of the current	year end bala	ance (line 1g	, colur	mn (a)) held as:					
<b>a</b> Boa	ard designated or quasi-endowr	ment ►		%							
<b>b</b> Per	rmanent endowment 🕨	ે		<del>-</del>							
<b>c</b> Ter	mporarily restricted endowment	<b>•</b>	%								
The	e percentages in lines 2a, 2b, ar	nd 2c should e	qual 100%.								
	e there endowment funds not in	the possession	n of the orga	nization that	are he	eld and administer	ed for th	ne	ſ	Yes	No
(i)	unrelated organizations								. 3a(i)	163	NO
٠,	related organizations								<b>⊢</b> • • •		
. ,	es' to 3a(ii), are the related org								· '		
	scribe in Part XIII the intended ι								. 02		<u> </u>
Part VI	_					line 10					
, a	Description of property		(a) Cost or o	other basis	(b)	Cost or other pasis (other)		Accumulated epreciation	(d)	Book va	lue
1 a Lar	nd										
<b>b</b> Bui	ildings										
<b>c</b> Lea	asehold improvements			5,581.				1,319.		4 ,	,262.
<b>d</b> Equ	uipment			13,956.				3,607.			,349.
e Oth	ner	<u></u>		13,567.				2,169.			,398.
	ld lines 1a through 1e. (Column				nn (B),	line 10(c).)					,009.
ΒΔΔ								Sche	dule <b>D</b> (F		

Schedule **D** (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	Cost or value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(B)			
(C) (D)			
(E)			
(E) (F)			
(G)			
(H)			
(I)			
Part VIII Investments — Program Related. See	Form 990 Part X	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or
(1)	(a) Dook value	end-of-year market	value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (C olumn (b) must equal F orm 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, lin	<u>16 15.</u> scription		(b) Book value
(1)	Scription		(b) book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), I		· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)  Total. (C olumn (b) must equal F orm 990, Part X, column (B) line 25.)	<b>•</b>		

BAA

Schedule **D** (Form 990) 2012

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	566,712.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
c	I Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2 e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	566,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		300/712:
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	O Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4 c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	566,712.
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		566,712.
<u>гаі</u> 1	Total expenses and losses per audited financial statements	1	CCE 720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		665,739.
	Donated services and use of facilities		
	Prior year adjustments		
	• •		
	Other losses		
	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	665,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4.0	
	Add lines <b>4a</b> and <b>4b</b>	4 c	CCE 720
	t XIII Supplemental Information	<u> </u>	665,739.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition.		

Schedule <b>D</b>	(LOUIL 880) SOIS THE BIBLE SEMINARY	27-2190032	Page 5
Dart YIII	Supplemental Information (continued)		
ı art Am	Cappienena mornadon (commaca)		

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

**Schools** 

Complete if the organization answered 'Yes' to Form 990,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

THE BIBLE SEMINARY 27-2190032

a i t	BIBLE SEMINARY			
	• • • • • • • • • • • • • • • • • • • •		YES	T 1
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other			
	governing instrument, or in a resolution of its governing body?	1	Х	L
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	37	
	Has the organization publicized its racially pondiscriminatory policy through newspaper or broadcast media during the		X	H
	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. If you need more space, use Part II	3	Х	
	Published in local newspaper and included on website.		Λ	t
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially		Λ	t
D	nondiscriminatory basis?	4 b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?			
	Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	Х	L
	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:			
а	Students' rights or privileges?	5 a		
	Admissions policies?			t
b		5 b		
	Employment of faculty or administrative staff?			
С	Employment of faculty or administrative staff?	5 c		
С	Employment of faculty or administrative staff?	5 c		
c d	Scholarships or other financial assistance?	5 c		
c d		5 c		
c d	Scholarships or other financial assistance?	5 c		
c d e	Scholarships or other financial assistance?	5 c 5 d 5 e 5 f		
c d e	Scholarships or other financial assistance?	5 c 5 d 5 e		
c d e f	Scholarships or other financial assistance?	5 c 5 d 5 e 5 f 5 g		
c d e f g	Scholarships or other financial assistance?	5 c 5 d 5 e 5 f 5 g		
c d e f g	Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5 c 5 d 5 e 5 f 5 g		
c d e f g	Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	5 c 5 d 5 e 5 f 5 g		
c d e f g	Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	5 c 5 d 5 e 5 f 5 g		
c d e f g	Scholarships or other financial assistance?	5 c 5 d 5 e 5 f 5 g 5 h		
c d e f g h	Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	5 c 5 d 5 e 5 f 5 g 5 h		
c d e f g h	Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	5 c 5 d 5 e 5 f 5 g 5 h		
c d e f g h	Scholarships or other financial assistance?	5 c 5 d 5 e 5 f 5 g 5 h		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2012

OMB No. 1545-0047

**ջ** □ Open to Public Inspection Employer identification number X 27-2190032 Part I General Information on Grants and Assistance THE BIBLE SEMINARY Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monitorir	ng the use of grant f	funds in the United States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answere Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice to Governme r any recipient tha	nts and Organ	d Organizations in the United States. Complete if the organization answered 'Yes' to ved more than \$5,000. Part II can be duplicated if additional space is needed.	ed States. Comple	ite if the organizati if additional space	ion answered 'Yes is needed.	t' to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
<u>(5)</u>							
(4)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	and government organ		listed in the line 1 table				

Schedule I (Form 990) (2012)

TEEA3901 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table . . . .

27-2190032

THE BIBLE SEMINARY Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2012)					ВАА
(b), and any other	provide the information required in Part I, line 2, Part III, column (b), and any other	n required in Part I,	ovide the informatio	olete this part to pro	Part IV Supplemental Information. Complete this part to additional information.
					7
					9
					52
					4
					8
			34,885.	80	2 Student scholarship
			104,600.	24	1 Pioneer scholarship
(f) Description of non-cash assistance	(e) Method of valuation (b∞k, FMV, appraisal, other)	(d) Amount of non-cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
THE BIBLE SEMINARY	27-2190032
Pt VI, Line 11b 990 provided for review/approval at board meetin	
Pt_VI, Line 12cAnnual_written_confirmation_by_each_Board_member	:
Pt_VI, Line 15a _ Comparable salary information obtained and revie	wed

#### **Supporting Statement of:**

Sch D, page 2/Other col (a)

Description	Amount
FURNITURE & FIXTURES	13,567.
Total	13,567.

#### **Supporting Statement of:**

Sch D, page 2/Other col (c)

Description	Amount
FURNITURE & FIXTURES - A/D	2,169.
Total	2,169.

THE BIBLE SEMINARY 27-2190032 1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

in all 66 books of the Bible so that they can serve the local church and fulfill the Great Commission by the power of God's Spirit.