Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A	For the	2014 calendar year, or tax year beginning JUL 1, 2014 and end	ling J	JN 30, 2015						
В	Check if applicable	C Name of organization		D Employer Identificat	ion number					
	Addres	Community Bible Study								
\vdash	Name			51-023340	52					
F	change Initial		· · · · · · · · · · · · · · · · · · ·							
F	return	790 Stout Road	JII/Suite	E Telephone number 719-955-	7777					
L	return/ termin	The second secon		G Gross receipts \$	11,208,421.					
Г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code Colorado Springs, CO 80921	-							
F	ireturn Applic tion			H(a) Is this a group return for subordinates?						
	tion pendir	same as C above	H(b) Are all subordinates include							
$\overline{}$	Tov ove	mpt status: 501(c)(3)	527	If "No," attach a list						
		e: www.communitybiblestudy.org	021	H(c) Group exemption n						
			I Vear	of formation: 1976 M S						
		Summary	L i Gai C	miormadon, 1970 M S	late of legal dofffiche, **					
		Briefly describe the organization's mission or most significant activities: Provide management	ateria	ls for & conduct						
8		Bible study classes.	200114	IB TOT & COMMUNIC						
a	1 .		-6	then OEO/ of the not seed						
& Governance					10					
Ĝ	t t	Number of voting members of the governing body (Part VI, line 1a)			10					
9		Number of independent voting members of the governing body (Part VI, line 1b)			40					
ŧ		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			15350					
Activities		Total number of volunteers (estimate if necessary)			0.					
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	В	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	Current Year					
	8	Contributions and grants (Bort VIII. line 1h)		8,127,480.	8,693,459.					
Σ	1	Contributions and grants (Part VIII, line 1h)		2,639,422.	2,417,397.					
Revenue		Program service revenue (Part VIII, line 2g)		932.	933.					
8		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75,226.	96,632.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,843,060.	11,208,421.					
	T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		340,903.	368,004.					
	1	D 60 114 6 1 6D 106 1 6D 10								
10		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		2,430,395.	2,433,864.					
Expenses	180	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Per	loa b	Fotal fundraising expenses (Part IX, column (D), line 25)								
짋	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	7,300,006.	8,016,104.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,071,304.	10,817,972.					
		Revenue less expenses. Subtract line 18 from line 12		771,756.	390,449.					
58		torondo loss expenses. Cabacact mo 10 non mo 12	,	jinning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		9,407,573.	10,027,360.					
ASS	21	Fotal liabilities (Part X, line 26)		1,280,942.	1,496,783.					
<u>₹</u>	22	Net assets or fund balances. Subtract line 21 from line 20		8,126,631.	8,530,577.					
	art II	Signature Block								
	of the form Physics 25 ft	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my kr	owledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which								
_		Lymina D (-an		10/20	5/15					
Sig	ın	Signature of officer		Date						
He		Kimm Carr, Executive Director								
		Type or print name and title	14							
		Print/Type preparer's name Preparer's signature		ate Gheck	PTIN					
Pai	d	Adam R. Smith	~ 11	0/13/2015 Setf-employed	P00958966					
Pre	parer	Firm's name Capin Crouse LLP	Firm's EIN ▶ 3	6-3990892						
Use	Only	Firm's address 2435 Research Parkway, STE 200			00.6005					
		Colorado Springs, CO 80920		Phone no.719-5						
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

) (Revenue \$

Other program services (Describe in Schedule O.)

9,351,948. Total program service expenses ▶

including grants of \$

4e

			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?	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		х
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? <i>If</i> "Yes," <i>complete</i>			
	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.			
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	х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	х	
12a	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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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 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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) Community Bible Study Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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):	00		v
a	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	· · · · · · · · · · · · · · · · · · ·	20		х
24	contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ.		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a		35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	55			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	•	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Dill			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		х
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 A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation 1	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				

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

Х

14a

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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.

	to mic ou, as, or rob solom, accombance the anathrotation, processes, or analysis in contradictions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents 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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, 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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		450	х	
	The organization's CEO, Executive Director, or top management official	15a		Х
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed HI, MD, MN, NH, TN, WI, WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Cortnie McLane - 719-955-7777			
	790 Stout Road, Colorado Springs, CO 80921			

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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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marty Pickett	1.00									
Board Chair		Х		Х				0.	0.	0.
(2) Gayle Kelly	1.00									
Vice Chair		Х		Х				0.	0.	0.
(3) James Smith	1.00									
Vice Chairman (Part Year) / SP Liais		Х		Х				0.	0.	0.
(4) Andy Jordan	1.00									
Trustee		Х						0.	0.	0.
(5) Bob Mann	1.00									
Trustee (Oct 14 - June 15)		Х						0.	0.	0.
(6) Cheryl Mayne	1.00									
Trustee		Х						0.	0.	0.
(7) Dee Trent	1.00									
Trustee		Х						0.	0.	0.
(8) Helen Dupre	1.00									
Trustee (April 15 - June 15)		Х						0.	0.	0.
(9) Kelly Cassels	1.00									
Trustee		Х						0.	0.	0.
(10) Louis Tucker	1.00									
Trustee (Part Year)		Х						0.	0.	0.
(11) Michael Snyder	1.00									
Trustee (Part Year)		Х						0.	0.	0.
(12) Sue Bonner	1.00									
Trustee (Part Year)		Х						0.	0.	0.
(13) Wendy Borcherdt	1.00									
Trustee (Part Year)		Х						0.	0.	0.
(14) Wes Jones	1.00									
Trustee (Part Year)		Х						0.	0.	0.
(15) Daniel Winter	1.00									
Treasurer				Х				0.	0.	0.
(16) Kimm Carr	40.00									
Executive Director				Х				118,587.	0.	18,071.
(17) Nolen Burt	40.00									
Dir Ministry Svc Center (Interim CFO				Х				100,442.	0.	14,305.

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Form 990 (2014) Community Bi	ore study								51-0233462	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Jacquie Parker	40.00									
Secretary (Oct 14 - June 15)				Х				4,934.	0.	0.
(19) Chantelle Sharketti Secretary (Part Year)	40.00			х				33,251.	0.	1,171.
1b Sub-total							>	257,214.	0.	33,547.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	257,214.	0.	33,547.
 Total number of individuals (including but r compensation from the organization 	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	2
										Yes No

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ... Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Olive Technology, 5350 N Academy Blvd, Ste		
202, Colorado Springs, CO 80918	Software development	441,427.
Aimedia Solutions		
631 Old Hickory Blvd, Old Hickory, TN 37138	Storage & Shipping	157,205.
Igocki		
26910 Millstone Cove, Boerne, TX 78015	Software	127,748.
Versa Press		
1465 Spring Bay Rd, East Peoria, IL 61611	Printing	106,907.

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

51-0233462

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) **(D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 8,693,459. 10,207. g Noncash contributions included in lines 1a-1f: \$ 8,693,459. h Total. Add lines 1a-1f .. Business Code 1,964,464 Program Service Revenue 2 a Classes & Translations 900099 1,964,464 b Conference revenue 900099 440,916. 440,916 c Program Sales 900099 12,017. 12,017 f All other program service revenue g Total. Add lines 2a-2f. 2,417,397. Investment income (including dividends, interest, and 933 933. other similar amounts) Income from investment of tax-exempt bond proceeds 96,632. 96,632. 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses 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 **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 11,208,421, 2,417,397 97,565.

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).

0001	Check if Schodule O contains a response			, , ,	
_	Check if Schedule O contains a respons	(A)	(B) I	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
_	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2.52			
	individuals. See Part IV, lines 15 and 16	368,004.	368,004.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	303,241.		303,241.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,727,876.	1,311,187.	416,689.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,532.	30,302.	14,230.	
9	Other employee benefits	202,467.	159,608.	42,859.	
10	Payroll taxes	155,748.	91,774.	63,974.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	23,095.		23,095.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	306,757.	267,786.	38,971.	
12	Advertising and promotion				
13	Office expenses	622,540.	408,770.	196,757.	17,013.
14	Information technology	359,539.	355,955.	3,584.	
15	Royalties				
16	Occupancy	754,748.	754,160.	588.	
17	Travel	528,437.	486,954.	41,483.	
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,543,977.	1,436,779.	107,198.	
20	Interest	, ,	, ,	, ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	249,024.	181,835.	67,189.	
23	Insurance	, -,	,	, ,	
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.)				
а	Bible study programs	1,938,512.	1,907,935.	30,577.	
b	Childcare for classes	959,150.	959,150.	,	
C	Bible study materials	591,940.	591,940.		
d	Human resources	138,385.	39,809.	98,576.	
	All other expenses		,	- 3, 3, 3, 3	
25	Total functional expenses. Add lines 1 through 24e	10,817,972.	9,351,948.	1,449,011.	17,013.
26	Joint costs. Complete this line only if the organization		, , , - 20 •	_,,	, - 200
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY 30F 98-2 (A3C 938-120)				- 000

Form 990 (2014) Part X | Balance Sheet

Pai	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X		<u>.</u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,020,769.	1	3,375,514.
	2	Savings and temporary cash investments			731,856.	2	772,013.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ठ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use			108,249.	8	89,075.
	9	Prepaid expenses and deferred charges			82,116.	9	75,315.
	10a	Land, buildings, and equipment: cost or other		Ι			
		basis. Complete Part VI of Schedule D	10a	6,863,291.			
	b	Less: accumulated depreciation		1,380,169.	5,245,758.	10c	5,483,122.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		218,825.	15	232,321.	
	16	Total assets. Add lines 1 through 15 (must equ	9,407,573.	16	10,027,360.		
	17	Accounts payable and accrued expenses		172,946.	17	213,887.	
	18	Grants payable				18	
	19	Deferred revenue			1,107,996.	19	1,282,896.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of			
		Schedule D		1 000 010	25	1 105 500	
	26	Total liabilities. Add lines 17 through 25			1,280,942.	26	1,496,783.
		Organizations that follow SFAS 117 (ASC 958		ck here LAL and			
ces		complete lines 27 through 29, and lines 33 an			C 000 C03		C 001 04C
au	27	Unrestricted net assets			6,008,693.	27	6,081,046.
Fund Balances	28	Temporarily restricted net assets			2,117,938.	28	2,449,531.
pur	29	•		0) -11-1		29	
Ē		Organizations that do not follow SFAS 117 (A					
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in		—	Q 126 621	32	Q E20 E77
_	33	Total net assets or fund balances			8,126,631.	33	8,530,577.
	34	Total liabilities and net assets/fund balances			9,407,573.	34	10,027,360.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,2	08,	421.		
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
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			13,	497.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		8,5	30,	577.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Х		
				Y	'es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it					
	Act and OMB Circular A-133?		3	а		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	it					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b				

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► 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

Community Bible Study

Employer identification number

51-0233462 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 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). 7 X 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 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 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

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.)

Se	ction A. Public Support	• • •	·	•			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	·	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	7,349,589.	7,179,611.	7,745,023.	8,127,480.	8,693,459.	39,095,162.
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						
	the organization without charge						
4	Total. Add lines 1 through 3	7,349,589.	7,179,611.	7,745,023.	8,127,480.	8,693,459.	39,095,162.
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)						
	Public support. Subtract line 5 from line 4.						39,095,162.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	7,349,589.	7,179,611.	7,745,023.	8,127,480.	8,693,459.	39,095,162.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,794.	4,067.	49,228.	76,158.	97,565.	229,812.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						39,324,974.
12	Gross receipts from related activities	•				12	12,868,252.
13	First five years. If the Form 990 is fo	-	s first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. \square
80	organization, check this box and stop		rooptogo				>
	ction C. Computation of Publ		<u>~</u>				00.40
	Public support percentage for 2014 (14	99.42 %
	Public support percentage from 2013					15	99.64 %
168	33 1/3% support test - 2014. If the	•		•		•	
	stop here. The organization qualifies						
r	33 1/3% support test - 2013. If the	0		,		•	
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes	·					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		. □
10	organization meets the "facts-and-circ						. [H
<u>18</u>	Private foundation. If the organization	лт аю посспеск а	DUX UITIIHE 13, 16a	, 100, 17a, or 17b	, crieck this box a	ina see instructions	> ~ L

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

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

Se	ction A. Public Support	now, piedee com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						_
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						······· [

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 <code>part VI</code>, 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	ฮส		
	9b		
	9с		
	10a		
_	10b		

Pa	rt IV Supporting Organizations (continued)			J
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in part vi the role played by the organization in this regard.	3b		l

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
C1	iam A. Adiroted Not Income		(A) Drien Veen	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(орнопа)
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

ıaı	Type in recir t anothericing integrated coe	(a)(s) Supporting Orga	(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	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.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Soct	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Jec 1	ion E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 Community Bible Study	51-0233462	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	a or 17b; and Part III, lin	e 12.
	Also complete this part for any additional information. (See instructions).		
•			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Community Bible Study

Employer identification number 51-0233462

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line			
			(a) Donor advised funds	(k	b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3	Aggre	gate value of grants from (during year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in $\sqrt{2}$	writing that the assets held in donor advis	sed fund	ds
	are th	e organization's property, subject to the organization's	exclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor a			
		aritable purposes and not for the benefit of the donor o			
	imper	missible private benefit?			Yes No
Pai	rt II	Conservation Easements. Complete if the org			line 7.
1	Purpo	se(s) of conservation easements held by the organization	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically	important land area
		Protection of natural habitat	Preservation of a cert	ified his	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	nservation easement on the last
	day o	f the tax year.			
				[Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С		per of conservation easements on a certified historic stru			2c
d	Numb	er of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure	
	listed	in the National Register			2d
3		er of conservation easements modified, transferred, rel		e organ	ization during the tax
	year	>			
4	Numb	er of states where property subject to conservation eas	sement is located >		
5	Does	the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violati	ons, and enforcement of the conservation easements it	holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring th	ne year ▶
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the yea	ar▶ \$
8	Does	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B	e)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIII, describe how the organization reports conservation	on easements in its revenue and expense	staten	nent, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the org	ganization's accounting for
		ervation easements.			
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther S	Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a		organization elected, as permitted under SFAS 116 (AS	•		-
	histor	ical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ince of	public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and ba	alance sheet works of art, historical
	treasu	ires, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic ser	vice, provide the following amounts
	relatir	g to these items:			
	(i) R	evenue included in Form 990, Part VIII, line 1			
	(ii) A	ssets included in Form 990, Part X			> \$
2	If the	organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, p	provide
		llowing amounts required to be reported under SFAS 1			
а	Rever	nue included in Form 990, Part VIII, line 1			> \$
b	Asset	s included in Form 990, Part X			> \$

Pai	र्त III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Oth	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a s	ignificant ι	use of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o								7		
D	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" to	Form 990,	Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custodi		diany for	contribution	ns or other as	seats not	t included				
ıa	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		110
D	Tes, explain the arrangement in rare Am	and complete the re	mownig i	labic.					Amoun	<u> </u>	
С	Beginning balance						1c		7 11110 0111	<u>-</u>	
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided in	Part XIII					
Pai	rt V Endowment Funds. Complete it	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a sh	· ·									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for t	the organiz	ation	1		
	by:								- m	Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							
ı aı	Complete if the organization answered		Dart IV	/ line 11a S	66 Form 990	Dart Y	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Boo	k value	
	Description of property	basis (investr			(other)		preciation	ч	(u) 500	n value	
	Land	- ` ` 	,		618,153.	5.5	production			618,1	53.
	Land Buildings			4	,074,743.		759,:	133.	3	,315,6	
	Leasehold improvements			_	, -,•		, .	1		, - , , •	
	Equipment			1	,782,168.		322,	715.	1	,459,4	53.
	Other				388,227.		298,			89,9	
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	•			ightharpoonup	5	,483,1	
		,									

Schedule	D (Form 990) 2014 Community Bible	Study		51-0	233462	Page (
Part VI	I Investments - Other Securities.					
	Complete if the organization answered "Yes"	to Form 990, Part IV				
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	of-year marke	et value
	cial derivatives					
(2) Closel	ly-held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(1)					
	(b) must equal Form 990, Part X, col. (B) line 12.)					
Part VI	II Investments - Program Related.					
	Complete if the organization answered "Yes"				-f	-41
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	-or-year marke	n value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) must squal Form 000 Port V sol (P) line 12)					
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					
I dit ix	Complete if the organization answered "Yes"	to Form 000 Part IV	line 11d See Form 990	Dart V line 15		
-		Description	, line Tru. See Form 330,	Tart X, iii le 15.	(b) Book	value
(1)	(/				(10) 20011	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	lumn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		•		
Part X		/				
	Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25.		
1.	(a) Description of liability	,	(b) Book value			
	ederal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						

(8) (9)

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

Schedule D (Form 990) 2014 Community Bible Study Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 11,221,918. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities c Recoveries of prior year grants 2c 13,497 d Other (Describe in Part XIII.) e Add lines 2a through 2d 13,497. 2e 11,208,421. Subtract line 2e from line 1 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.) c Add lines 4a and 4b 0. 4c 11 208 421. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 10,817,972. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 0. e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 10,817,972. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4c 10,817,972. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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. Part X, Line 2: The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2015, CBS had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. The Organization's federal Return of Organization Exempt from Income Tax

examination by the IRS, generally for three years after they were filed.

Form 990 for the years ended June 30, 2014, 2013, and 2012, are subject to

Schedule D (Form 990) 2014 Part XIII Supplemental Inform	Community Bible Study		51-0233	3462	Page 5
Part XIII Supplemental Inform	ation (continued)				
Part XI, Line 2d - Other Adjus	tments:				
Adjustment to Life Estate		13,497.			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

Community Bible Study 51-0233462 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____ Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures (by type) (e.g., fundraising, program is a program service, offices for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region East Asia and the Pacific 1 Program services Bible study classes 99,219. East Asia and the Grants to recipients located in the region Pacific 0 27,081. 0 Bible study classes 60,602. Europe Program services Grants to recipients 0 located in the region Europe 18,316. South America Bible study classes 0 Program services 49,297. Grants to recipients South America 0 located in the region 3,167. South Asia 1 75,089. Program services Bible study classes Sub-Saharan Africa 0 Program services Bible study classes 39,414. 3 a Sub-total 2 2 372,185. **b** Total from continuation 0 338,627. sheets to Part I c Totals (add lines 3a

710,812.

and 3b)

Schedule F (Form 990)	Community Bi			51-02334	62 Page
Part I Continuation	on of Activitie	s per Regio	n.(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ub-Saharan Africa	0		Grants to recipients located in the region		319 440
ub-Sanaran Airica	0	0	rocated in the region		319,440
Middle East	0	0	Program services	Bible study classes	19,187
	<u> </u>				
Γotals▶	<u> </u>				338,627

Community Bible Study 51-0233462 Page 2 Schedule F (Form 990) 2014

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		Sub-Saharan						
		Africa	Bible study classes	7,966.	Wire	0.		
		Sub-Saharan						
		Africa	Bible study classes	7,000.	Wire	0.		
				· ·				
		Sub-Saharan						
		Africa	Bible study classes	6,300.	Wire	0.		
		Sub-Saharan						
		Africa	Bible study classes	5,400.	Wire	0.		
		Sub-Saharan		5 200				
		Africa	Bible study classes	5,390.	wire	0.		
		Sub-Saharan						
		Africa	Bible study classes	5,335.	Wire	0.		
		gub gabanan						
		Sub-Saharan Africa	Bible study classes	9,035.	Wire	0.		
		nii i ca	pible study classes	9,035.	MITTE	0.		
		Sub-Saharan						
		Africa	Bible study classes	8,000.	Wire	0.		

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

	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2014 Community Bible Study 51-0233462 Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014 Part IV Foreign Forms

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

Schedule F (Form 990) 2014

Community Bible Study 51-0233462 Schedule F (Form 990) 2014 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. Part I, Line 2: Our goal is for each country to have a ministry NGO that is self-determined, self-directed and self-funded. Grants are made to these NGOs to assist with startup costs and sometimes translation costs. Grants also are made to partner NGOs assisting us in establishing these national ministries. The NGOs are required to request funding, which must be approved by the Regional Director, and to report back to the Regional Director on how the funds were used, providing receipts whenever possible. Part I, line 3: Expense reports are submitted by the Regional Directors with receipts indicating what the expenditures are for.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

Attach to Form 990 or 990-EZ.

2014

Open to Public Inspection

Name of the organization

Community Bible Study

Employer identification number 51-0233462

Form 990, Part VI, Section B, line 11: The Form 990 was prepared by an independent CPA firm, reviewed by the finance team and the treasurer of the board, and then emailed to the full board for their review before it was filed with the IRS. Form 990, Part VI, Section B, Line 12c: The Board of Trustees and CBS top management officials prepare conflict of interest statements and provide them to the Chair, Audit & Compliance Committee, who views them and reports any potential conflicts to the Board of Trustees. These forms are to be updated annually. Form 990, Part VI, Section B, Line 15a: The Finance Committee, with approval of the independent Board of Trustees established the compensation for the Executive Director. The compensation "package" is reviewed and adjusted, as appropriate, annually by the independent Board. Comparability data is used in this process. The compensation approval is documented in the board minutes. Form 990, Part VI, Section C, Line 19: The 990 and financial statements are made available on the organization's website and the other documents are provided upon request. Form 990, Part XI, line 9, Changes in Net Assets: Adjustment to Life Estate 13,497.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2		
Name of the organization Community Bible Study	Employer identification number 51-0233462		
The organization has a committee that assumes responsibility for	_		
oversight of audit of its financial statements and selection of an			
independent accountant. This process has not changed since the prior			
year.			
	_		