Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy star reporting requirements.

OMB No. 1545-1150

2008

Open to Public Inspection

		dar year, or tax year beginning January 1 , 2000, and ending			
_	neck if applicable:	Please use IRS	The second second	identification number	
=	ddress change	label or BENCHMARK Adventure Ministries, inc.	62	1538488	
=	lame change nitial return	print or Number and street (or P.O. box, if mail is not delivered to street address) Roor type.		e number	
=	ermination	See 150 39th Avenue N	(615)	297-1538	
=	mended return	Specific Instruc-	F Group Ex	emption	
A	pplication pending	tions. Nashville, TN 37209-4962	Number	>	
•	Section 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Accounting metho Other (specify) ▶	d: 🗸 Cash 🗌 Accrual	
-		н	Check ▶ ☐ if t	ne organization is not	
		v.benchmark.org Check only one) -		Schedule B (Form 990,	
		ganization is not a section 509(a)(3) supporting organization and its gross receipts a	are normally not mor	e than \$25,000. A return is	
K C	neck > I the or	garifization is not a section 309(a)(a) supporting organization and its gross receipts an e organization chooses to file a return, be sure to file a complete return.	are normany not mor	o than acologot / fraction to	
		7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	of Form 990-EZ ▶	\$	
Pa	Bevenue	, Expenses, and Changes in Net Assets or Fund Balances (Se			
I e					
	1 Contribution	ons, gifts, grants, and similar amounts received			
		service revenue including government fees and contracts			
		nip dues and assessments			
	4 Investmen		0		
1		out from sale of assets other than inventory	0		
	b Less: cos	t of other basis and sales expenses	-		
a	c Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attack	ch schedule).		
2		s and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here		
Revenue					
æ		on line 1)	195		
	b Less: dire	ct expenses other than fundraising expenses 6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			С	
	7a Gross sal	es of inventory, less returns and allowances	256		
		t of goods sold		0.50	
	c Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8 Other reve	enue (describe) [
	9 Total revenue	enue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
	10 Grants an	d similar amounts paid (attach schedule)	1		
		paid to or for members	1	Sept. 2004.00	
S		other compensation, and employee benefits		2 36,238	
Expenses		nal fees and other payments to independent contractors		3 261	
be		cy, rent, utilities, and maintenance		4 1,041	
Ĕ		oublications, postage, and shipping		5 3,680	
		enses (describe >) 1	6 11,160	
		enses. Add lines 10 through 16	▶ 1	7 52,380	
"	18 Excess or	(deficit) for the year (Subtract line 17 from line 9)	1	8 -491	
Assets		s or fund balances at beginning of year (from line 27, column (A)) (mu			
488		ar figure reported on prior year's return)		9 5687	
Net /	20 Other cha	inges in net assets or fund balances (attach explanation)	2	0 391	
ž	21 Net asset	s or fund balances at end of year. Combine lines 18 through 20	▶ 2	1 4805	
Pa	rt II Balance	Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form 990 inste	ead of Form 990-EZ.	
لنكا		(See the instructions for Part II.)	(A) Beginning of year		
00	Cook soules		6855	22 5349	
22			0	155	
23		ings	0	The second secon	
24		lescribe ▶)	6855	Transition and the second seco	
25			1168		
26 27	Not accets as	(describe ►) fund balances (line 27 of column (B) must agree with line 21)	5687		
	NEL GOODES OF		Cat. No. 10642I	Form 990-EZ (2008)	

Part III Statement of Program Service Accommodular What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization describe the services provided, the number of persons be	educational, religious ation's exempt purposes. In	a clear and conc	ise manne	er. and	Expenses quired for 501(c)(3) (4) organizations 4947(a)(1) trusts; onal for others.)
28 see attached ministry event schedule					
(Grants \$) If this amount incl					3576
(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ [29a	
30					
31 Other program services (attach schedule)	udes foreign grants, check			_ 30a □ 31a	
32 Total program service expenses (add lines 28a th	arough 31a)			▶ 32	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the	instruction	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contril employee be deferred co	outions to nefit plans &	(e) Expense
James H Evans 150 39th Avenue N Nashville, TN 37209	President 45 hours	2000/month		0	
Barbara A. Evans 150 39th Avenue N Nashville, TN 37209	Secretary	0		0	
Keith E. Fletcher 150 39th Avenue N Nashville, TN 37209	Board Member, 1 hour	0		0	
Larry D. Jones 150 39th Avenue N Nashville, TN 37209	Board Member, 1 hour	0		0	
Vicky Smith 150 39th Avenue N Nashville, TN 37209	Board Member, 1 hour	0		0	
150 Sath Avenue W Mashvine, TW 37205					
	-				

Yes No 3 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 3 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-17, attach a statement explaining your reason for not reporting the income on Form 990-17. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-17 for this year? 36 Was there a liquidation, dissolution, terminiation, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 37b Jüt the organization flore form 1120-POL for this year? 38a Did the organization flore form 1120-POL for this year? 38b Jüt the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(0) and (4) organizations. Enter: a Initiation fees and capital contributions included on line 9 gaps and the year under: section 4911 ▶ section 501(c)(0) and (4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 501(c)(0) and (4) organizations. Enter amount of tax imposed on organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 4956 d Enter amount of tax on line 40c reimbursed by the organization from a prior year? If "Yes," complete Schedule L, Part II List the states with which a cop	Pai	Other Information (Note the statement requirements in the instructions for Part VI.)		
description of each activity 4 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 5 if the organization had income from business activities, such as those reported on lines 2, 8a, and 7a (among others), but not reported on Form 990-T. a Did the organization have unrelated businesses gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 73 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 53b John the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 5 Section 501((2)) organizations. Enter and still unpaid at the start of the period covered by this return? a Initiation fees and capital contributions included on line 9 39a 5 Section 501((3)) and (4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ 6 Enter amount of tax imposed on organization managers or disqualified persons during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. List the states with which a copy of this return is filed. ▶ 6 Enter amount of tax or line 40 reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. 40b				Yes No
34 √ 34 √ 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, tatch a statement explaining your reason for not reporting the income on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, and proxy tax requirements? 35 If "Yes," has it filled at a xreturn on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the pendod covered by this return? 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the pendod covered by this return? 38c V	33		33	1
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete peoplicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ►	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	34	✓
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b Did the organization file Form 1120-PDL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38b 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a		complete applicable parts of Schedule N	36	✓
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Tes No He Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			. ▶ ∟
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				Yes No
Form 990-EZ	N = 0 =	Division of the standard of th		100 110
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		44	
"Yes," Form 990 must be completed instead of Form 990-EZ	45	Form 99U-EZ		
	45	"Yes" Form 990 must be completed instead of Form 990-EZ	45	
			orm 99	0-EZ (200

	and complete the tables for lines 50 a	114 011			
46 Did th	he organization engage in direct or indirect p	political campaign activiti	es on behalf of or	in opposition to	Yes No
	idates for public office? If "Yes," complete S				46 🗸
	he organization engage in lobbying activities				47 🗸
	e organization operating a school as describ				48
	he organization make any transfers to an ex				49a ✓ 49b ✓
	es," was the related organization(s) a section				
50 Comp each	plete this table for the five highest compens- received more than \$100,000 of compensat	ated employees (other the ion from the organization	an officers, directon. If there is none,	rs, trustees and key enter "None."	employees) wh
(a) N	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none					
	per of other employees paid over \$100,000 ▶				
	plete this table for the five highest compensions ation from the organization. If there is no		otoro willo odoli roc	orred mere man 4.	30,000
	Service Control of the Control of th	one, enter None.			
	(a) Name and address of each independent contractor	37	(b) T	ype of service	(c) Compensation
none	(a) Name and address of each independent contractor	paid more than \$100,000		ype of service	(c) Compensation
none		paid more than \$100,000		ype of service	(c) Compensation
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none		paid more than \$100,000		ype of service	(c) Compensation
none		paid more than \$100,000		ype of service	(c) Compensation
	ber of other independent contractors each re	paid more than \$100,000			
		paid more than \$100,000 eceiving over \$100,000	manying schedules and	d statements, and to the	pest of my knowleda
Total numb	ber of other independent contractors each re	paid more than \$100,000 eceiving over \$100,000	manying schedules and	d statements, and to the	pest of my knowleda
Total numb	ber of other independent contractors each rule of penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete. Declarate	paid more than \$100,000 eceiving over \$100,000	manying schedules and	d statements, and to the	pest of my knowleda
Total numb	ber of other independent contractors each runder penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declarate Signature of officer	paid more than \$100,000 eceiving over \$100,000	mpanying schedules and cer) is based on all info	d statements, and to the I mation of which prepare	pest of my knowleda
Total numb Sign Here	ber of other independent contractors each runder penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declarate Signature of officer James H Evans President	paid more than \$100,000 eceiving over \$100,000	mpanying schedules and cer) is based on all information.	d statements, and to the Imation of which prepare 5/13/00 Date 05/13/09 Preparer's Identifying	pest of my knowleda
Total numb Sign Here Paid Preparer's	ber of other independent contractors each reconstructions of perjury, I declare that I have examined belief; it is true, correct, and complete. Declarate Signature of officer James H Evans President Type or print name and title. Preparer's signature Firm's name (or yours)	paid more than \$100,000 eceiving over \$100,000 ined this return, including accordion of preparer (other than office	mpanying schedules and cer) is based on all info	d statements, and to the Imation of which prepare 5/13/00 Date 05/13/09 Preparer's Identifying	best of my knowledger has any knowledge
Total numb Sign Here	ber of other independent contractors each recommendation of penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate Signature of officer James H Evans President Type or print name and title. Preparer's signature	paid more than \$100,000 eceiving over \$100,000 ined this return, including accordion of preparer (other than office	mpanying schedules and cer) is based on all information.	d statements, and to the Imation of which prepare 5/13/00 Date Preparer's Identifying	best of my knowledger has any knowledge