

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)



Inte	ernal Reven	ue Service	► The organization m	ay have to use a copy of this retu	irn to satisfy	y state reporting requ	<u>irements</u>		Inspection
A	For the 2	2005 calendar	year, or tax year beginning	JUL 1, 2005	and en	ding JUN 3	0, 2	006	
В	Check if	C	Name of organization						dentification number
•	applicable	Please use IRS	adino of organization				"""	ioyei i	
Г	Addres	is label or DT	POVETEN DIVINIES	CCHOOL			١٨	<i>c</i> 1	013935
o.	lchange	J'	ERKELEY DIVINITY			<u> </u>	_		
ARED	lchange	'See '	Number and street (or P.O. box if n		ress)	Room/suite			
₽	return	Instruc-	09 PROSPECT STRE				1 (	<u> 203</u>	)432-9285
其	Final	tions	City or town, state or country, and	ZIP + 4				unting me	
11	X Amend return	led NE	EW HAVEN, CT 06	5511				Other (specify)	<u> </u>
耳	Applica		ion 501(c)(3) organizations and 4		trusts	H and I are not ap	plicable	to sec	ction 527 organizations.
巨		must	attach a completed Schedule A (	Form 990 or 990-EZ).		H(a) Is this a group	return fo	or affilia	ates? Yes X No
H	Website	· NWW . I	BERKELEYDIVINITY	.NET		H(b) If "Yes," enter			
رجي ا				◀ (insert no.) 4947(a)(1) or	- 527	H(c) Are all affiliate			N/A Yes No
Ľ		<del></del>	the organization's gross receipts a			(If "No," attach	a list.)		•
· ·		•	file a return with the IRS; but if the	· ·		H(d) is this a separ ganization cov	ate return	i filed t	oy an or- oruling? Yes X No
	-		return. <b>Some states require a con</b>	=	uiii, be				N/A
_	3016 10 1	ne a complete	Tetam. Come states require a con	ipiete return.		I Group Exempt	4		
	_		0. 0. 0	2 225	100			-	ition is <b>not</b> required to attach
_			es 6b, 8b, 9b, and 10b to line 12			Sch. B (Form	990, 990	-ŁZ, or	990-PF).
F	Part I	Revenue,	, Expenses, and Chang	es in Net Assets or Fu	ind Bala	nces			
	1	Contribution	s, gifts, grants, and similar amount	ts received:		t			
	a	Direct public	support		1a	1,130,	742.		
	b	Indirect publ	ic support		1b				
	C	Government	contributions (grants)		1c				
	d		nes 1a through 1c) (cash\$	1.130.742, noncas	sh.\$	•	1	1d	1,130,742.
	2	•	vice revenue including governmen				- ′	2	
	3	•	dues and assessments	t 1000 and oona aoto (month art v	., 55)			3	
		•		monto					
	4		avings and temporary cash investr	nents				4	1 066 071
	5		nd interest from securities		_ 1 _ 1	1		5	1,066,971.
	6 a				S <del>1 6a</del>				
	b		•		W POOL	7			
	C	Net rental inc	come or (loss) (subtract line 6b fro	ım line 6a)	`-'&	STORM		6c	
•	, 7	Other investi	ment income (describe 🕨		////	VEN .	)	7	
Š	∰   8 a	Gross amou	nt from sales of assets other	(A) Securities	1/2	(B) Other			
		than invento	ry	12	ر 8a مر	2010			
٥	Ь	Less: cost or	r other basis and sales expenses	c	RADA				
	C	Gain or (loss	s) (attach schedule)		CO SEA	(C <sub>M</sub>			570.486
	d	Net gain or (	loss) (combine line 8c, columns (A	(N) and (B))	- 0	•		350	CEIVED
	9	- ,	its and activities (attach schedule).		heck here	<b>▶</b> [ ]			Ø
	a	•	ue (not including \$				၈		- 6 2010 O
2	} -	reported on			9a		600	JUL	- 6 ZUIU (g)
3	Ь		expenses other than fundraising ex	maneae	9b				<u> </u>
5			or (loss) from special events (subtr		30	I			DEN, UT
	10 C		• • • • • •	•	140-	ì		O, <b>5</b> (3)	
	10 a		of inventory, less returns and allow	rances	10a	-			
	b	Less: cost of			10b	<u> </u>			
	C		or (loss) from sales of inventory (a	ittach schedule) (subtract line 10	b from line	10a)	:	10c	
	11	Other revenu	ue (from Part VII, line 103)					11_	28,486.
	12	Total revenu	ue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8	d, 9c, 10c, and 11)		_		12	2,226,199.
	13	Program ser	vices (from line 44, column (B))	•				_13	1,006,202.
e de	g 14	Managemen	t and general (from line 44, columi	n (C))				14	520,172.
Š	15	-	(from line 44, column (D))				į	15	142,283.
\$	16	_	affiliates (attach schedule)					16	
_	17		ses (add lines 16 and 44, column (	Δ))				17	1,668,657.
_	18		eficit) for the year (subtract line 17					18	557,542.
'سد	र् <sub>च</sub> 19		r fund balances at beginning of yea						26,499,402.
Net	20		es in net assets or fund balances (a		c a a	CMAMENENT	1	19	
•					SEE	STATEMENT	Τ .	20	4,000,706.
523	21 3001		r fund balances at end of year (con			<del></del>		21	31,057,650.
02	300 1 -03-06	LHA For P	rivacy Act and Paperwork Reducti	ion Act Notice, see the separate	instruction	IS.		1	Form <b>990</b> (2005) سے ،

P	art II Statement of Functional Expenses					d (D) are required for section e trusts but optional for othe	
	Do not include amounts reported on lir 6b, 8b, 9b, 10b, or 16 of Part I.	те		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule	e)					
	(cash \$	0.					
	If this amount includes foreign grants, check here	ightharpoonup	22				
23	Specific assistance to individuals (attac	h					
	schedule)		23	524,082.	524,082.	STATEMENT 3	
24	Benefits paid to or for members (attach	, [					
	schedule)		24				
25	Compensation of officers, directors, etc	s. [	25	103,740.	36,309.	49,795.	17,636.
26	Other salanes and wages	[	26	387,759.	135,716.		65,919.
27	Pension plan contributions		27	"			
	Other employee benefits	-	28	171,826.	56,703.	89,349.	25,774.
	Payroll taxes	. [	29				
	Professional fundraising fees		30				
	Accounting fees		31				
	Legal fees		32				
	Supplies		33				
	Telephone		34				
	Postage and shipping	•	35				
	Occupancy		36	21,208.	20,148.	1,060.	
	Equipment rental and maintenance		37				
	Printing and publications		38	15,399.	7,699.		7,700.
39		•	39	68,609.	27,444.		13,722.
40		as	40	37,998.	37,998.		
	Interest	J-	41				
	Depreciation, depletion, etc. (attach scho	edule)	42	45,321.		45,321.	
	Other expenses not covered above (ite		-			23,73227	
	a		43a				
i		_	43b				
			43c				
Ì	d		43d				
Ì	0 0		43e		-		
,	·		43f				
ľ	SEE STATEMENT 2		43g	292,715.	160,103.	121,080.	11,532.
			TON	23217131	100,103.	121,000.	11/3321
77	through 43. (Organizations completing						
	columns (B)-(D), carry these totals to lin	nes					
	13-15)	.00	44	1,668,657.	1,006,202.	520,172.	142,283.
-	int Costs. Check ▶ ☐ If you are fo	llowing '	SOF		1,000,202.	340,114	142,203.
	e any joint costs from a combined educational	_			norted in (R) Program con-	ices?	Yes X No
	Yes," enter (i) the aggregate amount of these			· -	(ii) the amount allocated to		N/A ;
	) the amount allocated to Management and ge		υψ		iv) the amount allocated to	-	N/A ,
7411	, and amount anotation to management and ge	,ποιαι Ψ			14) and amount andeated t	o r oπαιαιοπι <u>η</u> ψ	Form <b>990</b> (2005)

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Page 3

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PREPARATION OF STUDENTS FOR THE SACRED MINISTRY IN THE PROTESTANT EPISCOPAL CHURCH	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,006,202.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$ ) If this amount includes foreign grants, check here   • Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here	1,006,202.
Total of Program Service Expenses (should equal line 44, column (B), Program services)	Form <b>990</b> (2005)

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Part<sub>1</sub>V Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) should be for end-of-year amounts only. Beginning of year End of year 37,977. 38,605. 45 Cash - non-interest-bearing 46 Savings and temporary cash investments 47a 47,235. 47 a Accounts receivable 47.235. 47,235. Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 56,828 48a 464,004. b Less: allowance for doubtful accounts 48b 56,828. 49 Grants receivable 50 Receivables from officers, directors, trustees, and key employees . . 50 51 a Other notes and loans receivable b Less: allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 53 53 Prepaid expenses and deferred charges Cost X FMV 20,979,708. 25,716,627. STMT 54 Investments - securities 55 a Investments - land, buildings, and 1,135,523. equipment: basis 55a b Less. accumulated depreciation 533,721 590,473. 601,802. 55b 55c 56 Investments - other 57 a Land, buildings, and equipment: basis 57a Less. accumulated depreciation 57b 4,561 ,939 4,768,374. Other assets (describe SEE STATEMENT 58 58 26,681,336 31,229,471. Total assets (must equal line 74) Add lines 45 through 58 32,530. 24,739. 60 Accounts payable and accrued expenses 60 61 Grants payable 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 149,404 147,082. Other liabilities (describe > SPLIT-INTEREST AGREEMENT 65 Total liabilities. Add lines 60 through 65) 181,934 171,821. Organizations that follow SFAS 117, check here \( \bigcup \bigcup X \end{and complete lines} 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 1,005,749. 2,021,642. 67 Unrestricted 17,332,564. 20,594,381. 68 68 Temporanly restricted 8,161,089. 8,441,627. Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 26,499,402. <u>31,057,650.</u> column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73 26,681, <u>31,229,471.</u>

Form **990** (2005)

Form **990** (2005)

	990 (200			DIVINITY				06-1013	<u>935</u>		age 6
Par	rt.V-A	Current Officers, I	Directors	s, Trustees, a	ind Ke	ey Employees (continu	red)			Yes	No
75 a	Enter th	e total number of officers	, directors,	and trustees per	mitted	to vote on organization bu	siness at board				
	meeting	s					▶	<u>35</u>			
b	Are any	officers, directors, truste	es. or kev e	employees listed	ın Form	990, Part V-A, or highest of	compensated emp	lovees			
						d other independent contr					
	Part II-A	or II-B, related to each of	her through	h family or busine	ess rela	tionships? If "Yes," attach	a statement that i	dentifies			
	the indiv	iduals and explains the r	elationship	(s)					75b_		_X_
c	Do any e	officers directors trustee	s or kev e	mplovees listed i	n Form	990, Part V-A, or highest c	ompensated empl	ovees			
•	•					d other independent contr		•			
						whether tax exempt or tax			Į		
	organiza	ition through common su	pervision o	r common contro	ol?				<u>7</u> 5c		X
	Note. R	elated organizations inclu	de section	509(a)(3) suppor	ting org	ganizations.			i		
						ship between this organization		ization(s), and		1	
	describes	the compensation arranger	nents, includ	ling amounts paid i	to each ir	ndividual by each related orga	nization.		l		
		e organization have a writ				- <del></del>			75d	X	
Pai	rt V-B					y Employees That F		•			
						nployee received compens mpensation or other benef					
		the year, list that person	Delow and	enter the amou	iii oi co	Imperisation of other bene-	its in the appropri	(D) Contributions		E) Expe	
		(A) Name and	l address			(B) Loans and Advances	(C) Compensation	employee benefi	t à	ccount	and
				NONE				compensation pla		er allow	ances
		<del></del> -									
							ļ		—		
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							<del>                                     </del>		+-		
		- <b></b>									
Pai	rt VI	Other Information (	See the inst	tructions )		ı	1	1		Yes	No
76					orted t	o the IRS? If "Yes," attach	a detailed			103	110
10		ion of each activity	iy activity i	iot previously rep	Jorded t	o the most in res, attach	a detailed		76		x_
77	•	•	· · · ·	r governing doci	ımonte	but not reported to the IDS				<del>                                     </del>	X
• •		attach a conformed cop	-		ments	but not reported to the IRS		• •	77_	<del>                                     </del>	<u> </u>
78 a		•	•	•	of \$1 00	0 or more during the year	covered by this to	turn?	78a		x
		has it filed a tax return o		=		o or more during the year	COVERED DY UNS FE	Ŋ/A	78b	t	_ <u>^</u>
79				•	••	raction during the year? If	"Vec " attach a str		78B 79	<del> </del>	x
						raction during the year? if le or nationwide organizati		-	19	<del> </del>	<u> </u>
ov a			-			exempt or nonexempt org		IV11	20-	X	
h		enter the name of the or					anizatiOH f		_80a	^	<del>                                     </del>
U	163,	Cittor the hame of the of	gai iizatiVi i j	- <u></u>	4 4 4 4 4	and check whether it is	X exempt or	nonexempt	1	1	
81 a	Enter di	rect or indirect political ex	nenditures	S (See line 81 inc	truction		81a	O.	1		
		organization file Form 11	-	=					81b		x
	1/02-03-08	gammadori mo i Oilli   I I		jour		<u></u> -	· · · · · · · · · · · · · · · · · · ·			990	(2005)

Form	990 (2005) BERKELEY DIVINITY SCHOOL		06-1013	935		age 7
Pa	rt.VI Other Information (continued)				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities a	t no charge	or at substantially			
	less than fair rental value?			82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.)	82b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	application	s?	83a	X	L
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions?		83b	X	L
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	-		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such co	ntributions o	r gifts were not			
	tax deductible?		N/A	84b		Į
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless th	e organizatio	on received a			
	waiver for proxy tax owed for the prior year.	•				
C	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	1		
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount	t on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditur					
	following tax year?		N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	•	. = -,	-5.5.1		
	line 12	86a	N/A			
ь	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	1		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	1		
ь	Gross income from other sources. (Do not net amounts due or paid to other sources	10,0	21/ 22	1		
•	against amounts due or received from them.)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable cor			1		
00	or an entity disregarded as separate from the organization under Regulations sections 301.770		· ·			ĺ
	45 10 6 11 11 11 11 11 11 11 11 11 11 11 11 1	JI'Z ANG OU	1.7701-51	88		х
20 2	if "Yes," complete Part IX			00		
03 a	section 4911   O • ; section 4912   O • ; section 495		0.			
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess I		0.			
	transaction during the year or did it become aware of an excess benefit transaction from a price				-	ĺ
	If "Yes," attach a statement explaining each transaction	n year:		895		x
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	 voar under		[ 030	L	
٠	sections 4912, 4955, and 4958	year under	_			0.
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization	-				0.
90 a	List the states with which a copy of this return is filed NONE					
b b	<del></del>		90ь			6
91 a		Telephone	4 1	432	-92	
J. a	Located at > 409 PROSPECT STREET, NEW HAVEN, CT	reiebiion	ZIP + 4 ▶ 0			<u> </u>
h	At any time during the calendar year, did the organization have an interest in or a signature or or	other author		, <del>, , , ,</del>		
U	over a financial account in a foreign country (such as a bank account, securities account, or of		•		Yes	No
		ner imancia		041		-
	account)?	•	•	91b	-	X
	If "Yes," enter the name of the foreign country ► N/A	D: :				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F	oreign Bank				
	and Financial Accounts.			1_		
C	At any time during the calendar year, did the organization maintain an office outside of the Unit	ted States?		91c		<u> X</u>
	If "Yes," enter the name of the foreign country				_	_
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check her	re .	T	-	<b>▶</b> L	
	and enter the amount of tax-exempt interest received or accrued during the tax year		92	<u>_N/</u>		
				Form	990	/2005

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Note: Enter gross amounts unless otherwise		ed business income	Exclud	ded by section 512, 513, or 514	(E)
ındicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
C					
d		·			
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,066,971.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a VARIOUS RELATED SOURCES			03	28,486.	
b					
C					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,095,457.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,095,457.
Note: Line 105 plus line 1d, Part I, should equal the amo					
Part VIII Relationship of Activities to the	Accomp	lishment of Exemp	t Pui	rposes (See the instructi	ons)
Line No. Explain how each activity for which income is rep			Impor	tantly to the accomplishment	of the organization's
exempt purposes (other than by providing funds	for such purpo	oses).			
	_				
	<u> </u>	<del> </del>			
Part IX Information Regarding Taxable	Subsidiai		ed Ei	<del>, , , , , , , , , , , , , , , , , , , </del>	
(A) (B) Name, address, and EIN of corporation, Percentage of		(C) Nature of activities		(D) Total income	<b>(E)</b> End-of-year
partnership, or disregarded entity ownership intere	est		-		assets
	%	<u>-</u>			
N/A	%			<del></del> -	
	%				
	%		_	<u></u>	
Part X Information Regarding Transfer	'S ASSOCIA	ited with Personal	Bene	efit Contracts (See the	
(a) Did the organization, during the year, receive any funds,	•				Yes X No
(b) Did the organization, during the year, pay premiums, dir			ntract?	<b>)</b>	Yes X No
Note: If "Yes" to (b), file Forth \$870 and Forth 4720 (s				<del> </del>	
Please Under penalties of perjury declare that have examined the correct, and complete Deparation of treater point than o	is return, includir fficer) is based or	ng accompanying schedules and all information of which prepare	stateme r has an	ents, and to the best of my knowled y knowledge	ge and belief, it is true,
sign 27081 M		000110			
Here Signature of officer		<del></del>	<del></del>	orint name and title.	
Paid Preparer's M AH	4-1	— Dai	e /	Check if self-	Preparer's SSN or PTIN
Proparor's Signature	Lugar	- UA	6/14	//o employed >	
Ilea Only yours if HARPER & WHITE	// .	P.C.	/ /	EIN ►	
self-employed), address and	17				
523163 02-03-06 ZIP + 4 FARMINGTON, C	<u> 1 06032</u>			Phone no. ► 8	60-677-9188
					Form <b>990</b> (2005)

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

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization			Employer identif	ication number
BERKELEY DIVINITY SCHOOL			06 1013	935
Part I Compensation of the Five Highest Paid Em	-	Officers, Dire	ctors, and T	rustees
(See page 1 of the instructions. List each one. If there are none, e			lin out by	T (Se
(a) Name and address of each employee paid more than \$50,000	(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
PAMELA WESLEY	DEV. DIRECTOR			
409 PROSPECT STREET, NEW HAVEN, CT	37.50	102,960.		
MARYETTA ANSHULTZ	STUDENT AFFAI		1	
409 PROSPECT STREET, NEW HAVEN, CT	37.50	64,480.		
CHRISTOPHER BEELEY	PROFESSOR			
409 PROSPECT STREET, NEW HAVEN, CT	37.50	60,400.		
Total number of other employees paid			<u> </u>	<u> </u>
over \$50,000	0			
Part II-A Compensation of the Five Highest Paid Ind (See page 2 of the instructions. List each one (whether individual	•		ional Servic	es
(a) Name and address of each independent contractor paid more the		(b) Type of s	service	(c) Compensation
DELOITTE & TOUCHE LLP		ONSULTING	/AUDITI	FO 700
333 LUDLOW STREET, STE 7, STAMFORD, (	JT 06902 IN	<u>iG</u>		50,700.
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Ind	-		ervices	
(List each contractor who performed services other than profess		uals or		
firms. If there are none, enter "None." See page 2 of the instruction	ns.)			
(a) Name and address of each independent contractor paid more the	nan \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE				
<del>-</del>	<u>T</u>			
Total number of other contractors receiving over \$50,000 for other services				

361	REGULE A (I GITH 350 GI 550-EZ) 2003 BERRELEY DIVINITY SCHOOL U6-1	01333	<u> </u>	aye Z
P	art'III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	$\neg \Gamma$		
•	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities \$ \$ (Must equal amounts on line 38, Part VI-A,	_ I .	1	
	line i of Part VI-B.)	1	├	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
	trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	a Sale, exchange, or leasing of property?	2a		X
_				
	Lending of money or other extension of credit?	2b		x
U	centuing of filloties of office extension of credits	20		
			1	
C	Furnishing of goods, services, or facilities?	2c_	-	X
				1
d	I Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART $V-A$ , FORM 99	0 <u>2d</u>	X	
е	e Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments.)  SEE STATEMENT 7	3a	x	
h	Do you have a section 403(b) annuity plan for your employees?	3b		х
			<u> </u>	X
	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice			
	on the use or distribution of funds?	4a	-	X
<u>_b</u>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Р	art IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
<u></u>				
The	e organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5				
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9				
•	and state			
10		(n/)		
10	(Also complete the Support Schedule in Part IV-A.)	(IV).		
11				
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12				
	receipts from activities related to its charitable, etc., 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	l		
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations di	scribed in		
	(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that de			
_	the type of supporting organization: Type 1 Type 2 Type 3			
	Provide the following information about the supported organizations. (See page 6 of the instructions.)			
	(a) Name(s) of supported organization(s)	( <b>b</b> ) Lii	ne num	ber
	(a) name(a) or cappointed organization(a)	fr	om abo	ove
			_	
			-	
		<del> </del>	_	
1	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
_	An organization organized and operated to test for public salety. Section 309(a)(4), (See page 6 of the instructions.)			

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Schedule A (Form 990 or 990-EZ) 2005

Page 3

Part. V Private School Questionnaire (See page 7 of the instructions.)

	•		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			
	instrument, or in a resolution of its governing body?	29	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		٠,,	
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			1
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		٠,,	
	to all parts of the general community it serves?	31_	X	-
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		<del>-</del>		
32	Does the organization maintain the following:	-	,,	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	-
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X_	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		٠,,	
	admissions, programs, and scholarships?	32c	X	-
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	X	
		_		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a	ļ	X
b	Admissions policies?	33b		X
C	Employment of faculty or administrative staff?	33c		X
đ	Scholarships or other financial assistance?	33d		X
е	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
ħ	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	X	

Schedule A (Form 990 or 990-EZ) 2005

# Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

	( i o de completi	ed UNLY by an eligible organization that	filed Form 5768)			
<u>Che</u>	eck 🕨 a 🔃 if the organiza	ation belongs to an affiliated group.	Check ▶ b	lf you che	cked "a" and "limited contr	ol" provisions apply.
		mits on Lobbying Expendit			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobbying expenditures t Total lobbying expenditures ( Other exempt purpose expen Total exempt purpose expend	ditures	bying)	36 37 38 39 40	N/A	
42 43 44	Subtract line 42 from line 36.	\$175,000 plus 10% of the ex 200,000 \$225,000 plus 5% of the ex \$1,000,000	40 excess over \$500,000 excess over \$1,000,000 excess over \$1,500,000	42 43 44		
	Caution: If them is an eme	went on either line 43 or line 44 you	must file Form 4720			

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

			g. 00 0page // 0/ 1						
		Lobbying Exp	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	( <b>d)</b> 2002	(e) Total				
45 Lobbying nontaxable amount					0.				
46 Lobbying ceiling amount (150% of line 45(e))					0.				
47 Total lobbying expenditures					0.				
48 Grassroots nontaxable amount					0.				
49 Grassroots ceiling amount (150% of line 48(e))					0.				
50 Grassroots lobbying expenditures					0.				

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	NO	Amount
		0.

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Schedule A (Form 990 or 990-EZ) 2005

Par	t VII Information Regarding Transfers			Relationships With Noncharit	able	_	
	Exempt Organizations (See page 12 of	_					
51	Did the reporting organization directly or indirectly engage i	_	= =	_			
	501(c) of the Code (other than section 501(c)(3) organization			litical organizations?	F	. 1	
а	Transfers from the reporting organization to a noncharitable	e exempt	organization of:			Yes	No
	(i) Cash				51a(i)		<u> X</u>
	(ii) Other assets				a(ii)		<u> </u>
Ь	Other transactions:				1		
	(i) Sales or exchanges of assets with a noncharitable exer		iization		b(i)		X
	(ii) Purchases of assets from a noncharitable exempt orga	inization			b(ii)		X
	(iii) Rental of facilities, equipment, or other assets				b(iii)		X
	(iv) Reimbursement arrangements				b(iv)		X
	(v) Loans or loan guarantees	a aaliaitati	one		b(vi)		X
_	(vi) Performance of services or membership or fundraising Sharing of facilities, equipment, mailing lists, other assets,				C		X
	If the answer to any of the above is "Yes," complete the follo			lways show the fair market value of the			
u	goods, other assets, or services given by the reporting orga						
	transaction or sharing arrangement, show in column (d) the				1	N/A	
(a)		(c)	<u> goods, o accord, o.</u>	(d)			
Line r	no. Amount involved Name of nonchar		empt organization	Description of transfers, transactions, and s	haring arr	angen	ents
-			-				
			•				
			<u> </u>				_
			· — · —				
		<u></u> -					
			<del>-</del>				
FO -	le the assessment on discrete or individual to the or root	latad ta .a		Described in contras FO1(a) of the			
52 a	Is the organization directly or indirectly affiliated with, or rel Code (other than section 501(c)(3)) or in section 527?	ialeu lo, o	one or more tax-exempt orga	anizations described in section 50 f(c) of the	Yes	v	] No
		N/A		<b>/</b> _	_ res		J NO
		-1/ -1	(b)	(c)			
	(a) Name of organization		Type of organization	Description of relationsh	пр		
			<u> </u>				
			-				
	· · · · · · · · · · · · · · · · · · ·						
	· · · · · · · · · · · · · · · · · · ·						
			ì	1			

Schedule A (Form 990 or 990-EZ) 2005

523151 02-03-06

FORM 990 OTHER C	HANGES IN NET A	SSETS OR FUND	BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
	INVESTMENTS-UN			55,43	38.
NET UNREALIZED GAINS ON NET ASSETS	INVESTMENTS-TE	MPORARILY RES	TRICTED	3,876,72	29.
NET UNREALIZED GAINS ON	68,5				
NET ASSETS			-		
TOTAL TO FORM 990, PART	I, LINE 20		:	4,000,70	)6. ——
FORM 990	OTHER	EXPENSES	<u> </u>	STATEMENT	2
· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)	
		PROGRAM	MANAGEMENT	(2)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	ŊĠ
SPEAKERS	6,950.	6,950.	0.		0.
MISCELLANEOUS PROFESSIONAL	65,046.	61,794.	3,252.		0 .
SERVICES	78,699.	0.	78,699.		0
REPAIRS AND	·		•		
MAINTENANCE	23,501.	0.	23,501.		_0
OFFICE EXPENSES	43,834.	24,109.	13,150.	6,5	
TELEPHONE	9,913.	2,478.	2,478.	4,9	
UTILITIES INSURANCE	31,370. 33,402.	31,370. 33,402.	0.		0
			<del></del>		
TOTAL TO FM 990, LN 43	292,715.	160,103.	121,080.	11,5	32.
FORM 990	SPECIFIC ASSIST	ANCE TO INDIV	'IDUALS	STATEMENT	
DESCRIPTION				AMOUNT	
	ED LIST OF RECI	PIENTS		524,0	82
TOTAL TO FORM 990, PART	TT LINE 23		•	524,0	

## BERKELEY DIVINITY SCHOOL 2005-2006 SCHOLARSHIP AID EIN#06-1013935

Last	Initial
Ling	S
Lodico	Υ
Loyd	L
Loyd	G
Lunnum	L
Lyle	R
MacDonald	D
Marsh	С
McIntosh	J
McLain	Р
Mebane	K
Mebane, Jr.	W
Mitchican	J
Moore	R
Mulligan	E
Nizet	Α
Pinkerton	S
Preston	L
Reinhard	K
Rennier	M
Rice	W
Rivera	A
Schoenhals	j
Shisler	S
Slade	D W
Smith Smith	VV L
Smith	D
Stegelmann Strickland	<b>V</b>
Taylor	Ĕ
Thompson	Ā
Tierney	P
Ward	Р
Wilkins	М
Wilson	A
Wyper	S
Zimmerman	W
Zogg	J

Total Aid 524,082

FORM 990	OTHER ASSETS		STATEMENT	4
DESCRIPTION			AMOUNT	
SPLIT-INTEREST AGREEMEN DUE FROM YALE UNIVERSIT INVESTMENT INCOME RECEI	Y		4,636,5 128,6 3,2	09.
TOTAL TO FORM 990, PART	IV, LINE 58, COLUMN B		4,768,3	74.
FORM 990	OTHER SECURITIES		STATEMENT	5
SECURITY DESCRIPTION		COST/FMV	OTHER SECURITIE	S
SPLIT INTEREST AGREEMEN YALE UNIVERSITY INVESTM		FMV FMV	107,7 25,608,8	
TO FORM 990, LINE 54, C	OL B		25,716,6	27.

FORM 990 PART		OF OFFICERS, DIRI	ECTORS,	STAT	EMENT 6
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. RICHARD GREENLEAD C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510		0.00	0.	0.	0.
MR. J. TRUMAN BIDWELL		COUNSEL			
C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
REV. SAMUEL G. CANDLE	R	VICE CHAIR			
C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	2.00	0.	0.	0.
MR. CARL T. ANDERSON C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
DEAN HAROLD ATTRIDGE C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
DR. STEVEN E. BUSH C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
MR. G. WILLIAM HAAS C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
MR. ALAN F. BLANCHARD C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.
MS. JUDITH K. HOLDING C/O BERKELEY DIVINITY PROSPECT STREET NEW HAVEN, CT 06510	SCHOOL 409	0.00	0.	0.	0.

BERKELEY DIVINITY SCHOOL				06-10	13935
MR. JOHN HARE C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MR. DAVID E. CARSON		TREASURER			
C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	2.00	0.	0.	0.
MS. ANN R. L. DEWEY C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MS. KATHERINE BRYANT C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MS. MARION DAWSON CARR C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MR. GARY W. PARR C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. PATRICIA HAMES C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MR. GEORGE A. FOWLKES		CHAIR			
C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	5.00	0.	0.	0.
REV. JOSEPH H. BRITTON		DEAN/PRESIDENT			
C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	37.50	103,740.	0.	0.
MR. FRED W. PARDEE III C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.

BERKELEY DIVINITY SCHOOL				06-101	3935
MR. WILMOT H. KIDD C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. ANDREW SMITH C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. JANICE ROBINSON C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MR. FRED D. SCOTT, JR C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MS. BARBARA SHAILOR C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. DR. E. BEVAN STANLEY C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
MS. CAROLYN SHARP C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. CAROLINE STACEY C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. DR. JUDITH A. DAVIS		SECRETARY			
C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.
REV. CLAYTON THOMASON C/O BERKELEY DIVINITY SCHOOL PROSPECT STREET NEW HAVEN, CT 06510	409	0.00	0.	0.	0.

BERKELEY DIVINITY SCHOOL			06	-1013935
MR. CHARLES TYSON C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
MS. LINDA LORIMER C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
REV. ANNE MALLONEE C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
REV. RALPH WARREN, JR. C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
MR. WILLIAM H. WRIGHT II C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
MS. WHITNEY ZIMMERMAN C/O BERKELEY DIVINITY SCHOOL 409 PROSPECT STREET NEW HAVEN, CT 06510	0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		103,740.	0.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7
PART III, LINE 3A

BERKELEY DIVINITY SCHOOL COOPERATES WITH OTHER THEOLOGICAL SCHOOLS IN FOLLOWING UNIFORM GUIDELINES FOR FINANCIAL AID. IN ADDITION, WE ARE SUBJECT TO THE RULES AND REGULATIONS SURROUNDING THE GOVERNMENT LOAN AND WORK PROGRAMS IN WHICH WE PARTICIPATE. A FINANCIAL AID COMMITTEE COMPOSED OF STUDENTS, FACULTY AND THE FINANCIAL AID OFFICER DETERMINES SPECIFIC POLICY AND PRIORITIES WITHIN THE FRAMEWORK OF GUIDELINES AND REGULATIONS, SETTING THE TYPE AND AMOUNT OF FINANCIAL ASSISTANCE TO BE ALLOCATED IN INDIVIDUAL SITUATIONS FROM FUNDS AVAILABLE.

THE PRIMARY PURPOSE OF FINANCIAL AID IS TO PROVIDE ASSISTANCE TO THOSE STUDENTS WHO DEMONSTRATE NEED REGARDLESS OF RACE, NATIONAL OR ETHNIC ORIGIN, SEX, HANDICAP OR DENOMINATIONAL AFFILIATION. NEED IS DEFINED AS THE DIFFERENCE BETWEEN THE TOTAL COST OF ATTENDING THE BERKELEY DIVINITY SCHOOL AND THE AMOUNT OF RESOURCES AVAILABLE TO THE STUDENT.

FINANCIAL AID TO MEET DETERMINED NEED IS A COMBINATION OF YALE DIVINITY SCHOOL/BERKELEY DIVINITY SCHOOL GRANTS AND GOVERNMENT LOANS ADDED TO THOSE RESOURCES AVAILABLE TO THE STUDENT THROUGH SELF-HELP. THE STUDENT MUST BE AWARE THAT HE OR SHE HAS THE MAJOR RESPONSIBILITY FOR HIS OR HER EDUCATIONAL

AND LIVING EXPENSES. THE BERKELEY DIVINITY SCHOOL'S AID WILL AUGMENT THE STUDENT'S EFFORTS.

3282\_\_\_2

Department of the Treasury Internal Revenue Service Name(s) shown on return

# **Depreciation and Amortization**

(Including Information on Listed Property) See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

06-1013935 BERKELEY DIVINITY SCHOOL FORM 990 PAGE 2 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 105,000. 2 2 Total cost of section 179 property placed in service (see instructions) 420,000. Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 45,321 Part III | MACRS Depreciation (Do not include listed property.) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2005 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction <u>19a</u> 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs MM S/L Residential rental property h MM S/L 27.5 yrs. MM S/L 39 vrs i Nonresidential real property MM Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L b 12 yrs. 40-year S/L Part IV | Summary (see instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 45,321. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2005) (Rev. 1-2006) LHA For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2005) (Rev. 1-2006)

# THE BERKELEY DIVINITY SCHOOL Fixed Assets

	_	Cost	Accumulated Depreciation 6/30/2005	Depreciation Expense	Accumulated Depreciation 6/30/2006
1601 Land		52,000	-	-	-
1602 Buildings & Improvemen	ts (SL 20 yrs)	776,424	317,308	28,399	345,707
Equipment for door lock	7/24/2000	539	135	27	162
220V A.C. Line	8/16/2000	1,981	455	91	546
Rear Porch Work	9/21/2000	1,168	220	44	264
Ceiling	9/30/2000	1,200	225	45	270
Kitchen	5/31/2004	34,153	1,851	1,708	3,559
Renovations	6/30/2008	421,028	-	-	-
Sentricon Installation	4/10/2001	2,336	145	29	174
Porch	8/1/2005	54,550	-	691	691
Deck	1/1/2006	17,240	-	200	200
Shower	7/1/2005	3,330	-	50	50
Chimney	9/1/2004	4,950	-	248	248
Gutters	9/1/2004	1,350	-	68	68
Adjust depreciation to ac	tual			6,041	6,041
	_	899,221	320,339	37,641	357,980
1603 Furnitures & Fixutres	(SL 5 yrs)	120,531	116,826	3,705	120,531
Oriental Carpets	8/25/2000	8,675	7,230	1,445	8,675
Furniture for Porch	9/1/2000	3,000	2,500	500	3,000
Amex Bill	10/9/2000	1,922	1,440	288	1,728
Porch Furniture	12/21/2000	9,019	4,510	902	5,412
Copier	10/7/2005	5,600	-	840	840
1604 Computer & Software	_	35,555	35,555	-	35,555
		184,302	168,061	7,680	175,741
	=	1,135,523	488,400	45,321	533,721