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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Governance

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

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements , 2008, and ending June 30 20 09 A For the 2008 calendar year, or tax year beginningJuly 1 Employer identification number C Name of organization CENTER OF THEOLOGICAL INQUIRY Please B Check of applicable 22-2212290 Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite print or Name chang type. 609-683-4797 50 STOCKTON ST Specific City or town, state or country, and ZIP + 4 Terminatio Instruc PRINCETON, NJ 08540 G Gross receipts \$ 800,130 Amended return H(a) Is this a group return for Application pending F Name and address of principal officer Yes No х William F. Storrar, 50 Stockton St., Princeton, NJ H(b) Are all affiliates inclu Nο If "No," attach a list (see instructions) x 501(c) (3 4947(a)(1) or) < (insert no) www.ctinquiry.org Website: H(c) Group exemption number L Year of formation 1978 M State of legal domicile NJ Type of organization x Corporation Association Other > Summary Part I Briefly describe the organization's mission or most significant activities The Center is an independent, ecumenical institution, fostering fresh thinking on the truth of God's love and concern for the world. Our program is for visiting scholars who are furthering the Center's aim in any field of advanced inquiry. Check this box | If the organization discontinued its operations or disposed primore than 25%-of its assets 14 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 13 9 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 0 Net unrelated business taxable income from Form 990-T, line 34 . . . **Current Year** 725,185 614,593 Contribution and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -818,012 2,212,955 10 7,847 1,096 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -195,572 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,939,236 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 208,457 153,833 13 Benefits paid to or for members (Part IX, column (A), line 4) 542,177 496,687 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) > 6127 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 788,829 719,933 1,370,453 1,539,463 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Part II Signature Block

Preparer's

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sian Here

Paid

Use Only

19

20

21

22

Type or print name and title

Check if

self-

employed

Preparer's identifying number (see instructions)

signature Preparer's Firm's name (or yours FRANK DANSER, BALAAM

▶ 22-2020671 ▶ 6099870300

1,399,773

22,165,290

21,682,263

483,027

Beginning of Year

INDEPENDENCE WAY, SUITE 320, May the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20,

Form **990** (2008)

-1,566,025

16,294,028

401,785

End of Year 16,695,813

JSA 8E1010 2 000

No

Pi	art III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission
	The Center is an independent, ecumenical institution, fostering fresh thinking on the
	truth of God's love and concern for the world. Our program is for visiting scholars
	who are furthering the Center's aim in any field of advanced inquiry.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes" describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
48	(Code) (Expenses \$ 1,106,732 including grants of \$ 225,233) (Revenue \$ 0)
	Resident fellowships for scholarly purposes. Each year we convene a resident Colloquium
	of advanced research scholars from around the world and from a range of academic
	disciplines. Resident membership in the Center is given at the Director's invitation
	solely for the purpose of full-time research on a designated research proposal.
	Sixteen scholars participated in the program during the year ended June 30, 2009.
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
4t	(Code) (Expenses \$ 29,074 including grants of \$) (Revenue \$)
	Research working groups, Lectures given by prominent academics which are open to
	the public, Symposia.
4.0	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$) (Revenue \$)
4 d	Other program services (Describe in Schedule O)
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 1,135,806 (Must equal Part IX, Line 25, column (B))

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	:	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schodulo C. Port II	4		×
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		ж
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		ж
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		<u> </u>
•	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		×
J	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV			
40	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		×
10		10	×	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		{	
40	Parts VI, VII, VII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		-	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	×	
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 U S?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ı	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete		-	
	Schedule J	23	×	
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 questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		ж
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		ł	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х

36

37

Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a x Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b x Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... x 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 x Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 x 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 x Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 34 x Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 x

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

Form **990** (2008)

х

36

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
-	U.S. Information Returns Enter -0- if not applicable			l
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			İ
	gaming (gambling) winnings to prize winners?	1 c	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 9	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ļ
	this return?	3a	ļ	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b	L	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	<u></u> -		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			l
	Prohibited Tax Shelter Transaction?	5c	 	X
	Did the organization solicit any contributions that were not tax deductible?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
_	gifts were not tax deductible?	6b		····
7	Organizations that may receive deductible contributions under section 170(c).	7a		x
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7 b		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		l
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?	- `		 -
a	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
Ū	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
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			1
а	Gross income from members or shareholders	┤		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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	_	x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	x
6	Does the organization have members or stockholders?	6	,	x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_x
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following The governing body?	.		
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	x	
9a	Describes an extended to the control of the form to the control of	9a		×
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	Ja		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Secti	on B. Policies			
			Yes	No
12a	• • • • • • • • • • • • • • • • • • • •	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		×
14	Does 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
2	The organization's CEO, Executive Director, or top management official?	150	v	
a b	0.11	15a 15b	x	
-	Describe the process in Schedule O (see instructions)	100		<u> </u>
16a				
		40-		x
b	with a taxable entity during the year?	1 to a i		
	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a	- 1	
~		16a		
~	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		:	
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Secti	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti 17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s)	16b		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply	16b		
<u>Secti</u> 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request	16b		
<u>Secti</u> 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b s only)		
<u>Secti</u> 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b s only) est		

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

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

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

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

	Check this box if the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee compensation Highest compensation the organization		from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
See Attached		_									
	_										
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	n 990 (2008) Irt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinued	Page (
	(A)	(B)				C)			(D)	(E)		8	F)
	Name and title	Average hours per	Posit			_	that app		Reportable compensation	Reporta compensa			mated unt of
		week	Individual trustee or director	Institutional trustee	Officer	key employee	ghes	Former	from the	from rela organizat			her ensation
			tor to	onal		ploy	ee t con		organization	(W-2/1099-		fror	n the
			ustee	trust		ě	pen		(W-2/1099-MISC)				nization related
				ee			Highest compensated employee					organ	ızatıons
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				-		-							
				L	_	_							
1b	Total			٠.				<u> </u>	170,769				
2	Total number of individuals (including those organization ► 1							han	\$100,000 in re	portable co	mpens	ation fro	om the
_	-									-		,	Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	x
4	For any individual listed on line 1a, is the	sum of	repor	tabl	le c	com	pensa	atio	n and other com	pensation f	rom		
	the organization and related organizations individual											4	x
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5	x
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization	compensa	ted ır	idep	end	dent	con	trac	ctors that received	d more tha	ın \$10	00,000	of
(A) (B) Name and business address Description of services									(C) Compensa	ation			
No								1					
							<u> </u>	╁				-	
								1					
2	Total number of independent contractors (i	ncluding t	hose	ın	1) v	who	rece	eive	d more than \$10	0,000 in			
	compensation from the organization												

Pai	rt VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	614,593	n i andellen a v	א איני איני איני אוני אוני אוני אוני אונ	Sale of the least
Program Service Revenue		Business Code	· · · · · · · · · · · · · · · · · · ·			
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Š	2 a			 	<u> </u>	ļ
e E	b					
<u>Ş</u>	c					
er	d					
5	-				-	· ·
ם	e					
ō0	f	All other program service revenue				
<u>-</u>	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				•
		other similar amounts)	177,690			
	4	Income from investment of tax-exempt bond proceeds	2,247		•	
	5	Royalties · · · · · · · · · · · · · · · · · · ·	2,241		<u> </u>	<u> </u>
						Ì
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss) 5,600				
	d	Net rental income or (loss)	5,600			
	u	(i) Securities (ii) Other				1
	7 a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	ď	Net gain or (loss)	-995,702			
	l		3337.32			1 7
	8 a	Gross income from fundraising				
Other Revenue		events (not including \$				
ē		of contributions reported on line 1c)				
Ş.		See Part IV, line 18 a				
-	ь	Less direct expenses b				
౼	c	Net income or (loss) from fundraising events				
U			-	·		-
	9 a	Gross income from gaming activities				
		See Part IV, line 19 a				
	b	Less direct expenses b		 		
	с	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		P I			•	1
		Less cost of goods sold b				<u> </u>
	c _	Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code				
		Wilscellaneous Revenue Busiless Code			<u> </u>	\
	11a					
	ь					
	c					L
		All other revenue				
	d					
	е	Total. Add lines 11a-11d ▶				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	-195,572		<u> </u>	

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) but are not required to complete columns (B), (C), and (D).

All other organizations must comple Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and				<u> </u>
organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the U.S. See Part IV, line 22	225,233	225,233		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	179,650	142,346	35,507	1,797
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	195,660	153,607	42,053	
8 Pension plan contributions (include section 401				
(k) and section 403(b) employer contributions)	47,652	37,645	10,007	
9 Other employee benefits	46,876	37,032	9,390	454
10 Payroll taxes	26,851	21,159	5,563	129
11 Fees for services (non-employees):				
a Management				
b Legal	3,280		3,280	
c Accounting	36,000		36,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,498		3,498	
12 Advertising and promotion				
13 Office expenses	74,846	58,981	15,505	360
14 Information technology	12,499	9,850	2,589	60
15 Royalties				
16 Occupancy	206,741	190,775	15,107	859
17 Travel	36,885	20,040	16,845	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,285	17,368	4,917	
20 Interest	22,003	16,502	5,501	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,261	159,927	11,834	500
23 Insurance	25,342	19,970	5,250	122
24 Other expenses Itemize expenses not	· · · · · · · · · · · · · · · · · · ·			
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below)				
a Research Working Groups	11,593	11,593		
b Symposia	113	113		
_ Cultivation	4,578	4,578		
d Printing & Postage	9,702	7,645	2,010	47
Bank fees	2,493		2,493	
f All other expenses Dues, Subs, Misc	4,335	1,442	2,893	
25 Total functional expenses. Add lines 1 through 24f	1,370,376	1,135,806	230,242	4,328
26 Joint Costs. Check here If following				
SOP 98-2 Complete this line only if the organization				
reported in column (B) joint costs from a				
combined educational campaign and fundraising solicitation		į		
JSA				Form 990 (2008)

Ιc	III V	Balance Sheet	(A)			(B)	
			Beginning of year		End	of yea	1r
	1	Cash - non-interest-bearing	5,831	1		12	,840
	2	Savings and temporary cash investments		2		522	, 652
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	927	4		4	,022
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
S	7	Notes and loans receivable, net	··· ·	7			
Assets	8	Inventories for sales or use		8			
As	9	Prepaid expenses and deferred charges	27,150	9		9	,275
	10a	Land, buildings, and equipment cost basis 10a 3,518,423	· · · · · · · · · · · · · · · · · · ·		-		·
	1	Less accumulated depreciation Complete					
		Part VI of Schedule D	1,240,691	10c	1	,164	.533
	11	Investments - publicly traded securities		11		,	,,,,,,
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · ·	20,890,691	_	14	,961	.594
	13	Investments - program-related See Part IV, line 11		13		,,,,,	,
	14	Intangible assets	···	14			
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15		20	,897
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,165,290		16	,695	
_	17	Accounts payable and accrued expenses	148,921			•	, <u>013</u>
	18	Grants payable	140,321	18			, 2 , 3
	19	Deferred revenue		19			
	20			20			
	21	Tax-exempt bond liabilities		21			
ies		Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
Ē		highest compensated employees, and disqualified persons Complete Part II					
_		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	224 106	23		266	<u> </u>
	24	Unsecured notes and loans payable	334,106			300	<u>,506</u>
	25	Other liabilities Complete Part X of Schedule D	402.007	25		401	705
	26	Total liabilities. Add lines 17 through 25	483,027	26		401	<u>,785</u>
es	i	Organizations that follow SFAS 117, check here ▶ x and complete lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets	14,022,448	27	٥	,634	212
<u>a</u>	28	Temporarily restricted net assets	14,022,440	27		, 034	,213
ä	29	Permanently restricted net assets	7,659,815		7	,659	-015
E I	29	·	7,039,013	29		, 659	,615
or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					
	30			20			
set	l	Capital stock or trust principal, or current funds		30	_		
Net Assets	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31			
et	l	Retained earnings, endowment, accumulated income, or other funds	01 600 063	32	1.0		
Z	33	Total net assets or fund balances	21,682,263	_		,294	
Do	34	Total liabilities and net assets/fund balances	22,165,290	34	16	<u>,695</u>	,813
Рa	rt XI	Financial Statements and Reporting				Tv	
	A		-		Г	Yes	No
1		unting method used to prepare the Form 990 Cash X Accrual Othe			_		
2a L		the organization's financial statements compiled or reviewed by an independent account					×
b		the organization's financial statements audited by an independent accountant?			· · · <u>2b</u>	×	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-				
		, review, or compilation of its financial statements and selection of an independent accou			· · · <u>2c</u>	×	
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
p		ingle Audit Act and OMB Circular A-133?					X
D	IT "Y€	es," did the organization undergo the required audit or audits?	<u> </u>	<u> </u>	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer Identification number

CEI	ATE	COP THEO	TOGICAT INC	OIKI					22-	22122	<u> </u>
Pai	τl	Reason fo	or Public Chari	ty Status (All organi	izations m	ust compl	ete this p	oart)(se	e instruc	ctions)	
The	orga	nization is no	t a private found	dation because it is (Pl	ease check	only one o	rganizatio	on)			
1		A church, co	onvention of chu	rches, or association of	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2		A school de	scribed in section	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3	П	A hospital o	r a cooperative l	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H)
4	П			zation operated in co							
			ame, city, and sta		·						
5				or the benefit of a col	lege or un	versity ow	ned or o	perated t	y a gove	ernmental	unit described in
		•	(b)(1)(A)(iv). (C		Ū	•	•				
6				vernment or governme	ental unit de	scribed in s	section 1	70(b)(1)(A)(v).		
7	Н			lly receives a substan						or from t	he general public
•	_	-		(1)(A)(vi). (Complete P							
8				d in section 170(b)(1)(molete Par	t II Y				
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
•				ted to its exempt fun							
				ment income and uni							
		• •	•	after June 30, 1975.						o i i tany	
10	$\overline{}$		_	and operated exclusive						(see instr	ructions)
11	Н	•	-	and operated exclusi	-	-	-				
• •	ш			iblicly supported orga							
				at describes the type o							
		a Typ	_	Type II c		e III - Func					pe III - Other
			_	i ype ii ertify that the organiz			_	_			•
е				ion managers and oth							
		· •		_	er than on	e or more	publicly s	supported	Jorganiz	4110113 40	3011504 111 30011011
f			section 590(a)(د). d a written determina	tion from t	the IDS the	at it is a	Type I	Type II o	r Type III	supporting
'		· -				ine ino in	at It IS a	Type I,	Type II o	i type iii	Supporting
_		•	n, check this box	the organization acce			 bution fro	 m any of	the	• • • • •	
g		-		the organization acce	pieu any g	iit or contin	Dullon no	ill ally O	uic		
		following pe		or indirectly controls	outhor of	one or tog	othor wit	h norcon	e docorit	ood in (ii)	Yes No
				erning body of the sup			eniei wit	ii person	is describ	Jea III (II)	11g(i)
			_	erring body of the supperson described in (i) a	_	iiiiZaliOii'				• • • • •	11g(ii)
			-	of a person described						• • • • •	11g(iii)
			_	•	• • • • • •	•		 de			. [119(1117]
<u>h</u>	1			ation about the organi			ĭ	ou notify	(vi) I	s the	(vii) Amount of
(1) [of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		nization in		tion in col	support
	Ū			above or IRC section	governing			of your		zed in the	
				(see Instructions))	Yes	No	Yes	ort?	Yes	No	
					163	-	103		100		
_										-	
									 	 	
						-			-	 	
									ļ		
									1		

	dule A (Form 990 or 990-EZ) 2008						Page Z
Pai	(Complete only if you chec				(1)(A)(iv) and <i>'</i>	170(b)(1)(A)(vi)
<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	0.00						
1	Gifts, grants, contributions, and membership fees received (Do not	.					
	include any "unusual grants ")	717,648	715,325	713,024	725,185	614,593	<u>3,485,775</u>
_							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the				:		
	organization without charge	717 640	715 205	713,024	725,185	614,593	3,485,775
4	Total. Add lines 1-3	717,648	715,325	/13,024	725,165	614,593	3,463,773
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)						2 405 775
	Public support. Subtract line 5 from line 4		L				3,485,775
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		717,648	715,325	713,024	725,185	614,593	3,485,775
7 8	Amounts from line 4	717,648	715,325	713,024	725,165	014,393	3,403,773
	rents, royalties and income from similar sources	280,754	381,854	275,500	220,827	185,537	1,344,472
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10.						4,830,247
12	Gross receipts from related activities, etc. (5	See instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	irth, or fifth tax yea	ar as a 501(c)(3)		
	organization, check this box and stop here				<u> </u>	<u> </u>	▶
<u>Sec</u>	tion C. Computation of Public Sup	<u> </u>					
14	Public support percentage for 2008 (list	ne 6, column (f)	divided by line	11, column (f))		. 14	72.1656%
15	Public support percentage from 2007	Schedule A, Par	rt IV-A, line 26f.			. [15]	69.5569%
16a	33 1/3% support test - 2008. If the o	rganization did r	not check the bo	x on line 13, an	nd line 14 is 33	1/3% or more, (check this box
	and stop here. The organization qualif	ies as a publicly	supported orga	nızatıon			▶ 🔼
b	33 1/3% support test - 2007. If the o						
	box and stop here. The organization q						
17a	10%-facts-and-circumstances test - 2	2008. If the orga	nization did not	check a box on	line 13, 16a or	16b, and line 1	4
	is 10% or more, and if the organization						
	in Part IV how the organization meets						
	organization						
b	10%-facts-and-circumstances test - 2	•					line
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization						
	supported organization						▶ 📖

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization			Employer identification number
CE	NTER OF THEOLOGICAL INQUIRY			22-2212290
Pa	rt I Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	inds or Other Si Part IV, line 6.	milar Funds o	r Accounts. Complete if
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors i	in writing that the	assets held in de	onor advised
	funds are the organization's property, subject to the organ	_		
6	Did the organization inform all grantees, donors, and dono			
•	used only for charitable purposes and not for the benefit of			
	ımpermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	anization answe	red "Yes" to F	orm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or		7 '' ''	of an historically importantly land area
	Protection of natural habitat			of certified historic structure
	Preservation of open space		3 1 10001 1011011	or continue motorio structure
2	Complete lines 2a-2d if the organization held a qualified co	nservation contrib	oution in the form	m of a conservation easement
-	on the last day of the tax year	onservation contin		ii or a conservation casement
	on the fact car, or the carryon			Held at the End of the Year
а	Total number of conservation easements			2 a
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic s			
d	Number of conservation easements included in (c) acquire			
3	Number of conservation easements modified, transferred,			
•	the taxable year	rolouseu, exangu		ated by the organization daring
4	Number of states where property subject to conservation e	easement is located	1 ▶	
5	Does the organization have a written policy regarding the p			olations, and
	enforcement of the conservation easements it holds?			
6	Staff or volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) at			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	•	•	1 1 1
9	In Part XIV, describe how the organization reports conserv			
	balance sheet, and include, if applicable, the text of the foo			
	the organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" t	Historical Treas	sures, or Othe	er Similar Assets.
			<u>·</u>	
1a	If the organization elected, as permitted under SFAS 116, art, historical treasures, or other similar assets held for pul provide, in Part XIV, the text of the footnote to its financial	not to report in its blic exhibition, edu statements that de	revenue staten ication, or resea escribes these ite	nent and balance sheet works of arch in furtherance of public service, ems
b	If the organization elected, as permitted under SFAS 116, historical treasures, or other similar assets held for public e provide the following amounts relating to these items	to report in its rev exhibition, educati	enue statement on, or research	and balance sheet works of art, in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical t			for financial gain, provide the
	following amounts required to be reported under SFAS 116			.
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		• • • • • • • •	▶ \$

Par	Organizations Maintainin	ig Collections o	Art, nisto	micai i	reasures	, OI	Other Sillinar A	ssets (c	Ontinued	
3	Using the organization's accession a	and other records	. check anv	of the f	ollowina th	at ai	e a significant us	se of its c	ollection	
•	items (check all that apply)		,,				J			
а	Public exhibition		d	¬ ,	oan or exc	:hanc	ge programs			
b	Scholarly research		e	_	ther		o programo			
C	Preservation for future gen	erations	·	~						
4	Provide a description of the organiza		and evoluin	how th	ev further	the c	vraanization's eve	mnt nurr	nose in	
4	Part XIV	ation's collections	and explain	11044 [11	ey luitilei	ine c	nganization's exe	inpt puit	703C III	
-	During the year, did the organization	a collect or recover	donations	of art h	uctorical tr	00011	roe or other simil	ar.		
5	assets to be sold to raise funds rather							_	7v 1	
Ba					_				Yes	No
Par	Trust, Escrow and Custoe Part IV, line 9, or reported					011 8	ilisweled tes	to roini	330,	
	Tarriv, line 3, or reported	an amount on	1 0111 000,	Tartx	, 1110 2 1.					
4	le the organization on agent trustee	austadian ar ath	or intermedi	iony for	contributio	nc o	r other accete no			
та	Is the organization an agent, trustee							_	Yes	No
	included on Form 990, Part X?					• •		· · · · L	res	
D	If "Yes," explain the arrangement in I	Part XIV and com	piete the foi	llowing	table T					
	Decimaliza halansa						A	mount		
	Beginning balance									
d	Additions during the year					$\overline{}$				
е	Distributions during the year				-	_				
1	Ending balance							——		
	Did the organization include an amo		, Part X, line	217 .				L	Yes	No
	If "Yes," explain the arrangement in			1 115			00 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D 4 D	40		
Par	t V Endowment Funds. Com									
		(a) Current Year	(b) Prior ye	ear	(c) Two yea	ars bad	ck (d) Three yea	ars back	(e) Four ye	ears back
1a	Beginning of year balance	20,890,691								
b	Contributions									
C	Investment earnings or losses	-4,644,741								
d	Grants or scholarships	153,833								
е	Other expenditures for facilities .			}						
	and programs	796,425								
f	Administrative expenses									
g	End of year balance	15,295,692								
2	Provide the estimated percentage o	f the year end bal	ance held as	3						
а	Board designated or quasi-endowme	ent ▶0.000	0_%							
b	Permanent endowment ► 50.00	000 %								
Ç	Term endowment ▶ 0.0000 %	/ 6								
3a	Are there endowment funds not in the	he possession of	the organiza	ation th	at are held	and	administered for	the		
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	х
	(ii) related organizations						<i></i>	. 	3a(ii)	х
b	If "Yes" to 3a(II), are the related orga								3b	
4	Describe in Part XIV the intended us		-							
Par	t VI Investments - Land, Build	lings, and Equip	oment. See	Form	990, Par	tΧ,	line 10.			
	Description of investment	(a) Cost	or other basis estment)	(b)	Cost or other asis (other)		(c) Depreciation	(d	l) Book value	•
1a	Land			 	96,8	52			9	6,852
b	Buildings			† -	3,115,4		2,133,684			1,777
c	Leasehold improvements			 	-,,-	 -				-,
d	Equipment		·	 	125,1	22	63,287			1,836
	Other			 	180,9		156,919			4,068
Tota	I. Add lines 1a-1e (Column (d) should		Part V col	ump (P)						4,533
TOTA	i. Add lines Ta-Te (Column (d) Should	u equal Form 990,	Part X, COIL	лии (В) <u>.</u>	, iiie IU(C)	<i>)</i>	<u></u>		1,10	-, , , , , , , , , , , , , , , , , , ,

Schedule D (FC								rage 🗸
Part VII	Investments - Other Securities. See F	orm 990, Part X, Iir	e 12					
((a) Description of security or category (including name of security)	(b) Book value				thod of valued-of-year m		
Financial deri	vatives and other financial products							
Closely-held e	equity interests							
Other Equi	ty Securities-Publicly Traded	5,991,498						
Fixed In	c SecPublicly Traded	2,028,724	Year	End	Market	Value		
Alternat	ive Investments							
Hedge		4,539,010						
Privat	e Equity Funds	1,558,768						
Real E	state Funds	843,594	Year	End	Market	Value		
								· · ·
Total (Column	(b) should equal Form 990, Part X, col (B) line 12)	14,961,594						
	Investments - Program Related. See							
Part VIII		(b) Book value	16 13.		(a) Mc	thod of value	uation	
	(a) Description of investment type	(b) Book value				d-of-year m		
				·				
								
Total. (Column	(b) should equal Form 990, Part X, col (B) line 13)							
Part IX	Other Assets. See Form 990, Part X,	line 15.	·			.,		
		Description					(b) B	look value
Interest	Receivable							20,897
						-		
					-			
					_			
							_	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 15)			· · · ·	<u></u>	<u> l</u>	<u> </u>	20,897
Part X	Other Liabilities. See Form 990, Part	r ·-	г				· · · · · · · · · · · · · · · · · · ·	
	(a) Description of liability	(b) Amount						
Federal incom	ne taxes							
		<u> </u>						
T-4-1 (0 :	(A)							
i otal. (Column	(b) should equal Form 990, Part X, col (B) line 25)	<u> </u>	L					

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

Department of the Treasury

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection

ž (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. × Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 22-2212290 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Use Part IV and Schedule I-1 (Form 990) if additional space is needed the selection criteria used to award the grants or assistance? (c) IRC section if applicable General Information on Grants and Assistance (b) EIN CENTER OF THEOLOGICAL INQUIRY 4 (a) Name and address of organization or government Name of the organization Internal Revenue Service Part II Part I

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Allocated Housing Use of grants is monitored through observation of the onsite work of the grant recipients. (e) Method of valuation (book, FMV, appraisal, other) 71,400 Market Value (d) Amount of non-cash assistance 153,833 (c) Amount of cash grant (b) Number of recipients 13 Theological Research Fellowships (a) Type of grant or assistance Part IV Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

温側しめ Open to Public

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CENTER OF THEOLOGICAL INQUIRY

Employer identification number

22-2212290

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	16		:
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply	ŀ		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations x Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а		4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		×
b	Any related organization?	5 b		x
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		x
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	1 8 1		x

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2 and	of W-2 and/or 1099-MIS(/or 1099-MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-E2
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	▣							
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	€							
							Sch	Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

22-2212290

Department of the Treasury
Internal Revenue Service
Name of the organization

CENTER OF THEOLOGICAL INQUIRY

Form 990 or to provide any additional information.

Inspectio

Part VI-A, Line 10 The return is reviewed by the Director and Treasurer and is available
to the Board of Trustees upon request.
Part VI-C, Line 19 The documents are made available to the public upon request.
Part VI-B, Line 15 The Personnel Committee reviews and recommends the compensation plan
for the Director annually. The plan is based on performance and comparable compensation
of similar organizations. The recommendation is subject to he approval of the Board
of Trustees.
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Center of Theological Inquiry Form 990 - 6/30/09 EIN 22-2212290

Part V, Page 4, Officers, Directors, Trustees

	Average Hours Ir Title Per Week T	Individual Trustee	Officer	Reportable Compensation	Reportable Compensation from Related Organizations	Estimate of Other Compensation
Chair Trustee	10	×	×	0	0	0
Trustee Secretary	10	×	×	0	0	0
Trustee Treasurer	10	×	×	0	0	0
Trustee	4	×		0	0	0
Trustee	4	×		0	0	0
Trustee	4	×		0	0	0
Trustee	4	×		0	0	0
Trustee	4	×		0	0	0
Trustee	4	×		0	0	0
Director Trustee	35	×	×	\$ 170,769 00	0	0

Center of Theological Inquiry Form 990 - 6/30/09 EIN 22-2212290

Part V, Page 4, Officers, Directors, Trustees

						Reportable	
		Average				Compensation	Estimate
		Hours	Hours Individual		Reportable	from Related	
Name & Address	Title	Per Week Trustee	Trustee	Officer	Compensation	Organizations	Compensation Organizations Compensation
Ms Krista Tippett St. Paul, MN	Trustee	4	×		0	0	0
Dr. Iain Torrance Princeton, NJ 08540	Trustee	4	×		0	0	0
Mr. Jay Vawter Princeton, NJ 08540	Trustee	4	×		0	0	0
Dr. Judy Wornat Baton Rouge, LA 70803	Vice Chair Trustee	10	×	×	0	0	0