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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

	101 (110	22010 Calendar year, or tax year beginning und circ	uning		
В	Check if applicable	FIRST BAPTIST CHURCH ENDOWMENT FUND,		D Employer identific	eation number
L	change	INCORPORATED		54_0	358196
누	change initiat		om/ourto		
늗	return Termin		om/suite	E Telephone number	355-8637
F	Termin ated Arnend	lod I			9,551,943.
늗	return Applic	City or town, state or country, and ZIP + 4 RICHMOND, VA 23220-2671	ŀ	G Gross receipts \$	
	Ition pendin			H(a) Is this a group re for affiliates?	Yes X No
			20-26	H(b) Are all affiliates incl	
_	Tayaya	empt status: X 501(c)(3)	527		list. (see instructions)
		e: ► FBCRICHMOND.ORG		H(c) Group exemption	
_		organization	I Vear o		State of legal domicile VA
	art I	Summary	12 10010	W TOTTMACON 2322 W	Otato of legal conficile 122
	1	Briefly describe the organization's mission or most significant activities: TO AID	E CH	RISTIAN ORGA	ANIZATIONS
Activities & Governance		IN CARRYING OUT THEIR MISSIONS			
L a	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its net as:	sets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
S	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
ij	6	Total number of volunteers (estimate if necessary)		. 6	0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
•	, в	Contributions and grants (Part VIII, line 1h)		902,830.	496,721.
nus	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<608,327.	> 585,402.
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281.	73.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		294,784.	1,082,196.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,023,301.	1,045,775.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>) . </u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
ш	1 7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		135,642.	126,628.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line 25)		1,158,943.	1,172,403.
	19	Revenue less expenses. Subtract line 18 from line 12		<u> </u>	<90,207.>
Net Assets or	<u> </u>	Total assets (Part X, line 16)		Inning of Current Year	End of Year
SSet	일 20	101	<u> </u>	16,907,475.	17,021,748.
E A	21	Total liabilities (Part X, line 26)	·	397,726.	404,570.
		Net assets or fund balances. Subtract line 21 from line 20		16,509,749.	16,617,178.
		Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules an t, and complete. Declaration of preparer (other than officer) is based on all information of which		•	knowledge and belief, it is
tru	e, correc	t, and complete declaration of preparer (other than officer) is based on all information of which	i preparer	nas any knowledge	
Si	~~	Signature of officer	• • • •	Date / /	11111
	ere	Signature of officer CARL JOHNSON, PRESIDENT Cashward	son	6/	16/1/
		Type or print name and title	-	<u> </u>	
_		Print/Type preparer's name Prepare <u>r'</u> s signature	D	ate Check	PTIN
Рa	ld	MEDA S LANE Meds Whave	_ 6	-/4-// self-employed	<u> </u>
	eparer	Firm's name LANE & ASSOCIATES, P.C.		Firm's EIN	
l.	e Only	Firm's address 2839 HATHAWAY ROAD			
:	•	RICHMOND, VA 23225		Phone no (8	304)272-7421
M	ay the IF	AS discuss this return with the preparer shown above? (see instructions)			X Yes No
,	2001 02-2		s		Form 990 (2010) 17
					· ·

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	_1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			17
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	İ		
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱.,		v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
ď	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III .	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	<u> </u>		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	
		Form	99U ()	2010)

Page 4

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes." complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes." complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? X Note. All Form 990 filers are required to complete Schedule O

Par	Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule O contains a response to any question in this Part V			ب
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	4.		1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_1c		·
20	filed for the calendar year ending with or within the year covered by this return 2a 0			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	-20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year			.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
· ·	Did the organization make any taxable distributions under section 4966?	9a		
h	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." here it filed a Form 720 to report these payments? If "No." provide an explanation in Schodule O.	14a	_	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	2010\

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	•			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
		. [Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
ь	Enter the number of voting members included in line 1a, above, who are independent 15	긱		
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		X
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 governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Does the organization have members or stockholders?	6_		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done .	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	ın joınt venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	_16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are personally also between the person of the per	ation:	-	
	TREASURER - 804-355-8637			
	2709 MONUMENT AVENUE, RICHMOND, VA 23220-2671			

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

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

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

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

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

ai.	(chec		ition that			Reportable	Donortokio		
ai.		K all	. r. 97		6.4	· ·	Reportable	Estimated amount of	
(describe hours for related organizations in Schedule O)	urustace or al trustace	Officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SUSAN S. BEACH	_								
DIRECTOR 1.00 X	K	-				0.	0.	0 .	
KIM O, BOYS	_	1	ļ	İ	Ì		_	_	
TREASURER 3.00 X	K	X		ļ		0.	0.	0	
THOMAS N. CHEWNING	_							_	
VICE PRESIDENT 1.00 X	<u> </u>	X				0.	0.	0 .	
VIRGINIA S. DARNELL	_	l	ĺ					•	
SECRETARY 1.00 X	K	X		ļ	<u> </u>	0.	0.	0.	
CHARLOTTE K. EVANS									
DIRECTOR 1.00 X	<u> </u>	+	ļ	├—	_	0.	0.	0 .	
E. BRUCE HEILMAN	إير						,	^	
DIRECTOR 1.00 X	<u> </u>	+	 			0.	0.	0.	
CARL W. JOHNSON PRESIDENT 1.00 X	. l	X				0.	0.	0.	
	<u>-</u>	┼≏	\vdash	-	-	0.	- 0.		
LINN P. KRECKMAN DIRECTOR 1.00 X	y					0.	0.	0.	
DIRECTOR 1.00 X JAMES E. KULP	+	+	\vdash		\vdash				
DIRECTOR 1.00 X	x l					0.	0.	0.	
MICHAEL L. LIPPORD		+	1	1					
DIRECTOR 1.00 X	x l					0.	0.	0.	
BURTON M. (MAC) MARSHALL		†							
DIRECTOR 1.00 X	x					0.	0.	0 .	
JAMES E, MARKHAM									
DIRECTOR 1.00 X	x					0.	0.	0	
JAMES W. NORVELLE		1					·		
DIRECTOR 1.00 X	X	L	L	L	L.	0.	0.	0 .	
JULIA O. SCOTT									
DIRECTOR 1.00 X	X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$				0.	0.	0.	
CHARLES W. TYSINGER									
DIRECTOR 1.00 X	X	+	\vdash	├	<u> </u>	0.	0.	0.	
			<u> </u>	<u></u>	L_	<u> </u>		Farm 900 (001)	

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	оуее	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
		hours per	(C	heck	(all '	that	арр	ly)	compensation	compensation		ап	ount	of
		week (describe	ğ	i	l				from	from related			other	
		hours for	Individual trustee or director	ļ			8		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	8	55 S	Ì		Highest compensated employee		(W·2/1099·MISC)	(44-2) 1099-14113	ا (``		om un anızat	-
		organizations	量	institutional trustee		86	Ē.		(** 2 1000 111100)			-	d relat	
		ın Schedule	3	Į	Officer	Кеу етріоува	pest	Former					nızati	
		O)	를	鬲	₽	ફ્ર	₹5	Ē						
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	0.4.4.4.1	1,		<u> </u>	<u> </u>	<u> </u>	_	L	0.		0.			_
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to the		Jose	ام ام		2) 111		<u> </u>	000 to somewhat				<u> </u>
2	compensation from the organization	iot iimited to th	iose	IISIE	eu a	OOVE	8) WI	10 10	aceived more man \$100	,000 in reportable	•			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	etac	ko	<i>,</i> 60	ndo	VAA	or h	unhest compensated er	nnlovee on	ſ			
·	line 1a? If "Yes," complete Schedule J for s		3100	, RO	, 011	ipio,	y 00,	01 1	ngilest compensated er	iipioyee oii		3	1	X
4	For any individual listed on line 1a, is the su		le co	nmn	enes	ation	n and	d otl	her compensation from:	the organization	ŀ			···
•	and related organizations greater than \$15								·	ine organization		4	1	X
5	Did any person listed on line 1a receive or									dual for services	ŀ			
•	rendered to the organization? If "Yes," com							··	or or gamentary or mark			5	1	X
Sec	tion B. Independent Contractors								_			•		
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fi	rom	
	the organization. NONE	•	•											
	(A)								(B)			(C)	-
	Name and business	address							Description of s	ervices	C	omper	nsatio	n
•														
		<u> </u>												
								_						
								\dashv						
								ᆜ						
2	Total number of independent contractors (_	ot li	mite	d to		_	sted	above) who received m	ore than				
	\$100,000 in compensation from the organi	zation -					0						200	
												Form 9	3 90 (2	2010)

54-0858196 INCORPORATED Form 990 (2010) Page 9 Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1a Federated campaigns 1b Membership dues Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 496,721 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 496,721. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 555,853. 555,853. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 8499296. assets other than inventory b Less: cost or other basis 8469747 and sales expenses 29,549. c Gain or (loss) 29,549. 29,549. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a 73. 73. d All other revenue 73. Total. Add lines 11a-11d 1,082,196. 585,475.

Total revenue. See instructions

54-0858196 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,045,775.	1,045,775.	l	
2	Grants and other assistance to individuals in		,		
	the U.S. See Part IV, line 22				
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				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	3,000.		3,000.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees .	72,528.		72,528.	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel .				-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			05 050	
20	Interest	25,353.		25,353.	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	00 205		20 205	
23	Insurance	20,305.		20,305.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	MAYEC	5,101.		5,101.	
b	OMUDD DUDDNICHC MNCMM O	341.		341.	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,172,403.	1,045,775.	126,628.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
-	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) INCORPORATED

rt X	Balance Sheet	(A)	Π	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	365,521.	2	234,861.
3	Pledges and grants receivable, net	180,859.	3	
4	Accounts receivable, net	15,171.	4	79,653
5	Receivables from current and former officers, directors, trustees, key			······································
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	12,304,310.	11	11,994,777
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,041,614.	15	4,712,457
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,907,475.	16	17,021,748
17	Accounts payable and accrued expenses .		17	
18	Grants payable	8,864.	18	8,864
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L .		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	388,862.	25	395,706
26	Total liabilities. Add lines 17 through 25	397,726.	26	404,570
	Organizations that follow SFAS 117, check here and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets .		28	
29	Permanently restricted net assets		29	·····
	Organizations that do not follow SFAS 117, check here 🕨 🐰 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.		0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0
32	Retained earnings, endowment, accumulated income, or other funds	16,509,749.		16,617,178
33	Total net assets or fund balances	16,509,749.		16,617,178
34	Total liabilities and net assets/fund balances .	16,907,475.	34	17,021,748

	1000 (2010)				90
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,50	9,7	49.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			36.
6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,61	7,1	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		
			Form	99 <mark>0</mark> (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2010 Open to Public

Inspection

Name of the organization

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Employer identification number 54-0858196

Schedule A (Form 990 or 990-EZ) 2010

Part I	Reason t	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	tructions.		
he organ	ization is not a	private foundation	because it is: (For lines	through 1	11, check	only one b	ox.)			
1 🔲			s, or association of chur							
2 🔲	A school desc	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲			tal service organization			170(b)(1)	A)(iii).			
4 🔲	•		operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital's name,
	city, and state		•						·	•
5	•		benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d in
_	-	(b)(1)(A)(iv). (Comple	=		•		J			
6			•	t described	d in sectio	n 170(b)(1)(A)(v).			
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invess income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 19 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one			whic described in							
, ——	•	•	•	oi its supp	or nom a	governine	intai anni o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonorai p	done described in
	-			(Complete	Part II \					
	-			•	•	rom contri	butions m	omborohi	n food on	d arosa rosainta from
• —	-									•
		· ·								
				lion on ita	A) 110111 DU	311103303 6	icquired b	y tile orga	ii iizalioi i a	iter dulle 30, 1975.
•• 🗀			•	et for publi	o cafety S	ee contin	n 500(a)(/	11		
	•	•	•	•	-			=	v out the r	ouroccop of one or
11 (22)	=		ations described in secti							
		• • •			-	, , , ,	.). See sec	tion sost	6)(3). One	CK THE DOX THAT
	a X Type i		organization and compl		e III - Func		ogratad		аШ	Type III - Other
	• •		_i Type II			-	-	r mara dia		* *
e 🗀			han one or more publich							
		-							(a)(1) Of S	ection 509(a)(z).
f	-		tten determination from t	me ino ma	atitisa iy	ре і, туре	ii, or Type) III		
_		rganization, check th					-6 46 - 6-11.		0	لـسا
9	_		organization accepted ar			-				Vac Na
			lirectly controls, either al	one or tog	etner with	persons c	iescribed i	in (ii) and (iii) below,	Yes No
	-		upported organization?							
	•	•	n described in (i) above?		- 0					
	• •		person described in (i) o	• •					•	11g(iii) X
h	Provide the to	ollowing information	about the supported or	ganization	(S).					
			(iii) Type of	L				(40) 1	tho I	· · · · · · · · · · · · · · · · · · ·
(i) Name	of supported	(ii) EIN	(iii) Type of organization	r ,	organization sted in your		•	(vi) is organizati		(vii) Amount of
orga	anization		(described on lines 1-9		document?	organızat (i) of you		(i) organiz U.S	ed in the	support
			above or IRC section							
	NDM TTT		(see instructions))	Yes	No	Yes	No	Yes	No	
	ART III	'	E 6	ļ	v	v		v		1 045 775
LINE	4A SC	<u> </u>	5,6		Х	X		X		1,045,775.
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			/	<u> </u>						· · · · · · · · · · · · · · · · · · ·
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					1					
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Total		l		1				!		1,045,775.

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

· · · · · · ·	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I	or if the organization			
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(5) 200:	(0,2000	(4) 2000	(0) 2010	(i) Total
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
ŀ	Total. Add lines 1 through 3						
,	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	ĺ					
	amount shown on line 11,						
	column (f)						
3	Public support. Subtract line 5 from line 4		<u> </u>				
9(tion B. Total Support		a				
le	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
3	Gross income from interest,						i
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>		· · · · ·		ļ	
)	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					ļ	
	Total support. Add lines 7 through 10	<u> </u>	1		1	ļ	
	Gross receipts from related activities,	•	•			12	
3	First five years. If the Form 990 is for	•	s first, second, the	ırd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop ction C. Computation of Publ		roontage	<u></u>			<u> </u>
_				(0)			
	Public support percentage for 2010 (Public support percentage from 2009	• •		column (i))		15	
) :-			•	n line 12 and line	14 10 22 1/204 0- 0	L	
78	33 1/3% support test - 2010.If the o	-			14 IS 33 1/3 % OF II	nore, check this bo	xano. ►.
	stop here. The organization qualifies		•		l lino 15 in 22 1/20/	Larmara abaak th	
C	33 1/3% support test - 2009. If the o and stop here. The organization qual	_			imi e io is oo 1/3%	o or more, check th	12 DOX
7~	10% -facts-and-circumstances tes				13 162 or 164 c	and line 14 is 100/	or more
, d	and if the organization meets the "fac	_			· · · · · · · · · · · · · · · · · · ·		•
	meets the "facts-and-circumstances"			=	•	at iv now the organ	
j.	10% -facts-and-circumstances tes					17a and line 15 in :	- L 10% or
-	more, and if the organization meets the	-				· ·	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				WIGH		-

032022 12-21-10

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support		·-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
^	· · · · · · · · · · · · · · · · · · ·		 			 	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			ļ			
	iness under section 513		 				
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						ļ
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
ь	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that	1	İ	İ			
	exceed the greater of \$5,000 or 1% of the	1				İ	
	amount on line 13 for the year		 -	<u> </u>			
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		.l	<u> </u>			1
	ction B. Total Support		T		1	T	T
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6	<u> </u>					
10a	Gross income from interest,				1		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						_
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain			 			<u> </u>
12	or loss from the sale of capital			1			
_	assets (Explain in Part IV.)					-	
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	1		<u> </u>
14	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organ	ization,
	check this box and stop here			· ·	·	<u> </u>	<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2010 (•	column (f)) .		15	
16	Public support percentage from 2009	Schedule A, Par	t III, line 15			16	
Sec	ction D. Computation of Inve	stment Incon	ne Percentage				
17	Investment income percentage for 20)10 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	·
18	Investment income percentage from					18	
	33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
. • •	more than 33 1/3%, check this box a						. ▶□
L	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che						
00	Private foundation. If the organization						·· •
20	Private toungation. If the organization	AL GIO HOL CHECK A	a DOX OH IME 14, 18	a, or 190, check t	I no DOX and See	ISTUCTIONS	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Employer identification number 54-0858196

Par	Companizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(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 in	writing that the assets held in donor advised fi	ınds
-	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
·	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or deficit devices, or for any early early early	Yes No
Par		ganization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (e.g., recreation or e	·	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	1 1000.14.101.01.01.00	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		oonsolvation casement on the last
	cay or moneyour.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	20
•	listed in the National Register	and of 17700, and not on a motorio structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	·····
•	year	icased, extinguished, or terminated by the orga	anization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i	- ,	Yes No
6	Staff and 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) above		
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense stat	— · · · · — · · ·
·	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		, , , , , , , , , , , , , , , , , , ,
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.
L	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descri		,
ь	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		·
	relating to these items:		and the same and t
	(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 tre	asures, or other similar assets for financial gain	n. provide
_	the following amounts required to be reported under SFAS 1		·, p. · · · · ·
а	Revenues included in Form 990, Part VIII, line 1	The state of the s	▶ \$
b	Assets included in Form 990, Part X		> \$
_	,		· · ·

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

Schedule D (Form 990) 2010

FIRST	BAPTIST	CHURCH	ENDOWMENT	FUND,

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simi	lar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a s	ignifican	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•	ا <u>لـــا</u> ا	Loan or exc	hange progra	ams				
b	Scholarly research	•	• 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizati	on's exe	mpt pur	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er simıla	r assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" to	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	included	j	_	
	on Form 990, Part X?								Yes	☐ No
þ	if "Yes," explain the arrangement in Part XIV $$	and complete the fo	ollowing t	able:						
									Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .									
2a	Did the organization include an amount on Fe		21?					L	Yes	L No
	If "Yes," explain the arrangement in Part XIV.	-			****					
Par	t V Endowment Funds. Complete r	the organization a	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10.		,	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance							***************************************		
b	Contributions .									
c	Net investment earnings, gains, and losses						******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
d	Grants or scholarships						·····			·····
е	Other expenditures for facilities									
	and programs	 .								
f	Administrative expenses						******			***************************************
9	End of year balance		<u> </u>							·
2	Provide the estimated percentage of the year	r end balance held	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C		%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	ınd administe	red for t	he organ	izatıon	_	
	by:									Yes No
	(i) unrelated organizations			•					3a(i)	_
	(ii) related organizations					-			3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									-
Pa	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of investment	(a) Cost or obasis (invest	- 1		or other (other)	• • •	ccumula preciatio	I .	(d) Book	value
1a	Land									
b	Buildings									
c	Leasehold improvements .									
d	Equipment									
<u>е</u>	Other									
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line i	10(c).)			<u>. ▶ </u>		0.

Schedule D (Form 990) 2010

	54-	-08	358	319	6	Page	3
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Part VII Investments - Other Securities. Se	ee Form 990, Part X, lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuatest or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			·	
(H)				
(1)				· · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	See Form 990, Part X, I	ine 13.	-	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuatest or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				······
Part IX Other Assets. See Form 990, Part X, line				·
	Description			(b) Book value
(1) REAL ESTATE LOANS				3,750,173.
(2) CSV LIFE INSURANCE				962,284.
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X			<u> </u>	4,712,457.
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) LOANS PAYABLE - LIFE INSU	JRANCE	395,706.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	e 25.) >	395,706.		
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote FIN 48 (ASC 740)	to the organization's financial	statements that reports the organi	zation's liability for uncertain	tax positions under
032053 12-20-10				edule D (Form 990) 2010

Schedule D (Form 990) 2010

Department of the Treasury SCHEDULE (Form 990)

Internal Revenue Service

Part

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

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

OMB No 1545-0047 2010

Employer identification number 54-0858196 Open to Public Inspection Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Attach to Form 990. CHURCH ENDOWMENT FUND, General Information on Grants and Assistance FIRST BAPTIST criteria used to award the grants or assistance? INCORPORATED Name of the organization

» X

/RECREATION /TELEVISION MINISTRY, BUILDING AND MISSIONS, NEW CHURCHES (h) Purpose of grant or assistance COMMUNITY /MUSIC GROUNDS, STAPP Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any MISSIONS MISSIONS MISSIONS MISSIONS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (d) Method of recipient received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of reach assistance assistance other) CASH O.CASH O.CASH O.CASH O.CASH O.CASH Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 7,000, 766 959 000 6 58,000 000 9 9,817 54-0515710 54-0585400 52-1368410 54-0575807 54-0638224 1 (a) Name and address of organization SOCIETY - P.O. BOX 34, UNIVERSITY OF RICHMOND - RICHMOND, VA 23173 VIRGINIA BAPTIST MISSION BOARD RICHMOND BAPTIST ASSOCIATION RICHMOND BAPTIST HISTORICAL 405 NORTH WASHINGTON STREET 2828 EMERYWOOD PARKWAY BAPTIST WORLD ALLIANCE PALLS CHURCH, VA 22046 VIRGINIA BAPTIST HOMES 3111 MOSS SIDE AVENUE 1900 LAUDERDALE DRIVE FIRST BAPTIST CHURCH RICHMOND, VA 23222 RICHMOND, VA 23238 RICHMOND, VA 23220 RICHMOND, VA 23294 2709 MONUMENT AVE Part #

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) (2010)

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Page 1

54-0858196

Schedule I (Form 990) INCORPORATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) INCORPORATED

Schedule I (Form 990) RDUCATION AND SCHOLARSHIP EDUCATION AND SCHOLARSHIP (h) Purpose of grant or assistance RICHMOND COMMUNITY RICHMOND COMMUNITY RICHMOND COMMUNITY HUNGER AND RELIEF NEW CHURCHES MINISTRY MINISTRY KINISTRY (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) O.CASH O.CASH O.CASH O.CASH O.CASH O.CASH O.CASH (e) Amount of non-cash assistance 35,000. 6,500. 35,300. (d) Amount of cash grant 6,000. 15,000, 10,000, 000 6 (c) IRC section if applicable 54-1510076 54-0213930 54-1371067 (P) EIN AFRICAN COMMUNITY CHRISTIAN CHURCH 405 N. WASHINGTON ST., SUITE 200 3806 MONUMENT AVE. P.O. BOX 6767 BAPTIST THEOLOGICAL SEMINARY AT JOHN LELAND CENTER THEO STUDIES RICHMOND PRIENDS OF HOMELESS (a) Name and address of organization or government RICHMOND - 3400 BROOK ROAD -INTERNATIONAL MISSION BOARD CROSS OVER HEALTH SERVICES 224 S CHERRY ST WM BYRD H FALLS CHURCH, VA 22046 2300 DUMBARTON ROAD 108 COWARDIN AVENUE ACTS (NANCY WARMAN) RICHMOND, VA 23230 RICHMOND, VA 23224 RICHMOND, VA 23234 RICHMOND, VA 23220 RICHMOND, VA 23228 RICHMOND, VA 23227 5209 HACKNEY RD. Ŧ

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Page 2

54-0858196

Schedule I (Form 990) (2010) INCORPORATED

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	FI	RST BAPTIST CHURCH	URCH		
(H) PURPOSE OF GRANT OR ASSISTANCE:		ITY /MUSIC	COMMUNITY /MUSIC /RECREATION	NC	
/TELEVISION MINISTRY, BUILDING AND GROUNDS,	GROUNDS	STAFF	ASSISTANCE,		
SCHOLARSHIPS, YOUTH TRIPS, MISSION		AND MULTI	TRIPS, AND MULTI SUPPORT MISSIONS	SSIONS	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Employer identification number 54-0858196

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS AVAILABLE FOR
REVIEW BY BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE CONFLICT OF INTEREST
DISCLOSURE FORMS ARE GIVEN TO ALL BOARD MEMBERS TO COMPLETE, SIGN, AND
DATE. ANY CONFLICTS THAT ARE DISCLOSED ARE PRESENTED AND LOGGED INTO THE
MINUTES OF THE NEXT MEETING.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL
DATA ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS: 165,180.
INCREASE CSV LIFE INSURANCE 32,456.
TOTAL TO FORM 990, PART XI, LINE 5 197,636.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED Name of the organization

54-0858196

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

Direct controlling entity End-of-year assets <u>e</u> Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

, the state of the	(c)	o (ctato or	(p)	(e)		(g) Section 51	(g) Section 512(b)(13)
rimary activity Legal domicile (state or foreign country)	Legal domicile (s	rate of	section	status (if section	Direct controlling entity	contro	28 €
	•	:		501(c)(3))		Yes	°N
WORSHIP SERVICES VIRGINIA	VIRGINIA		501(C)(3)	170(B)(1)(A) N/A	N/A		×
						_	

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

CHURCH ENDOWMENT FUND, FIRST BAPTIST Page 2

54-0858196

INCORPORATED

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2010

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes Share of end-of-year assets Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) y Œ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** 6 Direct controlling entity Share of total Income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Û 9 Primary activity Direct controlling entity <u>e</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 12-21-10 Part IV

FIRST BAPTIST CHURCH ENDOWMENT FUND, Schedule R (Form 990) 2010 INCORPORATED

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36
a, or 36.
), Part IV, line 34, 35, 35a,
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the organization answered "Yes
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	ŧ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	In Parts II-IV?		•	3
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19	×	ı
b Gift grant or capital contribution to other organization(s)				4	×	
		•			×	ı
c Gift, grant, of capital contribution home organization(s)		•		2 :	;	I
 d Loans or loan guarantees to or for other organization(s) 		;	:	9	۷	i
e I pans or loan quarantees by other organization(s)		:		16	×	
		:				E
				1	>	1
f Sale of assets to other organization(s)				=	۲	1
a Purchase of assets from other organization(s)				19	×	
				4	×	1
	•				;	ı
 Lease of facilities, equipment, or other assets to other organization(s) 		:		=	<	E
					***	1
i I ease of facilities, equipment, or other assets from other organization(s)				=	×	
		•	•	- 2	×	1
R reflormance of services of membership of fundialship solicitations for order organ	intaulon(s)	•		£ ;	: >	Ţ
 Performance of services or membership or fundraising solicitations by other organization(s) 	ıızation(s)	•	:	F	< :	1
m Sharing of facilities, equipment, mailing lists, or other assets		•		£	×	- 1
Sharing of paid employees				-	×	
	•	•			ļ	ı
					×	1
Neimbursement paid to other organization for expenses	:		:	2	;	1
p Reimbursement paid by other organization for expenses	:			2	<	ŧ
						1
a Other transfer of cash or property to other organization(s)				10	×	1
			:	+	X	l
	who must complete t	bereves calbulate earlied	relationships and transaction thresholds			ı
	WITO TITUST COLLIDIETE L		Helationalips and transaction timeshous.			1
(a)	2	9	ପ୍ର			
Name of other organization	Transaction	Amount involved	Method of determining			
	type (a-r)		amount involved			
						ı
£						
						1
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6						
(0)						1
5						
(4)						1
(9)						1
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(9)						1
032163 12-21-10	30		Schedule	Schedule R (Form 990) 2010	990) 2010	_

Page 4

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Schedule R (Form 990) 2010

Part 键 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(q)	(0)	5	(9)	€	(6)	Ξ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share	Dispropor-	Code V-UBI	
of entity		(state or foreign	section 501(c)(3) organizations?		tonate allocations?	amount in box 20 of Schedule K-1	
		country)	Yes No		Yes No	(Form 1065)	- 1
			-				
						-	
						_	
		_					_
	į						-
	i.		-				
							_
						Schedule R (Form 990) 2010	n 990) 2010

54-0858196 Page 5 INCORPORATED Schedule R (Form 990) 2010 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FIRST BAPTIST CHURCH ENDOWMENT FUND,

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						X	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not o	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.		
Electron	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	months for a corpe	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	368 to request an ex	xtension	
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Ce	rtain	
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,							
visit ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofits	S					
Part I	Automatic 3-Month Extension of Time	9. Only su	bmit original (no copies needed).				
A corpor	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	plete		-	
Part I on	ly				•		
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time		
Type or	Name of exempt organization Employer identificatio					number	
print	FIRST BAPTIST CHURCH ENDOWMENT FUND,						
	INCORPORATED				54-0858196		
File by the due date for filing your	te for Number, street, and room or suite no. If a P.O. box, see instructions.						
return See instructions							
	TRIBINIONE TO LOCAL DOLLAR	· · · · · · · · · · · · · · · · · · ·					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application		Return	Application	Application			
Is For		Code	Is For			Return Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990·BL		02	orm 1041-A			08	
Form 990-EZ		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
TREASURER							
• The books are in the care of ▶ 2709 MONUMENT AVENUE - RICHMOND, VA 23220-2671							
Telephone No. ► 804-355-8637 FAX No. ►							
If the organization does not have an office or place of business in the United States, check this box							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box If it is for part of the group, check this box and attach a list with the names and EiNs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension							
is for the organization's return for:							
>	► X calendar year 2010 or						
tax year beginning, and ending							
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
] [Change in accounting period						
	nonrefundable credits. See instructions. 3a \$					0.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^	
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0.	
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instru						
			orm 8868, see Form 8453-EO and Form	8879			
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)							

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