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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)

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form A: For the 2010 calendar year, or tax year beginning 07-01, 2010, and ending 06-30, 2011. Includes sections B (Check if applicable), C (Name of organization: DISCIPLES FOUNDATION, INC.), D (Employer identification no. 62-0480066), E (Telephone number: (615) 321-0380), F (Name and address of principal officer), G (Gross receipts \$), H(a) (Is this a group return for affiliates?), H(b) (Are all affiliates included?), H(c) (Group exemption number), I (Tax-exempt status: 501(c)(3)), J (Website: N/A), K (Form of organization: Corporation), L (Year of formation: 1927), M (State of legal domicile: TN).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7. Governing body and volunteers; 7a-7b. Revenue (8-12); 13-19. Expenses; 20-22. Net Assets or Fund Balances.

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Part II Signature Block

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.

Signature of officer: Mark Miller-McLemore, Dean. Date: 01-17-2012.

Preparer information: Sarah Wilkerson, H A Beasley and Company PC, 111 MTCS Drive, Murfreesboro TN 37129. Date: 11-21-2011. PTIN: P00897979.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No. Form 990 (2010)

SCANNED FEB 09 2012

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Handwritten numbers 916 and 160NE

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

**WE ARE CALLED TO PREPARE EXCELLENT DISCIPLE MINISTERS THROUGH OUR SUPPORTIVE COMMUNITY OF FAITH.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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  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

4a (Code \_\_\_\_\_) (Expenses \$ 174,776 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**HOUSING - PROVIDE LOW COST, SUBSIDIZED HOUSING FOR DISCIPLES OF CHRIST MINISTRY STUDENTS AT VANDERBILT DIVINITY SCHOOL**

4b (Code \_\_\_\_\_) (Expenses \$ 44,123 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**FINANCIAL SUPPORT - PROVIDE TUITION AND LIVING COST ASSISTANCE FOR DISCIPLES OF CHRIST MINISTRY STUDENTS AT VANDERBILT DIVINITY SCHOOL**

4c (Code \_\_\_\_\_) (Expenses \$ 132,219 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**PROGRAMMING - PROVIDE CLASSES, PRACTICAL TRAINING, DENOMINATIONAL CONNECTION AND ENCOURAGEMENT FOR DISCIPLES OF CHRIST MINISTRY STUDENTS AT VANDERBILT DIVINITY SCHOOL**

4d Other program services (Describe in Schedule O)  
(Expenses \$ 34,645 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **▶ 385,763**

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding Schedule A through H completion and requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
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
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 MIKE BYRD (615) 321-0380

1605 5TH AVENUE NORTH NASHVILLE, TN 37208

**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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i v i d u a l	I n s t i t u t i o n a l	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(1) BRAD NORTHCUTT MEMBER		X						0	0	0
(2) CLAY STAUFFER BOARD MEMBER		X								
(3) DIETA DUNCAN MEMBER		X								
(4) DWAYNE BELL BOARD MEMBER		X								
(5) GENE REGEN MEMBER		X								
(6) GREG BAILEY MEMBER		X								
(7) JAMES HUDNUT-BEUMLER MEMBER, EX-OFFICIO, NON-VOTING		X								
(8) JEAN B BLACKBURN MEMBER		X								
(9) JIM ATWOOD BOARD MEMBER		X								
(10) JOYCE BLAIR CROWELL BOARD MEMBER		X								
(11) JOYCE THOMAS MEMBER		X								
(12) NATE BROWN MEMBER		X								
(13) NEIL SCHWARZ BOARD MEMBER		X								
(14) ROBERT L HILL MEMBER		X								
(15) SUNNY BUCHANAN RIDINGS MEMBER		X								
(16) SUSAN HAMMONDS-WHITE MEMBER		X								

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Trustee	Officer	Key employee	Highest compensated employee	Former				
(17) THOMAS KLEINERT MEMBER		X									
(18) TIM MURTAUGH MEMBER		X									
(19) TOM ROUNDTREE MEMBER		X									
(20) FRAN STEWART VICE PRESIDENT				X				0	0	0	
(21) GLEN STEWART TREASURER				X				0	0	0	
(22) PAT COLE SECRETARY				X				0	0	0	
(23) RALPH PARSONS PRESIDENT				X				0	0	0	
(24) MARK MILLER-MCLEMORE DEAN	30.00				X			60,023	0	0	
(25) MIKE BYRD ASST DEAN	30.00				X			29,742	0	0	
(26) SUSAN DYER ASSOC DEAN	32.00				X			51,149	0	0	
(27)											
(28)											
<b>1b</b> Sub-total											
<b>c</b> Total from continuation sheets to Part VII, Section A											
<b>d</b> Total (add lines 1b and 1c)								140,914	0	0	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization									0		

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII 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 Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	654,787			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f . . . . .		654,787			
Program Service Revenue	2a RENT AND FEES	Business Code 531110	130,179	130,179		
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
	g Total. Add lines 2a-2f . . . . .		130,179			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		47,077	47,077		
	4 Income from investment of tax-exempt bond proceeds . . . . .					
	5 Royalties . . . . .					
	6a Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		b Less rental expenses . . . . .				
		c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .					
	7a Gross amount from sales of assets other than inventory	(i) Securities	127,741			
		(ii) Other				
		b Less cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .	127,741			
	d Net gain or (loss) . . . . .		127,741	127,741		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b Less direct expenses . . . . .	b				
	c Net income or (loss) from fundraising events . . . . .					
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .						
10a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
11a VARIOUS	900099	17,903	17,903			
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .		17,903				
12 Total revenue. See instructions . . . . .		977,687	322,900	0	0	

**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)

Do not include amounts reported on lines 6b, 7b, 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 . . . . .				
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 . . . . .	149,364	78,629	31,428	39,307
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 . . . . .	80,816	80,816		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	17,139	8,395	3,092	5,652
9	Other employee benefits . . . . .	11,275	3,604	2,162	5,509
10	Payroll taxes . . . . .	8,282	4,360	1,961	1,961
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	7,500		7,500	
c	Accounting . . . . .	4,250		3,825	425
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	6,714	1,098	4,903	713
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	40,280	40,280		
17	Travel . . . . .	4,285	4,285		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	9,410	9,410		
23	Insurance . . . . .	10,181	10,181		
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 O )				
a	<b>AUTO REPAIR &amp; MAINTENANCE</b>	931	698	47	186
b	<b>BOARD OF TRUSTEES</b>	1,851		926	925
c	<b>MEALS</b>	1,104	828	110	166
d	<b>RENT GRANTS</b>	72,590	72,590		
e	<b>HOUSE ACTIVITIES</b>	12,787	12,787		
f	All other expenses . . . . .	53,307	57,802	(10,326)	5,831
25	<b>Total functional expenses.</b> Add lines 1 through 24f . .	492,066	385,763	45,628	60,675
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

				(A)		(B)	
				Beginning of year		End of year	
A s s e t	1	Cash - non-interest-bearing		114,046	1	90,246	
	2	Savings and temporary cash investments		446,456	2	342,457	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		3,173	4	6,150	
	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		9,528	7	12,909	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		15,440	9	9,330	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	570,971			
	b	Less accumulated depreciation	10b	402,643	176,508	10c	168,328
	11	Investments - publicly traded securities			11		
	12	Investments - other securities See Part IV, line 11		685,666	12	1,307,463	
	13	Investments - program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,450,817	16	1,936,883		
L i a b i l i t i e s	17	Accounts payable and accrued expenses		1,537	17	2,335	
	18	Grants payable			18		
	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		5,876	25	5,523		
26	<b>Total liabilities.</b> Add lines 17 through 25		7,413	26	7,858		
N F u n d  A s s e t s  B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		372,576	27	479,334	
	28	Temporarily restricted net assets		500,252	28	369,595	
	29	Permanently restricted net assets		570,576	29	1,080,096	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	<b>Total net assets or fund balances</b>		1,443,404	33	1,929,025		
34	<b>Total liabilities and net assets/fund balances</b>		1,450,817	34	1,936,883		

**Part XI Reconciliation of Net Assets**  
 Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	977,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	492,066
3	Revenue less expenses Subtract line 2 from line 1	3	485,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443,404
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	1,929,025

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Public Charity Status and Public Support**

**2010**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

DISCIPLES FOUNDATION, INC.

Employer identification number

62-0480066

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

**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 )

**Section A. Public Support**

Calendar 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") . . . . .	191,078	191,387	168,976	181,710	654,787	1,387,938
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	153,137	191,639	160,571	138,411	130,179	773,937
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	344,215	383,026	329,547	320,121	784,966	2,161,875
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						2,161,875

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	344,215	383,026	329,547	320,121	784,966	2,161,875
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	147,072	(11,758)	(86,528)	97,178	174,818	320,782
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	147,072	(11,758)	(86,528)	97,178	174,818	320,782
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .		7,067	191	26,045	17,903	51,206
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	491,287	378,335	243,210	443,344	977,687	2,533,863

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	85.32 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	91.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	12.66 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	7.78 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

DISCIPLES FOUNDATION, INC.

62-0480066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	685,666	630,912			
b Contributions	509,520	5,555			
c Net investment earnings, gains, and losses	167,297	49,199			
d Grants or scholarships	55,020				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,307,463	685,666			

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment  0.17 %
  - b Permanent endowment  0.83 %
  - c Term endowment  %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,539		22,539
b Buildings		520,166	384,011	136,155
c Leasehold improvements				
d Equipment		28,266	18,632	9,634
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				168,328

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) <b>MUTUAL FUNDS</b>	1,307,463	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	1,307,463	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>DEPOSITS HELD</b>	5,523
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	5,523

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**DISCIPLES FOUNDATION, INC.**

Employer identification number  
**62-0480066**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

DISCIPLES FOUNDATION, INC.

62-0480066

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND MEMBERS OF THE AUDIT COMMITTEE OF  
THE BOARD FOR REVIEW. THE EXECUTIVE COMMITTEE REVIEWS BEFORE THE FORM 990 IS FILED. IF  
TIME PERMITS THE BOARD OF DIRECTORS ALSO REVIEWS BEFORE FILING. IF TIME DOES NOT PERMIT,  
THE BOARD REVIEWS AFTER THE FORM 990 IS FILED.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD OF DIRECTORS AND EMPLOYEES SIGN DISCLOSURE STATEMENTS EVERY JUNE TO INDICATE IF  
THERE IS ANY CONFLICTS OF INTEREST.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE DEAN OF THE DISCIPLES DIVINITY HOUSE IS A SHARED POSITION, WITH COMPENSATION SPLIT  
EQUALLY BETWEEN THE DISCIPLES DIVINITY HOUSE AND THE VANDERBILT DIVINITY SCHOOL, WHERE THE  
DEAN TEACHES A HALF-LOAD OF CLASSES. WITH SUCH AN UNUSUAL ARRANGEMENT, COMPARABILITY IS  
HARD TO DETERMINE. THERE IS ONLY ONE SIMILAR POSITION IN THE UNITED STATES, WITHIN THIS  
DENOMINATION.

AS CHANGES IN THE DEAN'S COMPENSATION OCCUR AT THE DIVINITY SCHOOL, THE DISCIPLES HOUSE  
MATCHES THOSE CHANGES, THUS ATTAINING SOME LEVEL OF INDEPENDENT REVIEW.

THE DEAN'S COMPENSATION IS SET ANNUALLY BY THE BOARD IN THE HOUSE'S BUDGET, AND MINUTES OF  
THE MEETINGS ARE RECORDED. THE PERSONNEL COMMITTEE ALSO REVIEWS COMPENSATION.

04. Other officer or key employee compensation (Part VI, line 15b)

COMPENSATION FOR EMPLOYEES IS PROPOSED TO THE BOARD BY THE DEAN. THE EMPLOYEES'

Name of the organization

Employer identification number

DISCIPLES FOUNDATION, INC.

62-0480066

COMPENSATION ARE SET ANNUALLY BY THE BOARD IN THE HOUSE'S BUDGET, AND MINUTES OF THE MEETINGS ARE RECORDED. THE PERSONNEL COMMITTEE ALSO REVIEWS COMPENSATION.

05. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 IS AVAILABLE TO THE PUBLIC BY REQUEST. IT IS ALSO AVAILABLE AT GIVINGMATTERS.COM BY SEARCHING FOR "DISCIPLES DIVINITY HOUSE".

Name(s) as shown on return

FEIN

DISCIPLES FOUNDATION, INC.

62-0480066

OFFICERS COMPENSATION

Description	Amount
PROJECT DIRECTOR ALLOCATION	\$ 31,289
	47,340
<b>Total:</b>	<b>\$ 78,629</b>

CURRENT OFFICERS

Description	Amount
CURRENT OFFICERS ALLOCATION	\$ 31,428
<b>Total:</b>	<b>\$ 31,428</b>

CURRENT OFFICERS

Description	Amount
CURRENT OFFICERS ALLOCATION	\$ 39,307
<b>Total:</b>	<b>\$ 39,307</b>

PROGRAM SERVICES WAGES

Description	Amount
HEAD RESIDENT	\$ 3,318
STUDENT MINISTER COMPENSATION	76,798
STUDENT WORKERS	700
<b>Total:</b>	<b>\$ 80,816</b>

PENSION

Description	Amount
PROJECTOR DIRECTOR PENSION ALLOCATION	\$ 3,241
	5,154
<b>Total:</b>	<b>\$ 8,395</b>

OTHER EMPLOYEE BENEFITS

Description	Amount
ALLOCATION	\$ 3,604
<b>Total:</b>	<b>\$ 3,604</b>

Name(s) as shown on return

FEIN

DISCIPLES FOUNDATION, INC.

62-0480066

PAYROLL TAXES

Description	Amount
PAYROLL TAXES	\$ 1,745
ALLOCATION	2,615
<b>Total:</b>	<b>\$ 4,360</b>

OFFICE EXPENSES

Description	Amount
OFFICE REPAIRS	\$ 169
OFFICE SUPPLIES	899
POSTAGE	30
<b>Total:</b>	<b>\$ 1,098</b>

OFFICE EXPENSES

Description	Amount
OFFICE REPAIRS	\$ 84
OFFICE SUPPLIES	449
POSTAGE	90
BOOKKEEPING - PAYROLL	2,077
BANK CHARGES	40
FEES	541
WEBSITE AND VIDEO	1,622
<b>Total:</b>	<b>\$ 4,903</b>

OFFICE EXPENSES

Description	Amount
OFFICE REPAIRS	\$ 84
OFFICE SUPPLIES	449
POSTAGE	180
<b>Total:</b>	<b>\$ 713</b>

Name(s) as shown on return

FEIN

DISCIPLES FOUNDATION, INC.

62-0480066

OCCUPANCY

Description	Amount
EXTERMINATOR	\$ 419
FACILITY REPAIRS	7,664
FACILITY SUPPLIES	1,310
UTILITIES	26,646
TELEPHONE, CABLE AND INTERNET	2,529
TRASH REMOVAL	1,712
<b>Total:</b>	<b>\$ 40,280</b>

TRAVEL

Description	Amount
TRAVEL (MCIP)	\$ 3,721
TRAVEL- OTHER PROGRAM	564
<b>Total:</b>	<b>\$ 4,285</b>

DEPRECIATION

Description	Amount
DEPRECIATION (MCIP)	\$ 9,015
DEPRECIATION	395
<b>Total:</b>	<b>\$ 9,410</b>

HOUSE ACTIVITIES

Description	Amount
HOUSE EVENTS	\$ 171
HOUSE MEALS	1,487
NEWSLETTER	6,167
ASSEMBLY	4,962
<b>Total:</b>	<b>\$ 12,787</b>

Name(s) as shown on return

FEIN

DISCIPLES FOUNDATION, INC.

62-0480066

ALL OTHER EXPENSES

Description	Amount
LOUISVILLE INSTITUTE SABBATICAL	\$ 6,448
BOOKS	40
TENNESSEE REGION CAP CAMPAIGN	1,694
SCOTT GRANT	992
SCHOLARSHIPS	33,600
CONFERENCES	2,501
ADMINISTRATIVE	508
ALLOCATION	12,019
<b>Total:</b>	<b>\$ 57,802</b>

ALL OTHER EXPENSES

Description	Amount
LOSS ON SALE OF FIXED ASSETS	\$ 343
ALLOCATION	(10,669)
<b>Total:</b>	<b>\$ -10,326</b>

ALL OTHER EXPENSES

Description	Amount
FUNDRAISING EXPENSE	\$ 7,181
ALLOCATION	(1,350)
<b>Total:</b>	<b>\$ 5,831</b>

\* Item was disposed  
of during current year

# Depreciation Detail Listing

Program Services  
For your records only

Name(s) as shown on return

Social security number EIN

DISCIPLES FOUNDATION, INC.

62-0480066

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING AND IMPROVEMENTS	09/08/01	200,000		100.00		200,000	40	S/L	MM	2.5	107,500			5,000
2	FURNITURE AND FIXTURES	01/06/30	3,116		100.00		3,116	7	S/L	MM	0	3,116			226
3	KITCHEN REMODEL	20010630	9,023		100.00		9,023	40	S/L	MM	2.5	2,270			13
4	LAND	19570101	22,539	22,539	100.00		0	0	S/L	MM	0	118			13
5	BUILDING IMPROVEMENTS	02/06/30	529		100.00		529	40	S/L	MM	2.5	118			13
6	ICE MACHINE	20010703	1,333		100.00		1,333	7	S/L	MM	0	1,333			5,000
7	LIBRARY BOOKCASE	20010815	260		100.00		260	7	S/L	MM	0	260			226
8	EMERGENCY LIGHTS	20020628	2,000		100.00		2,000	7	S/L	MM	0	2,000			13
9	DONATED ASSETS	20020630	304		100.00		304	7	S/L	MM	0	304			13
10	ADD'L ORIGINAL BLDG	E9600101	267,000		100.00		267,000	40	S/L	MM	0	267,000			48
11	BUILDING IMPROVEMENTS	02/07/01	1,922		100.00		1,922	40	S/L	MM	2.5	432			48
13	WASHING MACHINE & SIB	03/03/31	473		100.00		473	7	S/L	MM	0	473			9
14	REFRIGERATOR (RM 409)	02/02/82	217		100.00		217	7	S/L	MM	0	217			5
15	SUMP PUMP	20030925	472		100.00		472	7	S/L	MM	14.286	472			5
16	MICROWAVE	20031119	87		100.00		87	7	S/L	MM	14.286	87			16
17	REFRIGERATOR FOR 304	20040212	182		100.00		182	7	S/L	MM	14.286	182			15
18	FRONT DOOR TOUCH BAR	20040315	616		100.00		616	40	S/L	MM	2.5	152			40
19	WASHER	20040429	317		100.00		317	7	S/L	MM	14.286	317			377
20	SMOKE ALARM EQUIPMENT	04/05/12			100.00		0	5	S/L	MM	0	290			650
21	DIGITAL CAMERA	20040512	290		100.00		290	5	S/L	MM	0	290			103
24	SOFA, BED FRAMES, TAB	04/06/30			100.00		0	7	S/L	MM	14.286	2,637			101
25	BUILDING IMPROVEMENTS	04/07/01	15,065		100.00		15,065	40	S/L	MM	2.5	27,238			295
26	BMW MINI COOPER	20040709	27,238		100.00		27,238	5	S/L	MM	0	3,901			131
27	BUILDING IMPROVEMENTS	05/07/01	26,011		100.00		26,011	40	S/L	MM	2.5	27,238			167
28	REFRIGERATORS	20060227	720		100.00		720	7	S/L	MM	2.5	3,901			276
29	FURNITURE AND EQUIPMENT	07/02/05	705		100.00		705	7	S/L	MM	14.286	549			103
30	COMPUTER (MCIP) - 1,	07/02/27	1,473		100.00		1,473	5	S/L	MM	14.286	455			101
31	FURNITURE & EQUIPMENT	07/05/09	915		100.00		915	7	S/L	MM	20	1,326			295
32	LANDSCAPING	20080506	2,500		100.00		2,500	15	S/L	MM	14.286	786			131
33	ADMIN COMPUTER	20080509	1,381		100.00		1,381	5	S/L	MM	6.667	528			167

# Depreciation Detail Listing

Program Services  
For your records only

\* Item was disposed  
of during current year

Name(s) as shown on return

DISCIPLES FOUNDATION, INC.

Social security number/EIN

62-0480066

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
34	POOL TABLE	20070831	500		100.00		500.00	7	S/L	14.286	71	273			71
36	COMMON ROOM FURNITURE	20071211	9,544		100.00		9,544.7	7	S/L	14.286	1,363	4,885			1,363
37	PALM PILOT	20070807	358		100.00		358.5	5	S/L	20	72	281			72
38	BED FOR 203	20090824	295		100.00		295.7	7	S/L	14.286	42	81			42
39	MACBOOK PRO	20101231	1,249		100.00		1,249.5	5	S/L	10	125	125			125
40	BED	20101231	325		100.00		325.7	7	S/L	7.143	23	23			23
	Asset(s) Sold														
12	FILE MAKER PRO SOFTWARE	20021120	149		100.00		149.3	3		0		149			
22	DELL COMPUTER	20040630	959		100.00		959.5	5		0		959			
23	MACAUTHORITY COMPUTER	20040630	2,098		100.00		2,098.5	5		0		2,098			
35	COPIER	20080204	672		100.00		672.7	7	S/L	14.28	48	280			48
<b>Totals</b>			<b>602,837</b>	<b>22,539</b>			<b>580,298</b>				<b>9,216</b>	<b>433,971</b>			<b>9,216</b>

Land Amount  
Net Depreciable Cost

602,837

580,298

9,216

433,971

9,216

ST ADJ:

**Statement of Program Service Accomplishments**

**2010 01**

Name(s) as shown on return

Your Social Security Number

**DISCIPLES FOUNDATION, INC.**

**62-0480066**

**FORM 990, PART III(D)**

**PROGRAM SERVICE CODE**

**PROGRAM SERVICE EXPENSES**

**\$22376**

**GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE**

**\$0**

**PROGRAM SERVICES REVENUE**

**\$0**

**EXPLANATION**

**COMMUNITY - PROVIDE PLACE OF WORSHIP, MEALS AND  
SOCIAL EVENTS FOR DISCIPLES OF CHRIST STUDENTS AT  
DIVINITY SCHOOL OF VANDERBILT UNIVERSITY**

**Statement of Program Service Accomplishments**

**2010 01**

Name(s) as shown on return

Your Social Security Number

**DISCIPLES FOUNDATION, INC.**

**62-0480066**

**FORM 990, PART III(I)**

**PROGRAM SERVICE CODE**

**PROGRAM SERVICE EXPENSES**

**\$12269**

**GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE**

**\$0**

**PROGRAM SERVICES REVENUE**

**\$0**

**EXPLANATION**

**OTHER PROGRAMS TN REGION CAP CAMPAIGN, SABBATICAL AND SCOTT GRANT**