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# MINIED DEC 1 % 2012

Form **990** 

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)

benefit trust or private foundation)

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

2011

OMB No 1545-0047

Open to Public Inspection

A F	or ti	he 201	1 calendar year, or tax year beginn	ing , 2011	, and ending	g		, 2	0			
			C Name of organization				D Employer ide	ntification nur	nber			
Вс	heck if a	ipplicable	THE FUND FOR THEOLOGICA	AL EDUCATION, INC.			21-0725	643				
X	Addi chan		Doing Business As	<del>-</del>								
	7	e change	Number and street (or P O box if mail is no	t delivered to street address)	Room/suite	T	E Telephone nu	ımber				
	Initia	ıl return	160 CLAIREMONT AVENUE		300		(678) 369-6755					
	Tern	ninated	City or town, state or country, and ZIP + 4	<del> </del>			(0.0)					
$\vdash$	Ame	nded	DECATUR, GA 30030				G Gross receipt	s <b>s</b> 16	,987,020.			
$\vdash$		ication	F Name and address of principal officer	STEPHEN LEWIS	<del></del>	_	H(a) Is this a grou		Yes X No			
	pend	ling	160 CLAIREMONT AVENUE,		30030	- 1	affiliates?	· -	Yes No			
<u> </u>	Tax-e	xempt st		) <b>(</b> (insert no.) 4947(a)(1)			H(b) Are all affiliate	a list. (see instru				
_			WWW.FTELEADERS.ORG	) (insert no.) 4947(a)(1)	or 527							
		of organ					H(c) Group exemp					
	rt I	<del></del> -		ssociation Other >	L Year of	formation	on 1954 M s	State of legal do	omicile NY			
ΙĒ	_		nmary 									
	1		describe the organization's mission or r			<del>-</del>	:===== <del>=</del> =	<b></b>				
9			FUND FOR THEOLOGICAL EDU			ND D	DIVERSITY					
Jan		TN F	PASTORAL MINISTRY AND THE	OLOGICAL SCHOLARSHIP.			<del></del>					
Governance	_						<b></b>	<b></b>				
Ĝ	2		this box 🕨 🔙 if the organization disc									
<b>∞</b> ŏ	3	Numb	er of voting members of the governing bo	ody (Part VI, line 1a)				3	10.			
ctivities	4	Numb	er of independent voting members of the	governing body (Part VI, line 1b)				4	10.			
ξ	5	Total i	number of individuals employed in calend	dar year 2011 (Part V, line 2a)				5	25.			
¥	6	Total	number of volunteers (estimate if necessar	y) RECEIVE				6	50.			
			inrelated business revenue from Part VIII,	1 1	EU			7a	0			
	b	Net ur	related business taxable income from Fo			· · ·	<u></u>	7b	0			
ę				NOV 1 9 20	12 181		Prior Year	Cur	rent Year			
	8	Contri	butions and grants (Part VIII, line 1h)				3,303,05		596,416.			
Ē	9	Progra	am service revenue (Part VIII, line 2g)	OCDEAN IN	J.E. . <u> </u>		21,59	5.	12,811.			
Revenue	10	Invest	ment income (Part VIII, column (A), lines	3, 4, and 7d). UULIV.	J √I. L		687,05	1.	226,233.			
_	11	Other	revenue (Part VIII, column (A), lines 5, 60	d, 8c, 9c, 10c, and 11e)	· · · · · · · L		69	3.	0			
	12	Total r	evenue - add lines 8 through 11 (must e	qual Part VIII, column (A), line 12).	<u>   </u>		4,012,390	0.	835,460.			
	13	Grants	s and similar amounts paid (Part IX, colum	n (A), lines 1-3)	<u>L</u>		1,324,529	9. 1,	,112,898.			
	14	Benefi	ts paid to or for members (Part IX, column	n (A), line 4)	[	_		0	0			
es	15		es, other compensation, employee benefit				1,624,586	6. 1,	,883,809.			
SUS	16a	Profes	sional fundraising fees (Part IX, column (A	\), line 11e)	L			0	0			
Expenses			undraising expenses (Part IX, column (D),		_			1 ( 3 )				
ш	17	Other	expenses (Part IX, ∞lumn (A), lines 11a-	11d, 11f-24e)	[		2,497,963	1. 2,	,371,202.			
	18	Total e	expenses. Add lines 13-17 (must equal Pa	art IX, column (A), line 25)	[		5,447,076	6. 5,	,367,909.			
	19	Reven	ue less expenses Subtract line 18 from li	ne 12	[	-	-1,434,686	54,	,532,449.			
s or						Beginn	ing of Current Ye	ear End	l of Year			
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)			2	21,348,475	5. 16,	704,355.			
AS d B	21	Total I	abilities (Part X, line 26)				606,349	9.	534,339.			
FE	22		sets or fund balances Subtract line 21 fr			2	20,742,126	6. 16,	170,016.			
Pa	rt II	Sig	nature Block									
Unc	ler per	nalties of	perjury, I declare that I have examined this retu	ım, ıncluding accompanying schedules a	and statements,	and to	the best of my kn	owledge and b	elief, it is true,			
cori	rect, a	na comp	lete Declaration of preparer (other than officer)	is based on all information of which pre	eparer has any k	nowled	ge		<del></del>			
			luktu	-			101	13/2012				
Sig			Signature of officer	_			Date	15/20				
Her	'e		Sterhen Louris	President								
		▶ :	Type or print name and title	, , , , , , , , , , , , , , , , , , , ,								
		Print/	ype preparer's name	reparer's signature	Date		Check	PTIN				
Paid		MARC	C AZAR		NOV 0 7	2012	self-employed		746804			
•	parer	Fırm's		C.		Т		8-125048				
Use	Only		address ▶ 171 17TH STREET, S		30363			04-874-6				
Mav	the I		cuss this return with the preparer shown a		30303		none no 4	X Y	<del></del>			
			Reduction Act Notice, see the separate in		<del></del>	<u> </u>	<u> </u>		es No			

Da,	t IV Checklist of Required Schedules			<u> </u>
Lái	Checklist of Required Schedules		Yes	No
1	is the organization described in section 501(a)(2) or 4047(a)(4) (ather than a private favority and the section 501(a)(2) or 4047(a)(4) (ather than a private favority and the section 501(a)(a) or 4047(a)(b) (ather than a private favority and the section 501(a)(a) or 4047(a)(b) (ather than a private favority and the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a) (ather than a private favority at the section 501(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(		162	140
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
Ū	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)	<b>–</b>		<u> </u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ė		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	İ		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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 as applicable.			1.00
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in 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		
	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	x	
12 a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	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,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	_		.,
	foreign investments valued at \$100,000 or more? 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		ŀ	v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and V	15		_X
	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 N	1.		Y
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	_	<u>X</u>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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		Х
9	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			$\frac{x}{x}$
		20b		

Par	Checklist of Required Schedules (continued)		1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	├
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	l	۱	1
	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l	
	employees? If "Yes," complete Schedule J	23	X	<u> </u>
24 a	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 Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		i	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			۱
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	NS26M4	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1.1.1.1.1.1.2	1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Part I	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34	N, and V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	33a		
•	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	[	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	l	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>  ~  </del>		
	19º Note. All Form 990 filers are required to complete Schedule O	38	$_{\rm x}$	
	10 130137 m 1 only 500 more die required to complete deficulte O		•••	

Page 5

Par			7	
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	1	ᆛ
4.	Friends purchase and due Day 2 of Francisco F. J. O. C. J.		Yes	No Fare
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		44	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			1 18 3
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			272
	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?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<b>秦</b> 禄。	
	and services provided to the payor?	7a		Х
	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 to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
9	Sponsoring organizations maintaining donor advised funds.		``	į
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	24 100 100 1	X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	X. 3.	1	514
D	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			9 22
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		38356
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	A 200		1996
	Section 501(c)(29) qualified nonprofit health insurance issuers.	W-12.		<u> 7880</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	3)44
B	Note. See the instructions for additional information the organization must report on Schedule O.		1	
	Enter the amount of reserves the organization is required to maintain by the states in which	交通规则 2000年	7.8	4
	the organization is licensed to issue qualified health plans			18.00
C	Enter the amount of reserves of mand		30.4	_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	j	

Par	Will Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	elow, es in	and Sch	for a
	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. If there are 1a 10	4		
	material differences in voting rights among members of the governing body, or if the governing body			}
	delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent Lab 10	}		لنند
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l
	any other officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_	İ	
	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		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	_
6	Did the organization have members or stockholders?	6		<u>.                                    </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		x	
<b>.</b>	one or more members of the governing body?	7a		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7 b		x
8	stockholders, or persons other than the governing body?	MINE 1	Sec.	255
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3,000		
а	The governing body?	8a	X	وعيندندت
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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.	Transportation (CAT areas	ı .	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u>X</u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,,	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14 ******	X	wat mineral
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?  The organization's CEO, Executive Director, or too management official.	15a	X	50.W.Z. 1
a	The organization's CEO, Executive Director, or top management official		X	
ь	Other officers or key employees of the organization	15b	•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. va	with a taxable entity during the year?	16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ł	
_	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_GA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request	01(c)(	3)s or	nly)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization   JAN FISHBECK 160 CLAIREMONT AVENUE, STE 300 DECATUR, GA 30030  678-369-6755	e		
JSA	Organization > Jan Fishbeck 160 CLAIREMONT AVENUE, STE 300 DECATUR, GA 30030 678-369-6755	Form	990 (	2011)

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

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.

(A) Name and Title		box,	(C) Position do not check more than one lox, unless person is both an fficer and a director/trustee)					(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) <sup>*</sup> Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(10 2) 1000 111100)	organization and related organizations
(1) FLORIDA SMITH ELLIS										
BOARD MEMBER	1.00	Х	$\vdash \vdash$	_				0	0	
(2) REV. DR. JONATHAN PAUL STRANDO BOARD MEMBER	ORD 1.00	х						0	0	C
(3) REVEREND DR. WILLIAM D. WATLEY BOARD MEMBER	1.00	x						0	0	(
(4) DR. DAN ALESHIRE BOARD MEMBER	1.00	х				-		0	0	(
(5) REVEREND DR. SAM CANDLER BOARD MEMBER	1.00	Х						0	0	
(6) DR. KITA MCVAY BOARD MEMBER	1.00	Х						0	0	
(7) REVEREND JERRY STREETS BOARD MEMBER	1.00	X			-			0	0	
(8) REVEREND SARA HAYDEN BOARD MEMBER	1.00	X						0	0	
(9) DR. DAVID GOATLEY BOARD MEMBER	1.00	х						0	0	
(10) REVEREND DONNA CLAYCOMB SOKOL BOARD MEMBER	1.00	Х						0	0	
(11) REVEREND STEPHEN LEWIS PRESIDENT	40.00			x				86,493.	0	68,429.
(12) PAUL BOIS  VP OF HR & ADMIN	40.00			x				77,691.	0	2,209.
(13) PEG BIRK/INTERIM SOLUTIONS, IN INTERIM PRESIDENT				x		_		200,000.	0	2,209.
(14) JANICE R. FISHBECK DIRECTOR	16.00			x	1					
JSA	16.00		<u> </u>	^1		1		50,186.	0	0 Form <b>990</b> (2011)

	(5)	1								
hours per week (describe (describe) the organizal									(E)  Reportable compensation fro related organizations	other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
						d				
		-				-				-
										ļ
b Sub-total										0 70,638 0 70,638
2 Total number of individuals (including but not l reportable compensation from the organization	imited to t		ıste				re	<del></del>	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ile J for sud	ch ind	ividu	ual .	• •					Yes N
For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	l If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con es," complet	mpen: le Sch	satio edu	on f ile J	rom for	any such	uni per:	related organizations	on or individual	5 X
Section B. Independent Contractors				_						
1 Complete this table for your five highest com- compensation from the organization. Report of year										
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
						-	_			
				-			-			
2 Total number of independent contractors (in	cludina bu	ıt not	lım	iited	d to	thos	e li	sted above) who	received	
more than \$100,000 in compensation from the						0		<b></b>		•

Pa	<u>rt Vli</u>	Statement of Reve	nue					
			,	, ,·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ifts, Grants ar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b		*			5 34
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations Government grants (contributions, gifts, grain and similar amounts not include	utions) 1e	596,416	- 44			
nd	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u> </u>	T	596,416	, , , , ,		
anu.				Business Code	•			
Ševe	2a	CONFERENCES	<del>.</del>	900099	12,311.			12,311
Program Service Revenue	c b	PARTICIPANT TUITION FEES		900099	500.			500.
ram S	d e							
Prog	f g	All other program service rev Total. Add lines 2a-2f		<b>&gt;</b>	12,811			·
	3	Investment income (includir other similar amounts) A Income from investment of	TTACHMENT :	oroceeds >	548,006.			548,006.
	5	Royalties • • • • • • • • • • • • • • • • • • •			0	****		V X### X 1100
			(i) Real	(II) Personal	in Internit additional property of the second			
	6a	Gross rents			graduan emilikulari masa inga alabani un	The same of the sa	The state of the s	A TWO TO THE PROPERTY OF THE P
	b	Less rental expenses						
	C	Rental income or (loss)	L			¥		<del>}</del>
	ď	Net rental income or (loss).	(i) Securities	(iı) Other	U มาการเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะ	pourodit manue monte di diverse me	na ing mananang pagamanang pagamanang pagamanang pagamanang pagamanang pagamanang pagamanang pagamanang pagaman	นปหมักและ ประจำได้การของการเก็กได้
	7a	Gross amount from sales of assets other than inventory	15,829,787.	(4)	munith alterhetethylygani tenni remederethiagani	ngumushadiwana puntauganda	Language with health in the standard in 1 in the	
	b	Less: cost or other basis and sales expenses	16,151,560			- A		t
	c d	Gain or (loss)	-321,773.		-321,773.			<u> </u>
e	8a	Gross income from fundra			- <sup>35</sup> , 54	-	1	
Other Revenu		events (not including \$ of contributions reported on See Part IV, line 18	line 1c)				& my	
the	ь	Less: direct expenses				87,		
Ò	9a	· · · · · · · · · · · · · · · ·	activities.	<u>.</u>	0		-	
	b	See Part IV, line 19 Less direct expenses	b					
	10a	Net income or (loss) from ga Gross sales of inventor returns and allowances	ory, less		0			
	b	Less cost of goods sold  Net income or (loss) from sal	b		0			
		Miscellaneous Reven		Business Code				
	11a							
	b							
	C			_		_		
	d	All other revenue						
	е	Total. Add lines 11a-11d .			0			
	12	Total revenue. See instruction			835,460			560,817

21-0725643

#### 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).

Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. (C) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21. 214,823. 214,823. Grants and other assistance to individuals in the United States See Part IV, line 22, . . . . . 898,075. 898,075. Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, 485,932. 485,932. 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) . . . . . . 1,038,570. 1,015,122. 23,448. Pension plan accruals and contributions (include section 101,379. 101,379 401(k) and 403(b) employer contributions) . . . . . 169,513. 169,513. 88,415. 88,415. 10 Fees for services (non-employees): 1,194.  $1, \overline{194}$ 29,750. 29,750 Accounting . . . . . . . . 0 Professional fundraising services. See Part IV, line 17 47,384. 47,384. Investment management fees . . . . 149,094. 101,545 47,549. a 12 Advertising and promotion . . . . 134,505. 208,061. -73,55613 Office expenses . . . . . . 141,807. 88,484. 53,323 14 Information technology . . . . 15 146,012. 142,548. 3,464 16 208,198. 186,492. 21,706 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,291,974. 1,276,939. 15,035. Conferences, conventions, and meetings . . . . 19 20 19,640. 19,640. 22 Depreciation, depletion, and amortization . . . . 18,222. 18,222 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 18,807. a DEVELOPMENT 18,807 31,295. **b** EQUIPMENT 30,592. 703. 54,306. c STAFF DEVELOPMENT 10,000. 44,306. d EVALUATION 31,191. 31,191. 47,823. 47,823 e All other expenses \_\_\_\_\_\_ 5,367,909. 5,049,111. 318,798. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) . . . . . .

JSA 1E1052 1 000

Pa	ırt X	Balance Sheet			<del></del>
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,144.	1	8,737.
	2	Savings and temporary cash investments	361,537.	2	602,849.
	3	Pledges and grants receivable, net	7,310.	3	0
	4	Accounts receivable, net	1,908.	4	10,223.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			-
		Schedule L Receivables from other disqualified persons (as defined under section	(	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	A The A		,
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	l _	employees' beneficiary organizations (see instructions)	<u> </u>	<u> </u>	0
Assets	7	Notes and loans receivable, net		7	0
ď	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges ATCH. 4		9	0
	TO a	Land, buildings, and equipment: cost or		١.	0 mg JL
	١,	other basis. Complete Part VI of Schedule D 10a 335,053.		40-	
	11	Less: accumulated depreciation	20,920,995.	-	<del> </del>
	12	Investments - other securities See Part IV, line 11	20, 520, 995.	12	10,039,003.
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,348,475.		16,704,355.
	17	Accounts payable and accrued expenses	48,599.		36,551.
	18	Grants payable	557,750.		497,788.
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key		<u>.</u>	
ia		employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties.		24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	d	25	0
	26	Total liabilities. Add lines 17 through 25	606,349.	25	534,339.
		Organizations that follow SFAS 117, check here ► X and complete		20	331/333.
Se		lines 27 through 29, and lines 33 and 34.		۲, ۰	
anc	27	Unrestricted net assets	4,640,370.	27	4,502,619.
Fund Balances	28	Temporarily restricted net assets	15,293,579.	28	10,859,220.
2	29	Permanently restricted net assets	808,177.	29	808,177.
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	,		ें क्षा वेदान
ţ	30	Capital stock or trust principal, or current funds		30	·
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	20,742,126.	33	16,170,016.
_	34	Total liabilities and net assets/fund balances	21,348,475.	34	16,704,355.
					Eom 990 (2011)

2 5, 367, 909.  Revenue less expenses Subtract line 2 from line 1 3 -4, 532, 449.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 20,742, 126.  Other changes in net assets or fund balances (explain in Schedule O) 5 -39, 661.  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)). 6  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If the organization's financial statements audited by an independent accountant?  If the organization changed either its oversight process or selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	For	m 990 (2011)			Pa	ge 12
Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses Subtract line 2 from line 1	Pa				. X	
Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).  Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990:  Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  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.  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:  Separate basis Consolidated basis Both consolidated and separate basis  Tonsolidated basis Both consolidated and separate basis  Tonsolidated basis Both consolidated and separate basis  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual 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?  b Were the organization's financial statements audited by an independent accountant?  c 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.  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:  Separate basis Consolidated basis Both consolidated and separate basis  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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2		2	5,	367,9	<del>3</del> 09.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3	-4,	532 <u>,</u> 4	149.
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c 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.  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: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis  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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	4	·	4	20,	742,1	26.
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	5		_5	ļ	-39 <b>,</b> 6	<u> 561.</u>
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	6			ĺ		
Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c 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.  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:  Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			6	16.	170.C	)16.
Accounting method used to prepare the Form 990:	Pa					
b Were the organization's financial statements audited by an independent accountant?  c 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.  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:  Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	φlaır		Ž	
c 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.  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:  Separate basis  Consolidated basis  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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					<del></del>	X
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.  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:  Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				🗀	X	<del></del>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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:  Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	C			-		
issued on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, ex	•		,	
Separate basis Consolidated basis 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	d	·	ar w	ere ا	£	
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fortl	h in		
		the Single Audit Act and OMB Circular A-133?		3 a		Х
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_	the 3b		

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

## Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number THE FUND FOR THEOLOGICAL EDUCATION, INC. 21-0725643 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 X Type I b Type II c Type III - Functionally integrated e X 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 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) No and (iii) below, the governing body of the supported organization? Х 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of organization organization in (described on lines 1-9 the organization organization in support col (i) listed in above or IRC section. in col (i) of col (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No (A)<sub>ATTACHMENT 1</sub> (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

1,112,898.

Total

Pa	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.)								
Sec	tion A. Public Support			-					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge	<b>;</b>							
4	Total. Add lines 1 through 3			SERVICE SERVICE		c=+WKSMASS 910 a	_		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4								
_	tion B. Total Support		The second second	<u> </u>	11	Madestrib. Visit 1			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	(1, 122	(-,	(-,	(,	(0, 20	(1) 10121		
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, whether or not the business is regularly carried on						···		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		Parkette Parkette Anna Parkette			At how they see the same and the same and the			
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (				l	12	<del></del>		
13									
		-		44 4 40	<del></del>				
14	Public support percentage for 2011 (I						<u>%</u>		
15	Public support percentage from 2010						<u>%</u>		
104	331/3% support test - 2011. If the of this box and stop here. The organizat								
b	331/3% support test - 2010. If the								
2	check this box and stop here. The org								
17a	10%-facts-and-circumstances test -								
	10% or more, and if the organization								
	Part IV how the organization meets								
	organization						▶□		
b	10%-facts-and-circumstances test -	2010. If the org	ganization did n	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line		
	15 is 10% or more, and if the org								
	Explain in Part IV how the organization								
	supported organization						▶ □		
18	Private foundation. If the organization								
	instructions	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>		▶ 🔲		
					Sc	chedule A (Form 99	30 or 990-EZ) 2011		

Page 3

Part III	Support S	chedule for	Organiza	tions Dosc	rihad in	Section	500/21/21
ганын	Support S	Chedule 101	Organiza	いいいろ レセシレ	nbeu III	Section	SUSTAILET

(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.)

	<u></u> '	<del></del>					
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")					İ	
2	Gross receipts from admissions, merchandise	-				<del>                                     </del>	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2							-
3	Gross receipts from activities that are not an			İ			
	unrelated trade or business under section 513		<del>-</del>			<del>                                     </del>	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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					<u>                                     </u>	I
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	N. EMPERATED		A. W. W.	<b>* * * * * * * * * *</b>	4年 经营营等 12年	
	line 6)						
Sec	tion B. Total Support				7-20-3		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	-					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						<del></del>
	section 511 taxes) from businesses						
	,						
_	acquired after June 30, 1975						<del></del>
	Add lines 10a and 10b						
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.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	the organization	s first, second.	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here.					·	
Sec	tion C. Computation of Public Sup				<u> </u>		
15	Public support percentage for 2011 (line 8,	<del></del>	<del></del>	nn (f))		15	%
16	Public support percentage from 2010 Sche						<del>-</del> %
	tion D. Computation of Investmen				• • • • • • • •		
				2		47	
17 40	Investment income percentage for 2011 (III						<u> </u>
18	Investment income percentage from 2010 \$						%_
19a	331/3% support tests - 2011. If the org						
	17 is not more than 331/3%, check this	is box and stop	here The orga	ınızatıon qualıfies	as a publicly	· · ·	
b							
-	331/3% support tests - 2010. If the orga						
-	331/3% support tests - 2010. If the orgaline 18 is not more than 331/3% check Private foundation. If the organization of	this box and st	op here The org	ganization qualifie	es as a publicly	supported organiz	zation 🕨 🔲

Schedule A.(Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACE	MENT 1	_
SCHEDULE A, PART I - INFORMATION ABOUT SU	JPPORTED	ORGANIZATIO	<u> </u>			
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
THE 273 THEOLOGICAL SCHOOLS THAT ARE MEMBERS OF THE ASSOC		501(C)(3)	x	x	x	1,112,898.
OF THEOLOGICAL SCHOOLS (ATS). FOR A COMPLETE LIST OF ALL						0
273 SUPPORTED ORGANIZATIONS, PLEASE SEE THE ATS' WEBSITE						0
HTTP //WWW ATS.EDU						0
TOTAL AMOUNT OF SUPPORT						1,112,898

#### SCHEDULE D (Form 990)

## Supplemental Financial Statements

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization Employer identification number THE FUND FOR THEOLOGICAL EDUCATION, INC. 21-0725643 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 Aggregate contributions to (during year) . . . . 2 Aggregate grants from (during year)..... 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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)? 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. 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 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: 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

Schedule D (Form 990) 2011

Pa	rt III Organizations Maintaini	ng Coll	ections of	Art, Histo	orical Tre	easures	s, or	Other	Similar A	Assets (d	continue	d)
3	Using the organization's acquisition collection items (check all that app		ssion, and	other reco	rds, check	k any o	f the	follow	ing that a	are a sigi	nıficant u	se of its
а	Public exhibition			d [	Loa	n or ex	chan	ge prog	rams			
b	Scholarly research			e	Oth			•				
С	Preservation for future ge	enerations	3	- L					<b>-</b>		<del>-</del>	
4	Provide a description of the organ			s and expl	ain how t	they fur	ther	the org	ganızation'	s exemp	t purpose	e in Part
	XIV											
5	During the year, did the organization assets to be sold to raise funds rath										Yes	□No
Pa	rt IV Escrow and Custodial A line 9, or reported an an	rrangen	nents. Co	mplete if	the orgar							
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in									_	Yes	☐ No
U	ii res, explain the arrangement in	I Fait Aiv	and comp	iete the ioi	llowing tat	oie (						·
_	Pasiasias kalanas					}			A	mount		
	Beginning balance											
	Additions during the year							<u> </u>				
е	Distributions during the year											
_ †	Ending balance											<del>, , ,</del>
	Did the organization include an am			Part X, line	21?					. <b></b> L	Yes	∐ No
	If "Yes," explain the arrangement in				<del></del>						,	
Pai	t V Endowment Funds. Com											
	<b>.</b>		rrent year	(b) Prid		(c) Two			(d) Three y		(e) Four y	ears back
1a	Beginning of year balance		66,671.		0,680.	19,3			19,138			31
D	Contributions	6	509,227.	3,53	5,219.	5,5	20,	267.	6,608	3,630.		<b>6.</b>
С	Net investment earnings, gains,							Ì			<b>.</b>	de t
	and losses		45,695.		9,708.			091.		578.		. JA
d	Grants or scholarships	1,1	12,898.	1,32	4,529.	1,2	251,	448.	1,136	5,540.		
e	Other expenditures for facilities .											2.3
	and programs								-24	4,393.		
f	Administrative expenses	2,6	03,339.	3,85	4,407.	3,7	47,	531.	4,236	5,478.		
g	End of year balance	16,1	13,966.	19,36	6,671.	20,5	20,	680.	19,307	,301.		100
2	Provide the estimated percentage	of the cur	rent year e	nd balance	e (line 1g,	column	(a)) l	neld as:				
а												
b	Permanent endowment ► 5.2	000 %	<b></b>	_								
C	Temporarily restricted endowment	<b>▶</b> 67	.4000 %									
	The percentages in lines 2a, 2b, an	d 2c sho	uld equal 1	00%.								
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	and	admin	istered for	the		
	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	X
	(ii) related organizations										3a(ii)	X
b	If "Yes" to 3a(ii), are the related org										3 b	<del>                                     </del>
4	Describe in Part XIV the intended u			-								
Par	tVI Land, Buildings, and Equ											
	Description of property	•	(a) Cost or (invest	other basis	(b) Cost o		SIS		umulated	(d	l) Book valu	B
1a	Land		,	<del></del>	ļ							
b	Buildings			<del></del> .		•	325	<b>公共</b> 环烷酸	A PROPERTY CONTRACTOR		<u> </u>	
c	Leasehold improvements				<del> </del>		+					
d	Equipment	1				10 66	1	20	0 005			0 776
	Other				<del></del>	19,66			9,885.			9,776.
Tota			ogual Carre	.000 Pad		15, 39			2,226.			3,166.
TOTA	I. Add lines 1a through 1e. (Column	(a) must	equal rom	і ээυ, Рап	A, COIUMN	(D), IINE	÷ 10(0	<i>5) ].</i>	<b>▶</b> [		2.	2,942.

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, li	ne 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
(1) Financi	ial denvatives			
	/-held equity interests [			
(3) Other_		·····		
(A)				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F) (G)				
(H)	<del>-</del>			
7.7			<del> </del>	
	nn (b) must equal Form 990, Part X, col (B) line 12)			
	Investments - Program Related. See Fo	orm 990, Part X, li	ine 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1)				
(2)				
(3)			<del></del>	
(4) (5)				
(6)				<del>-</del>
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13)			alle (
Part IX	Other Assets. See Form 990, Part X, lin			
-(4)	(a) [	Description		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)		<del></del>		
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X,		,	n ar ng tiga sy a magalawangangan ng mga ng kalaba na akana na maganagana a mag
1.	(a) Description of liability	(b) Book val	ue	
	ral income taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total, (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>		

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)

JSA

SCHEDULE D, PART V, QUESTION 4

TEMPORARILY RESTRICTED FUNDS CONSIST PRIMARILY OF GRANTS RECEIVED TO FUND VARIOUS PROGRAMS OVER MULTIPLE YEARS. PERMANENTLY RESTRICTED GIFTS ARE INVESTED IN PERPETUITY AND MUST BE EXPENDED IN ACCORDANCE WITH THE RESTRICTIONS PLACED BY THE DONORS. EARNINGS ON THE PERMANENTLY RESTRICTED GIFTS MAY BE USED FOR OPERATING EXPENSES AND CAPITAL EXPENDITURES IN ACCORDANCE WITH ITS SPENDING POLICY.

SCHEDULE D, PART X, QUESTION 2

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED FTE AS BEING EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. FTE IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS BEING OTHER THAN PRIVATE FOUNDATION.

FTE ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS FTE TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. FTE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011. IN GENERAL, FTE IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2008.

# SCHEDULEI (Form 990)

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

OMB No 1545-0047 201

Open to Public

Employer Identification number 21-0725643 e N

...... × Yes

nts or assistance, and

Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.
Name of the organization	
THE FUND FOR	THEOLOGICAL EDUCATION, INC.
Part I General	I Information on Grants and Assistance
1 Does the orga	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the gra
the selection (	the selection criteria used to award the grants or assistance?
2 Describe in Pa	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part   Grants	and Other Assistance to Governments and Organizations in the United States. Complete if the organ

Part II	Grants and Other Assistance to Governments and to Form 990, Part IV, line 21, for any recipient that Part II can be duplicated if additional space is needed	vernments / recipient space is ne	s and Organiza that received eded	itions in the United States. Comore than \$5,000. Check this	<b>ed States.</b> Com 10. Check this b	and Organizations in the United States. Complete if the organization answered "Yes" that received more than \$5,000. Check this box if no one recipient received more than \$5,000 eded	ition answered "Ye	is" an \$5,000.
1	(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) <u>bret</u>	(1) BRETHREN VOLUNTEER SERVICE							
ELC	ELGIN, IL 60120		501 (C) (3)	18,130		САЅН		FELLOWSHIPS AND AWAR
_(2) <u>EPIS</u> CHA	(2) EPISCOPAL SERVICE CORPSCHAPEL HILL, NC 27514		501(C)(3)	000 51		нов		drun dun parusacitas
(3) LASP	(3) LASALLIAN VOLUNTEERS					1010		יייי איייי איייי אייייי אייייי
WAS			501(C)(3)	7, 500.		CASH		FELLOWSHIPS AND AWAR
_(4) GRAN	(4) GRANTS PAID <55, 000							
			501 (C) (3)	24,043.		CASH		FELLOWSHIPS AND AWAR
_(5) <u>EMPAB</u>	(5) EMMAUS HOUSE							
ATI			501(C)(3)	12,500.		CASH		FELLOWSHIPS AND AWAR
<u>-(6) epis</u>	(6) EPISCOPAL COMMUNITY SYCS OF LOUISIANA							
2	NEW ORLEANS, LA TOLLS		b01(C)(3)	12,500.		CASH		FELLOWSHIPS AND AWAR
200H (7)	(7) HOUSE FOR ALL SINNERS AND SALNTS							
กะเ	DENVER, CO BUZU/		501(C)(3)	10,000.		САЅН		FELLOWSHIPS AND AWAR
(8) KNON	(8) KNOX PRESBYTERIAN CHURCH							
MIN	MINNEAPOLIS, MN 55419		501 (C) (3)	10,000.		саѕн		FELLOWSHIPS AND AWAR
_(9) <u>Mere</u>	(9) MERE CHRISTIANITY FORUM AT FURMAN UNIVERSIT							
GRE	GREENVILLE, SC 29608		501(C)(3)	10,000		CASH		FELLOWSHIPS AND AWAR
(10) MISS	10) MISSION YEAR							
ATL	ATLANTA, GA 30316		501(C)(3)	6, 500.		CASH		FELLOWSHIPS AND AWAR
11) NU'U	11) NU'UANU CONGREGATIONAL CHURCH							
HON			501(C)(3)	12,500		CASH		FELLOWSHIPS AND AWAR
12) PC U	12) PC USA							
PIT	PITTSBURGH, PA 15264		501 (C) (3)	9,000.		CASH		FELLOWSHIPS AND AWAR
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations liste	ed in the line 1 table	0		•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2011)

# SCHEDULE ! (Form 990)

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

OMB No 1545-0047

Open to Public

Department of the Treasury Name of the organization Internal Revenue Service

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

FELLOWSHIPS AND AWAR ELLOWSHIPS AND AWAR TELLOWSHIPS AND AWAR ELLOWSHIPS AND AWAR ELLOWSHIPS AND AWAR ELLOWSHIPS AND AWAR ž (h) Purpose of grant or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. × Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' 21-0725643 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH CASH CASH (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 14,000 10,000 10,000 10,000 12,500 10,650. (c) IRC section if applicable 01(C)(3) 01(C)(3) 01(C)(3) 01(C)(3) 01 (C) (3) 501 (C) (3) Part II can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (p) EIN THE FUND FOR THEOLOGICAL EDUCATION, INC. (2) ST \_MARKS\_LUTHERAN\_CHURCH\_BY\_THE\_NARROWS\_\_\_ (3) VIRGINIA CONFERENCE OF THE UNITED METHODIST (5) UNIVERSITY CHAPEL AT UCAL BERKELEY (EC USA/ (a) Name and address of organization -(4) THIRD BAPTIST CHURCH OF CHICAGO (1) PRAIRIE LAND LUTHERAN PARISH (6) WILSHIRE BAPTIST CHURCH or government GLEN ALLEN, VA 23058 BERKELEY, CA 94704 CHICAGO, IL 60643 TACOMA, WA 98406 HANSKA, MN 56041 DALLAS, TX 75214 Part II

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

<u>(13</u>

(10)

<u>(8</u>

5

<u>6</u>

(12)

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1E1288 1 JJ YRAC 9242 11/6/2012

Schedule I (Form 990) (2011)

chedule I (Form 990) (2011)

Part III

Page 2

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) CASH (d) Amount of non-cash assistance 898,075. (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 155. (a) Type of grant or assistance 1 FELLOWSHIPS AND AWARDS က 2 9 ~

SCHEDULE I, PART I, QUESTION 2

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FTE PROVIDES FELLOWSHIPS TO PROMOTE AND SUPPORT PASTORAL MINISTRY AS A

VOCATIONAL CHOICE AMONG GIFTED YOUNG PEOPLE FROM DIVERSE BACKGROUNDS.

THEY ALSO PROVIDE FELLOWSHIPS TO YOUNG SCHOLARS FROM UNDERREPRESENTED

RACIAL/ETHNIC GROUPS WHO HAVE INTEREST IN DOCTORAL STUDY IN RELIGION,

THEOLOGY OR BIBLICAL STUDIES.

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#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Employer identification number 21-0725643

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		-	
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			, .
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		2	
_	explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	<u>, X</u> _	
2	Indicate which if any of the following the filling accoming to a set of the following the filling accoming to	. 54	~ · · · · · · · · · · · · · · · · · · ·	ر وگر
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		1	, 38,26°
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	3-74	1	72
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III	1 . 1. 1	100	
	Compensation committee Written employment contract	3 3		, , 3
	X Independent compensation consultant Compensation survey or study		19 m 10 18 c 2 c 2	
	Form 990 of other organizations  X Approval by the board or compensation committee	The state of the s		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1.2		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	7	7	12. 13. 13.
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	2000年		
а	The organization?	5a		X
b	Any related organization?	5 b		X
	If "Yes" to line 5a or 5b, describe in Part III.	45/8/	r F.	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1	7 At	27.2
	compensation contingent on the net earnings of:		٠٠٠. "	25-12-4 1-
а	The organization?	6a	<del>***</del>	X
ь	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III		72.	<del></del> -1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

Part II Officers, D

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

Note. The sum of columns (B)(ı)-(ıiı) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2 and	of W-2 and/or 1099-MIS(	/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(E) Companient
(A) Name		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported as deferred in prior Form 990
1 REVEREND STEPHEN LEWIS	€ €	86,493.	0		19,416.	49,433.	155, 342.	
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Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, QUESTION 1A

STEPHEN LEWIS, PRESIDENT, RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF

THE ORGANIZATION ALSO PAID \$420 OF INSURANCE \$28,400 DURING 2011.

PREMIUMS ON BEHALF OF MR. LEWIS.

Schedule J (Form 990) 2011

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the omanization

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Employer identification number

21-0725643

PART III, QUESTION 4D

TRANSITION INTO MINISTRY: THIS PROGRAM PLAYS A KEY ROLE IN GATHERING PROJECT LEADERS ON A REGULAR BASIS FOR MUTUAL SHARING OF DISCOVERIES, STRUGGLES, SURPRISES AND WISDOM. THE GATHERINGS AND RESULTING COMMUNITY OF COLLABORATION HAVE SIGNIFICANTLY IMPROVED THE QUALITY OF INDIVIDUAL PROJECTS AS WELL AS THE OVERALL IMPACT OF THE TIM PROGRAM.

PROJECT RISING SUN: THIS PROGRAM IS A LEADERSHIP ACADEMY FOR THE NEXT GENERATION OF BLACK CHURCH PASTORS FOCUSING ON FORMATION OF YOUNG AFRICAN-AMERICAN CLERGY BY PROVIDING RESOURCES THAT CONTRIBUTE TO PASTORAL EXCELLENCE WITHIN THE PARTICULAR CONTOURS OF THEIR CHURCH CONTEXTS. PROJECT RISING SUN WAS SUSPENDED IN 2012.

GROWING ECOLOGIES OF CALL: THIS PROGRAM IS DESIGNED TO DEEPEN AND EXPAND THE NASCENT ECOLOGY OF CONGREGATIONS, CHURCH-RELATED COLLEGES AND ORGANIZATIONS, THEOLOGICAL EDUCATION INSTITUTIONS, AND INDIVIDUALS COMMITTED TO VOCATIONAL DISCERNMENT FOR YOUNG CHRISTIANS AND THE DEVELOPMENT OF LEADERSHIP FOR THE CHURCH.

PART VI, QUESTION 6

THE ASSOCIATION OF THEOLOGICAL SCHOOLS (ATS) IS THE SOLE MEMBER OF THE FUND FOR THEOLOGICAL EDUCATION, INC. (FTE). HOWEVER, 273 THEOLOGICAL SCHOOLS ARE CURRENT ACTIVE MEMBERS OF ATS, AND IN EFFECT, ARE MEMBERS OF FTE. SEE ATS' WEBSITE FOR A COMPLETE LIST OF 501(C)(3) SCHOOL MEMBERS.

Employer identification number 21-0725643

HTTP://WWW.ATS.EDU

PART VI, QUESTION 7A

CURRENTLY 273 THEOLOGICAL SCHOOLS CONTROL THE ASSOCIATION OF THEOLOGICAL SCHOOLS (ATS) DIRECTLY BY ELECTING THE MEMBERS OF THE BOARD OF TRUSTEES OF ATS. THE 273 SCHOOLS ALSO CONTROL THE FUND FOR THEOLOGICAL EDUCATION (FTE) INDIRECTLY THROUGH THEIR CONTROL OF ATS, THE SOLE MEMBER OF FTE, WHICH ELECTS FTE'S BOARD OF TRUSTEE.

PART VI, QUESTION 11

ELECTRONIC COPIES OF THE 2011 FORM 990 WERE DISTRIBUTED TO ALL BOARD

MEMBERS PRIOR TO FILING WITH THE IRS. A DRAFT OF THE RETURN WAS REVIEWED

BY THE DIRECTOR OF BUSINESS AFFAIRS AND THE PRESIDENT. UPON APPROVAL A

FINAL COPY WAS FILED WITH THE IRS.

PART VI, QUESTION 12C

THE NATURE OF THE ORGANIZATION DOES NOT LEND ITSELF TO CONFLICTS OF

INTEREST. BOARD MEMBERS CANDIDATES WOULD NOT BE CONSIDERED IF THERE WERE

A POTENTIAL CONFLICT OF INTEREST AS DISALLOWED BY POLICY.

PART VI, QUESTION 15

BOARDWALK, AN INDEPENDENT CONSULTANT, PERFORMED A COMPARABILITY STUDY FOR ALL EMPLOYEES FOR DETERMINATION OF SALARIES FOR 2008 AND 2009. THE RESULTS OF THE STUDY WERE PRESENTED TO THE BOARD FOR THEIR CONSIDERATION IN DETERMINING COMPENSATION FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT

Employer identification number

21-0725643

AND OTHER PAID OFFICERS. IN 2010, THERE WERE NO SALARY INCREASES. IN 2011, UPON REVIEW OF SALARIES BY THE BOARD OF DIRECTORS, THERE WAS A 3% COST OF LIVING INCREASE FOR ALL EMPLOYEES.

PART VI, QUESTION 19

FORM 990 CAN BE ACCESSED ON THE WEBSITE OF GUIDESTAR.ORG AND CHARITY NAVIGATOR.ORG. LINKS TO THESE WEBSITES ARE INCLUDED ON THE FUND'S WEBSITE. COPIES OF THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE PROVIDED UPON WRITTEN REQUEST SUBMITTED TO THE PRESIDENT.

PART XI, QUESTION 5

NET ASSET ROLLFORWARD

DUE TO AN UNREALIZED GAIN(LOSS) IN THE AMOUNT OF \$(39,661) THAT IS NOT DISPLAYED ON THE FIRST PAGE OF THE RETURN, NET ASSETS DO NOT ROLLFORWARD PER THE FIRST PAGE. THE NET ASSET ROLLFORWARD IS CALCULATED:

20,742,126 BEG. NET ASSETS

(4,532,449) INCOME(LOSS) FOR THE YEAR

(39,661) UNREALIZED GAIN(LOSS)

16,170,016 = END NET ASSETS

\_\_\_\_\_\_

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FUND FOR THEOLOGICAL EDUCATION ADVOCATES EXCELLENCE AND DIVERSITY

IN PASTORAL MINISTRY AND THEOLOGICAL SCHOLARSHIP. THROUGH OUR

INITIATIVES, WE ENABLE GIFTED YOUNG PEOPLE THROUGHOUT THE CHRISTIAN

 Employer identification number

21-0725643

ATTACHMENT 1 (CONT'D)

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COMMUNITY TO EXPLORE AND RESPOND TO GOD'S CALLING IN THEIR LIVES. WE SEEK TO BE A CREATIVE, INFORMED CATALYST FOR EDUCATIONAL AND FAITH COMMUNITIES IN DEVELOPING THEIR OWN CAPACITIES TO NURTURE MEN AND WOMEN FOR VOCATIONS IN MINISTRY AND TEACHING. WE ALSO AIM TO AWAKEN THE LARGER COMMUNITY TO THE CONTRIBUTIONS OF PASTORAL LEADERS AND EDUCATORS WHO ACT WITH FAITH, IMAGINATION AND COURAGE TO SERVE THE COMMON GOOD.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SEF	RVICES	ATTACHMENT	r 2
DESCRIPTION	GRANTS	EXPENSES	REVENUE
TRANSITION INTO MINISTRY	84,650.	611,995.	
PROJECT RISING SUN		-3,449.	
GROWING ECOLOGIES OF CALL		106,724.	
TOTALS	84,650.	715,270.	

FORM 990, PART VIII - INVESTMENT INCOME	<del></del>		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	313,38	9.		313,389.
DIVIDENDS	234,61	7.		234,617.
TOTALS	548,00	6.		548,006.

Page 2

Name of the organization

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Employer identification number

21-0725643

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES
DESCRIPTION

PREPAID EXPENSES

TOTALS

ATTACHMENT	5	

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	2,671,584.	FMV
MONEY MARKET FUNDS	941,079.	FMV
MUTUAL FUNDS		FMV
FIXED INCOME	12,446,942.	FMV
TOTALS	16,059,605.	

21-0725643

SCHEDULE R (Form 990)

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Name of the organization

Part I

(t)\_

**(2)** 

(3)

**(4)** 

<u>(</u>2)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047

Open to Public

See separate instructions. ▶ Attach to Form 990.

Employer identification number 21-0725643

(f) Direct controlling 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.) (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)Name, address, and EIN of disregarded entity Part II (6)

(g) Section 512(b)(13) controlled entity? ž × Yes (f) Direct controlling CAATS N/A (e)
Public chanty status (if section 501(c)(3)) 509(A)(3) (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) PA FIN. SUPPORT Primary activity PITTSBURGH, PA 15275 (a)
Name, address, and EIN of related organization (1) 273 THEOLOGICAL SCHOOLS THAT ARE MEMBERS (2) OF ATS & INDIVIDUAL RECIPIENTS 10 SUMMIT PARK DRIVE <u>ව</u> € <u>(5)</u> 9 5

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

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Schedule R (Form 990) 2011

Page 2 Schedule R (Form 990) 2011 (k) Percentage ownership Percentage ownership (I) General or managing partner? Yes No (g) Share of end-of-year assets 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.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income Š Ξ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d) Direct controlling because it had one or more related organizations treated as a partnership during the tax year.) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling 1
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization Vame, address, and EIN related organization Schedule R (Form 990) 2011 Part III Part IV (3) (3) 4 2 4 (5) Ę 3 <u>(5)</u> (1) <u>(2)</u> <u>ම</u> 9 S

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Page 3

Schedule R (Form 990) 2011 Method of determining Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds **1** 19 <del>1</del> 1b <del>ا</del>د 1 d <del>1</del>e # ‡ ¥ E 1 10 Performance of services or membership or fundraising solicitations by related organization(s)................. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) 1,112,898 (c) Amount involved 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? (b) Transaction type (a-r) Щ Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) (a) Name of other organization Gift, grant, or capital contribution to related organization(s) MEMBER SCHOOLS OF ATS Part V σ Ε 0 ۵ σ 딉 bч 3 € ত্র 9 .\_ ~ গ্র

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No			Yes No	_	Yes	
(1)										-
(2)										
(3)										
(4)										
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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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#### Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2011

Employer identification number

	THE FUND FOR THEOLOGICAL EDUCA				21-07256	43	
	e: Form 5227 filers need to complete only P				<del>- · · · · · · · · · · · · · · · · · · ·</del>		
Pa		osses - Assets	Held One Ye	ear or Less			1 (0.0)
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales pnce	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year
1 a					<del> `</del>	<u> </u>	Subtract (e) from (d)
				-			
					<del> </del>		
		-		<u> </u>			
			<u> </u>	<u> </u>		Ι	<u>-</u>
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	
						-	
2	Short-term capital gain or (loss) from Fore	ms 4684, 6252,	6781, and 882	4		2	
_							
3	Net short-term gain or (loss) from partner					3	
4	Short-term capital loss carryover. Enter						(
5	Carryover Worksheet				od on line 13	_4	
	column (3) on the back					5	
Pa	rt II Long-Term Capital Gains and Lo	sses - Assets	Held More T	han One Year			· .
	(a) Description of property	(b) Date acquired		(d) Sales price	(e) Cost or other		(f) Gain or (loss) for the entire year
	(Example: 100 shares 7% preferred of "Z" Co.)	(mo., day, yr.)	(mo., day, yr.)	(u) Gaios price	(see instruction	1S)	Subtract (e) from (d)
6a							
		ļ			·		
		-			<del>-  </del>		
h	Enter the long-term gain or (loss), if any, f	rom Sobodulo D	1 line Sh			۲.	201 772
b	Liner the long-term gam or (loss), if any, i	rom Schedule D-	1, iii le 0b	• • • • • • • • • • • • •		<u> a</u> <u>o</u>	-321,773.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	6252. 6781. ar	nd 8824		7	
	3	,				-	
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter						,
12	Carryover Worksheet	nos 6a through	11 15 55			11	
	column (3) on the back	_				12	-321,773.
For F	Paperwork Reduction Act Notice, see the Instru	ections for Form 10	041.	<u></u> <u>.</u> <u>.</u>			D (Form 1041) 2011

Sche	dule D (Form 1041) 2011				Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
	<ul> <li>Caution: Read the instructions before completing this p</li> </ul>	art.	(see instr )	or trust's	(3) Total
13	Net short-term gain or (loss)	13			
14	Net long-term gain or (loss):				
а		14a			-321,773.
	·	14b			
1 E		14c	<del></del>		201 773
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (o	15	n 000 T. Port I line 4s	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-321,773.
gains	s, go to Part V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, cor	mplete	n 990-1, Part I, line 4a Part IV and the <b>Capital</b>	Julines 14a and 15 Loss Carryover Works	, column (2), are net <b>heet,</b> as necessary.
	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I, lu	ne 4c, if a trust), the sn	naller of:	<del></del>
а	The least on two 45 and 100 at 100 and		•	1	3,000.)
Note	e: If the loss on line 15, column (3) or b \$3,000 or if Form 1041, page rover Worksheet in the instructions to figure your capital loss carryover.	1, line	e 22 (or Form 990-T, Iir	e 34), is a loss, comp	lete the Capital Loss
	rt V Tax Computation Using Maximum Capital Gains Rates				· · · · · · · · · · · · · · · · · · ·
	n 1041 filers. Complete this part only if both lines 14a and 15 in colum		) are gains or an am	ount is entered in E	Part Lor Dart II and
ther	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more	than	zero.	ount is entered in t	art Tor Tart II and
Cau	tion: Skip this part and complete the Schedule D Tax Worksheet in the in				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
of F	n 990-T trusts. Complete this part only if both lines 14a and 15 are orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part an	gain: nd cor	s, or qualified divide	nds are included in D Tax Worksheet i	income in Part I
if eit	her line 14b, col. (2) or line 14c, col. (2) is more than zero.	.u 001	inplote the <b>conedule</b>	D Tax Worksheet	in the instructions
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	<u> </u>	17	<b>X</b> 26	
18	Enter the smaller of line 14a or 15 in column (2)	·,	· Š d	7. 7	
	but not less than zero			ri e	
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the			2.3	
	amount from line 4g; otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20. If zero or less, enter -0- Subtract line 22 from line 17. If zero or less, enter -0-		• • • • • • • • • • • • • • • • • • • •		
23	Subtract line 22 from line 17. Il Zero or less, enter -0-		. 23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	ls the amount on line 23 equal to or more than the amount on line 24?		•   • • • • • • • • • • • • • • • • • •		
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.				
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
	0.1111007				
29 30	Subtract line 28 from line 27				
31	Multiply line 29 by 15% (15)				<del></del> ,
J 1	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(355 the concesse of histractions in the matractions for Form 1041)		• • • • • • • • • • • • • • • • • • • •	31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2011 Tax Rate	Sche	edule for Estates and	Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 he	ere ar	nd on Form 1041, S	chedule	
	G, line 1a (or Form 990-T, line 36)				
					D (Form 1041) 2011

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Employer identification number 21-0725643 THE FUND FOR THEOLOGICAL EDUCATION, INC. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (e) Cost or other basis (c) Date sold acquired (d) Sales price (mo, day, yr) (see instructions) (mo, day, yr) 6a LONG TERM SALE OF VARIOUS SECURITIES IN THE PROGRAM **VARIOUS VARIOUS** 11,317,782. 11,850,198. -532,416. LONG TERM SALE OF VARIOUS SECURITIES IN THE ENDOWME **VARIOUS VARIOUS** 4,512,005. 4,301,362. 210,643. 6b Total, Combine the amounts in column (f) Enter here and on Schedule D, line 6b -321,773.

Form	8868 (Rev 1-2012)				Page 2
• If	you are filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part II	and check this box	▶ X
	. Only complete Part II if you have already been gra				
	you are filing for an Automatic 3-Month Extension,				
Par	t II Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the origi	inal (no copies needed)	
			En	nter filer's identifying number, see	Instructions
	Name of exempt organization or other filer, see in	nstructions		Employer identification numb	
Тур	e or				
prin		ATION,	INC.	X 21-0725643	
, 	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number (SSN)	1
file by	the ate for 825 HOUSTON MILL ROAD				
iling y	City, town or post office, state, and ZIP code, For	r a foreign ad	dress, see instructions		
etum nstru	ctions ATLANTA, GA 30329-4211	·			
Ente	r the Return code for the return that this application	is for (file a	senarate application for ea	ch return)	. 0 1
	ication	Return	Application		Return
is Fo		Code	is For		Code
	990	01	13 1 01		Code
	1 990-BL		Form 1044 A		00
		02	Form 1041-A		08
	1 990-EZ	01	Form 4720	· · · · · · · ·	09
	990-PF	04	Form 5227		10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069	<del></del>	11
	1 990-T (trust other than above)	06	Form 8870	-i	12
	Pl Do not complete Part II if you were not already	granted ar	automatic 3-month extens	sion on a previously filed Forn	1 8888.
	te books are in the care of ► JAN FISHBECK telephone No ► 404 727-1450		FAX No ▶ 404 727-1		
					. 🖂
	the organization does not have an office or place of				▶ 📖
	this is for a Group Return, enter the organization's fo				
	ne whole group, check this box		irt of the group, check this b	pox▶ [] and atta	ach a
	ith the names and EINs of all members the extension			. / 1 5 00 10	
4	I request an additional 3-month extension of time un			1/15 , 20 12	
5	For calendar year 2011, or other tax year beginning			· · · · · · · · · · · · · · · · · · ·	20
6	If the tax year entered in line 5 is for less than 12 m	nonths, ched	k reason: Initial ret	urn Final return	
_	Change in accounting period	TONINI M	TWO IS NEEDED ON S	THE THEODY	
7	State in detail why you need the extension ADDIT			THER INFORMATION	
	IN ORDER TO PREPARE A COMPLETE AND	ACCURATE	E TAX RETURN.		
	If the application is far Farm 200 BL 200 BE 20	NO T 4700			
oa	If this application is for Form 990-BL, 990-PF, 99	30-1, 4/20	, or 6069, enter the tenta	* 1 1.	
	nonrefundable credits See instructions	4700	0000	8a \$	<u>-</u> _
D	If this application is for Form 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·		
	estimated tax payments made Include any pri	or year o	verpayment allowed as a		
	amount paid previously with Form 8868.			8b \$	
С	Balance Due. Subtract line 8b from line 8a Include		ent with this form, if require	· · · I I	
	(Electronic Federal Tax Payment System). See instru		<del></del>		
	Signature and Verifica		•	•	
	penalties of perjury, I declare that I have examined this form,	•	ompanying schedules and stateme	ents, and to the best of my knowledg	je and belief,
is tru	e, correct, and complete, and that I am authonzed to prepare this fo	rm			
	_		<b>N</b>		
ignat	ure ►		Title -	Date Date	
				Form 8868	WAY 1-2012\

## Form **8868**

(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasur

Internal Revenue		► File a	separate ap	plication for each return.			
<ul><li>If you are</li></ul>	filing for an	Automatic 3-Month Extension, co	omplete on	ly Part I and check thi	s box	<b></b> X	
• If you are	filing for an	Additional (Not Automatic) 3-Mor	nth Extens	ion, complete only Part			
Do not com	plete Part II	unlessou have already been grant	ted an auto	matic 3-month extension	n on a previously filed F	orm 8868.	
a corporation 8868 to req Return for instructions)	n required to puest an ext Transfers A For more of	You can electronically file Form to file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Persona details on the electronic filing of the	al (not aut forms liste l Benefit ( is form, vis	tomatic) 3-month extend in Part I or Part II will contracts, which must sit www.irs.gov/efile and	sion of time You can the the exception of Fo be sent to the IRS d click on e-file for Cha	electronically file Form orm 8870, Information in paper format (see	
		Month Extension of Time. On					
•	=	file Form 990-T and requesting an			•		
Part I only						▶ └	
		cluding 1120-C filers), partnerships	, REMICs,	and trusts must use For	-		
to file income						ing number, see instructions	
Type or	Name of ex	empt organization or other filer, see inst	ructions		Employer identifica	ation number (EIN) or	
print		, , , , , , , , , , , , , , , , , , ,		- 110	01 070564	4.0	
File by the		ID FOR THEOLOGICAL EDUCATION FOR THEOLOGICAL EDUCATION OF SUITE TO SUITE SUITE TO SUITE TO SUITE TO SU			X 21-072564	<del></del>	
due date for			, see mstruci	lions	Social security num	nber (SSN)	
filing your 825 HOUSTON MILL ROAD  City, town or post office, state, and ZIP code. For a foreign address, see instructions							
nstructions							
ATLANTA, GA 30329-4211  Enter the Return code for the return that this application is for (file a separate application for each return) 0 1							
Application Poture Application Poture							
• •	pplication Return Application Return						
s For Code Is For Code							
Form 990 01 Form 990-T (corporation) 07							
Form 990-BL 02 Form 1041-A 08							
	Form 990-EZ 01 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						
1 01111 990-1 (	trust other t	nan above)	06	Form 8870		12	
Telephone If the orga If this is fo for the whole	e No. ► nization doe r a Group R group, che	Tare of ► JAN FISHBECK  404 727-1450  Is not have an office or place of but the eturn, enter the organization's four the this box  ElNs of all members the extension	_ isiness in tl digit Group it is for par	Exemption Number (G	this box		
1   reques	st an automa	atic 3-month (6 months for a corpor	ation requi	red to file Form 990-T) e	extension of time		
until		08/15 , 20 12 , to file the e	xempt orga	inization return for the o	rganization named abov	ve The extension is	
for the	organization	's return for:					
		ar 20 <u>11</u> or					
	tax year beg	ginning	, 20	, and ending	1	20	
	-	red in line 1 is for less than 12 mont counting period	ths, check i	reason Initial re	turn Fınal returi	n	
		is for Form 990-BL, 990-PF, 990 dits See instructions.	0-T, 4720,	or 6069, enter the t	tentative tax, less any	3a \$	
		ıs for Form 990-PF, 990-T,	4720. or	6069, enter any re	fundable credits and		
		nents made. Include any prior year				3ь \$	
		ract line 3b from line 3a Include			quired, by using EFTPS		
(Electro	nic Federal	Tax Payment System) See instruc	tions			3c \$	
		ng to make an electronic fund w	ıthdrawal	with this Form 8868,	see Form 8453-EO a	nd Form 8879-EO for	
payment inst	ructions						