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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Ā	For the	2011 cale	ndar year, or tax year beginning January 1 , 2011, and ending	Decen	nber 31	<u>,</u> 20 11						
В	Check if a	applicable:	C Name of organization Friends of Wycliffe Hall Oxford, Inc.		D Employ	er identification number						
	Address		Doing Business As			26-2891822						
	Name ch	_	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephor	ne number						
$\overline{\Box}$	Initial retu		707 Nicolet Ave.)		407-628-1965						
$\overline{\Box}$	Terminate		City or town, state or country, and ZIP + 4									
Ħ	Amended		Winter Park, FL 32789-4699		G Gross re	ceipts \$ 266,140						
H		on pending		H(a) is this a		for affiliates? Yes No						
_	тфріюші	on pending	707 Nicolet Ave., Winter Park, FL 32789-4699			cluded? Yes No						
1	Tay-ayan	npt status:	✓ 501(c)(3)			list. (see instructions)						
1	Website:		w.friendsofwycliffehall.org			number ►						
<u>K</u>			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	2007	1	of legal domicile: FL						
_	art I	Summ		2007	I WI State	oriegal dorniche. TE						
			scribe the organization's mission or most significant activities: Friends o	f Wyoliffo	Hall Over	ard Inc. is a public						
	'	-										
9			r religious education. The organization was founded to strengthen ties between			********						
Activities & Governance		orthodox Anglican theological college within the University of Oxford in the United Kingdom) and American friends. Its primary activities are: (1) to support Wycliffe Hall in its mission as an international center of evangelical theology (continued-Schedule O)										
E												
Š	i .		is box ▶ ☐ if the organization discontinued its operations or disposed of n		1 . 1	nts net assets.						
∞			of voting members of the governing body (Part VI, line 1a)		3	3						
98	L		of independent voting members of the governing body (Part VI, line 1b)		4	2						
ξ			nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	<u> </u>						
ţ			nber of volunteers (estimate if necessary)		6	0						
•	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0						
	b	Net unrel	7b	0								
			TANGENED	ar	Current Year							
<u>Φ</u>	8	Contribut	tions and grants (Part VIII, line 1h)			260,435						
Ž	9	Program	service revenue (Part VIII, line 2g)			5,620						
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d) 2.2012.									
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			85						
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			266,140						
			nd similar amounts paid (Part IX, column (A),-lines-1=3)			238,834						
	1	Benefits										
ø.			paid to or for members (Part IX, column (A), line 4)									
Expenses			anal fundraising fees (Part IX, column (A), line 11e)									
96			draising expenses (Part IX, column (D), line 25) ► 14,108									
찣			penses (Part IX, column (A), lines 11a–11d, 11f–24e)			29,706						
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			268,540						
		-	less expenses. Subtract line 18 from line 12			45.455						
		1 16 V CI IUC		nning of Cu	ment Year	(2,400) End of Year						
of Assets or	20	Total aca	<u> </u>	<u>-</u>	57,246	89,578						
888 845 845	20		ets (Part X, line 16)		48,668	83,400						
	21 22		ilities (Part X, line 26)		8,578	6,178						
	art II		ture Block		0,370	0,176						
												
			ry, I declare that I have examined this return, including accompanying schedules and statemen ete. Declaration of preparer (other man officer) is based on all information of which preparer has			ny knowledge and belief, it is						
	-	,	Mr. mil 1			7017						
ei.			ature of officer	Dat		-2012						
Sig		, -5	•	Dai	ue .							
He	re		Bruce O'Donoghue, Chairman/Director									
-		<u> </u>	or print name and title			DTIN						
Pa	id	Printily	pe preparer's name Preparer's signature Date		Check [
	epare	r			self-emp	ployed						
	e Only		ame ▶	Firm	's EIN ▶	 .						
		Firm's a	ddress ▶	Pho	ne no.							
Ма	y the IR	S discus	s this return with the preparer shown above? (see instructions)	· · ·	· · ·	· · Yes No						

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۴		
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		•
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		√
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		▼
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
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		✓
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	,	✓_
14 a		14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15	1	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓_
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		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>·</u>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		▼
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		_

26-2891822 Form 990 (2011) Friends of Wycliffe Hall Oxford, Inc. Page 4 Part IV **Checklist of Required Schedules** (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 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 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36

37

38

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

36

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	N(2011) III Mark of Mark Mark Mark Mark Mark Mark Mark Mark			Page Q
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>	٠	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ŀ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	H		
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	H-		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·		
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	—		· ·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1		
11	Section 501(c)(12) organizations. Enter:	1	ļ	
''a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		· ·
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	ļ <u> </u>
а	Note. See the instructions for additional information the organization must report on Schedule O.	- Juan		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	}		
С	Enter the amount of reserves on hand	1 1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
14a	Did the digalization receive any payments for indoor failthing services during the tax year?	144		₩

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 99	90 (2011) Friends of Wycliffe Hall Oxford, Inc. 26-289	1822	<u>.</u>	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	for a	"No"
Secti	on A. Governing Body and Management			· 11
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
9 b	Each committee with authority to act on behalf of the governing body?	8b 9	n/a /	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		✓
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure		-	
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19 20	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records		·	olicy,
	organization: ► Lauren Geiger, 707 Nicolet Ave, Ste 100, Winter Park, FL 32789, (407) 739-8761			

orm 990 (2011) Friends of Wycliffe Hall Oxford,	Inc
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26-2891822

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) **(B)** (E) **(F)** (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) week from related other Individual to or director Institutional Key employee (describe organizations compensation lighest compensated imployee hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization roanizations and related trustee ın Schedule trustee organizations O) (1) W. Bruce O'Donoghue 707 Nicolet Ave., Ste. 100, Winter Park, FL 32789 4 (2) Ralph Veerman 801 N. Orange Ave., Ste. 820, Orlando, FL 32801 .5 (3) Revd. Dr. Richard Turnbull 2a Norham Gardens, Oxford OX2 6QB, UK 4 (4) (5) (6) (7) (9) (10)(11)(12)(13)(14)

alt	Section A. Officers, Directors, Trust (A)			766 3	(6	C) ition	iignes	si C	(D)	(E)	CONTINU	-	(F)	
	Name and trtle	(B) Average hours per week	box, office	unles er and	s pe d a d	rson	than our trust	an tee)	Reportable compensation from	Reportable compensation from related		Estimated amount of other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizate (W-2/1099-M	ons	comp fro orga and	ensatior m the nization related nizations	
<u>(15)</u>							u.							
(16)														
(17)														
(18)														
(19)											+			
(20)														
(21)									<u> </u>					_
(22)														
(23)				!										
(24)			:											
(25)								_						
C	Sub-total	VII, Sectio	n A				•	▶						
2	Total (add lines 1b and 1c)	not limited						<u>►</u>	ho received mo	ore than \$1	00,000) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						mp	oloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											9		
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	 dividua			√
	B. Independent Contractors	11 163, 6	Ompi		00,		1001	0, 3	uch person	· · · ·	<u> </u>	_ 5		<u> </u>
	Complete this table for your five highest compensation from the organization. Repyear.													x
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
NONE						_								
			-											
2	Total number of independent contractor	rs (includir	ng bu	rt ne	ot I	imit	ed to	th	ose listed abo	ove) who		······		

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
its	1a	Federated campaigns 1a					1
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
O, E	С	Fundraising events 10					
ii.	d	Related organizations 1d	+				1
S, G	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,			i]
be		and similar amounts not included above	260,435				
풀	g	Noncash contributions included in lines 1a-1f: \$					
Sor	h	Total. Add lines 1a–1f		260,435			
			Business Code				
enr	2a	UK Tour	900099	5,450	5,450		
Вe	b	Books/Resource Materials	900099	170	170		
Program Service Revenue	c						
eΣ	d						
S L	e						
ja j	f	All other program service revenue.					
ě	g	Total. Add lines 2a–2f		5,620		 · · · · · · · · · · · · · · · · ·	<u> </u>
	3	Investment income (including divi		3,020			<u> </u>
	_	and other similar amounts)					
	4	Income from investment of tax-exempt	- L		<u>-</u> .		
	5	Royalties	` . t				
		(i) Real	(ii) Personal			<u>-</u>	
	6a	Gross rents					
	b	Less: rental expenses	-	:			
	C	Rental income or (loss)					
	d		· >			···	-~
	7a	Gross amount from sales of (i) Securities	(ii) Other			·	
		assets other than inventory	 ''				
	ь	Less: cost or other basis	+				
	~	and sales expenses .					
	С	Gain or (loss)	 				į
i	d		' ▶			~ 	J
	u	14et gain of (1035)	<u> </u>				,
9	Яa	Gross income from fundraising					
Ē	3	events (not including \$					1
Other Revenu		of contributions reported on line 1c).		-			
F		See Part IV, line 18		1			{
۽	h	Less: direct expenses		ĺ			
0		Net income or (loss) from fundraising		~			
		Gross income from gaming activities.					
	Ju	See Part IV, line 19					
	h	Less: direct expenses					
		Net income or (loss) from gaming ac					
		Gross sales of inventory, less					
	100	returns and allowances	1 1				
	h	· ·	b				1
		Net income or (loss) from sales of in					
ŀ		Miscellaneous Revenue	Business Code				,
	11a	Miscellaneous	900099	85	85		
	b		-				
	C		 	+			
	d	All other revenue	-				
		Total. Add lines 11a–11d		85			
	12	Total revenue. See instructions		266 140	5 705		<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	238,834	238,834								
4 5	Benefits paid to or for members										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages										
9 10 11	Other employee benefits										
a b	Management	1.040									
d e	Accounting	1,842		1,842							
f	Investment management fees										
g	Other	19,565	9,782		9,783						
12	Advertising and promotion	2,829	1,500		1,329						
13	Office expenses	521	17	118	386						
14	Information technology	736	368		368						
15	Royalties										
16	Occupancy	0.054	670	070							
17 18	Travel	2,051	672	672	707						
19	Conferences, conventions, and meetings .	1,585	1,585								
20	Interest				•						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .				·						
23	Insurance				 						
24	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.)										
а	Books/Resources for Distribution	131	131								
b	Annual Business Registration (FL)	61		61							
С	Bank & Credit Card Service Fees	266		166	100						
d	Professional Development	119		119							
е	All other expenses Total functional expenses. Add lines 1 through 24e										
25		268,540	252,889	2,978	12,673						
26	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 if following SOP 98-2 (ASC 958-720)										

	•	off) Friends of Wycliffe Hall Oxford, Inc.		20-20	391822	Page 11
P	art X	Balance Sheet		, -, -		
			(A) Beginning of year		(B) End of y	/ear
	1	Cash—non-interest-bearing	57,246			89,578
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of				
		Schedule L		5		
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
Assets	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation 10b		10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57,246	16		89,578
	17	Accounts payable and accrued expenses		17		2,100
	18	Grants payable	48,668	18		81,300
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.				
ab		Complete Part II of Schedule L		22		
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D	40.000	25		
_	26	Total liabilities. Add lines 17 through 25	48,668	26		83,400
Fund Balances		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.				
an	27	Unrestricted net assets	8,578	27		6,178
Ва	28	Temporarily restricted net assets		28		
덜	29	Permanently restricted net assets		29		
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds		30		
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net Assets	33	Total net assets or fund balances	8,578	33		6,178
_	34	Total liabilities and net assets/fund balances	57,246	34		89,578

Form 9	90 (2011) Friends of wycliffe Hall Oxford, Inc.	26-289.	1822	Pa	age 12	
Par	XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	111		26	6,140	
2	Total expenses (must equal Part IX, column (A), line 25)	2	-			
3	Revenue less expenses. Subtract line 2 from line 1	3			8,540 2,400)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			8,578 0	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	-			<u>U</u>	
O	column (B))	6		1	6,178	
Part	XII Financial Statements and Reporting				-,	
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain in		:		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1	
b	Were the organization's financial statements audited by an independent accountant?		2b		1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c			
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain in				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the y issued on a separate basis, consolidated basis, or both:	ear were				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se the Single Audit Act and OMB Circular A-133?	t forth in	3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b		<u>▼</u>	

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Friends	of Wycliffe Hall	Oxford, Inc.							26-289	91822		
Part	Reason f	or Public Cha	rity Status (All orga	ınization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
1 [2 [3 [A church, con A school desc A hospital or a A medical rese	vention of churc ribed in section a cooperative ho earch organizatio	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Ente	er the	
5 [An organizatio	ne, city, and state on operated for)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit o	Jescrik	ed in
8 [A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)						
9 [receipts from support from	activities related	receives: (1) more that d to its exempt funct ent income and unrel lifter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	ertain ex kable ind	ceptions	s, and (2) ss sectio	no more	than 3	31/₃%	of its
11 [An organization purposes of control of contr	on organized are noted or more public the box that one box that one box, I certify indation manage.	d operated exclusively and operated exclusive blicly supported organ describes the type of Type II c that the organization ers and other than one	ely for that the supporting Type is not co.	ne benefit described ng organiz III-Functi ntrolled d	t of, to point of the control of the	perform ion 509(a d comple tegrated indirectl	the funct a)(1) or se ete lines 1 y by one	tions of, of ection 509 1e throug d or more of	ð(a)(2). S jh 11h. Í Type l disqualif	See se II–Oth ied pe	e ction er ersons
f	If the organize organization, or	ation received a								e III su 	pportii	ng
g	following pers	ons?	he organization accep									,
			ndirectly controls, eithody of the supported of							ıd 11g(i	Yes i)	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(i)	
			a person described in							11g(ii	0	
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).							
	ime of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) ls	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?		Amount upport	of
				Yes	No	Yes	No	Yes	No			
(A)												-
(B)												
(C)												
(D)												
(E)												
							İ					

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support					4 V	
	dar 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					222.425	400 707
_	include any "unusual grants.")		500	66,302	112,550	260,435	439,787
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						
4	Total. Add lines 1 through 3		500	66,302	112,550	260,435	439,787
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)						
6	Public support. Subtract line 5 from line 4.						439,787
Section	on B. Total Support		·				
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		500	66,302	112,550	260,435	439,787
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.)			0	0	85	85
11	Total support. Add lines 7 through 10						439,872
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	39,118
13	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, second				
Section	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2011 (line	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch					15	
16a	331/3% support test—2011. If the organization qua	lifies as a publ	icly supported	organization			. ▶ 🗆
b	331/3% support test—2010. If the organ check this box and stop here. The organ					15 is 33 ¹ /3%	or more, . ► □
17a	10%-facts-and-circumstances test—2d 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
þ	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization or supported organization in the organization in the organization organization in the organization organization is a supported organization or the organization organization or the organization organi	tion meets the neets the "fact:	e "facts-and-cir s-and-circumst	cumstances" ances" test. Ti	test, check th	is box and ste	op here.
18	Private foundation If the organization di				or 17b, chock	thic box and	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, ,			
	dar 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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose		L				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· · · · ·		ļ				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						•
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	_		-	•		, ,, ,
	organization, check this box and stop her		· · · · ·	<u></u>		· · · · ·	🕨 🔲
	on C. Computation of Public Suppor			O ==1: (D)	 -	1457	
15 46	Public support percentage for 2011 (line 8						<u>%</u>
16 Section	Public support percentage from 2010 Schon D. Computation of Investment Inc			<u> </u>	· · · · ·	16	
17				v line 13 colur	mn (fl)	17	%
18							
19a	331/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
.04							
b				_			
-	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organi	ization qualifies	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instru	ctions ► 🗌

Schedule A (F	orm 990 or 990-EZ) 2011	Friends	of Wycliffe	Hall Oxford,	Inc.	26-2891822	Page 4
Part IV	Supplemental In	nformation. (or 17b; and Pa	Complete this art III, line 12.	part to provide the Also complete this	e explanations re s part for any ad	equired by Part II, line 10; ditional information. (See	
Part II, Sec	tion B, Line 10, Other	Income: Misce	llaneous Income	- Sale of Wycliffe Ha	ll-related item: \$85		
	·						
						·	
						·	
			•			·	
							••••

			•••••				
				·			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

rnen	us of wycline mail Oxford, inc.					0-2691822
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eli					
	grants or assistance?					✓ Yes □ No
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.					
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	United Kingdom	0	1	Grants to recipient		238,834
(2)						
(3)						
(4)			· · ·			
(5)						
(6)						
(7)						
(8)						
(9)						<u> </u>
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total					238,834

c Totals (add lines 3a and 3b)

238,834

Schedule F (Form 990) 2011

(f) Method of valuation (book, FMV, appraisal, other) FΜV of non-cash assistance (h) Description Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 0 (g) Amount of non-cash assistance (f) Manner of cash disbursement by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 238,834 WIRE (e) Amount of cash grant Religious education (d) Purpose of grant Part II can be duplicated if additional space is needed. Enter total number of other organizations or entities **United Kingdom** (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 9 9 Ê 2 <u>6</u> 45 (15) N က • Ñ ල <u>4</u> 9 <u>@</u> <u>6</u>

Schedule F (Form 990) 2011

Schedule F (Form 950) 2011 Friends of Wycliffe Hall Oxford, Inc.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance **E** (18) (10 (12) (13) ₹ 4 (15) (16) (17) ල <u>(2)</u> E <u>®</u> (6) Ξ <u>8</u> € <u>©</u>

Part	IV	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign coration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	✓ No
3	the o	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I. (see Instructions for Form 8621)	☐ Yes	☑ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865)	Yes	☑ No
6	"Yes	he organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713)	☐ Yes	 ✓ No

Schedule r (F	om 990) 2011 111011d5 01 Wy 0111110 11d11 011101d, 11101	20-2031022	Page •
Part V	Supplemental Information		
	Complete this part to provide the information required by Part I, line 2 (monito (accounting method; amounts of investments vs. expenditures per region); Part (accounting method); and Part III, column (c) (estimated number of recipients), provide any additional information (see instructions).	t II, line 1 (accounting method): F	Part III
Schedule F	, Part I, Line 2: Wycliffe Hall Oxford (the grant recipient) reports back to Friends of W	ycliffe Hall Oxford on the use of th	1e
grant funds	throughout the calendar year via conference calls and written reports.		
		·	
			
			
	·····		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Friends of Wycliffe Hall Oxford, Inc.	26-2891822			
Form 990, Part I, Line 1, Description of Organization's Mission (continued):				
which equips, trains, and sends out Christian servant leaders; and (2) to promote exchanges between	en Wycliffe Hall and American			
churches and individual supporters through the development of educational programs, tours, and oth	er activities in the U.S. and Oxford.			
Form 990, Part VI, Section A, Line 9: Contact Addresses for Directors				
Ralph D. Veerman, 801 N. Orange Ave., Ste. 820, Orlando, FL 32801				
Revd. Dr. Richard Turnbull, 2a Norham Gardens, Oxford OX2 6QB, United Kingdom				
Form 990 Part VI, Section B, Line 11b: A draft copy of the Form 990 is e-mailed to directors for review	and comment before filing.			
Form 990 Part VI, Section C, Line 19: Friends of Wycliffe Hall Oxford, Inc. makes its governing docume	ents and financial statements available			
to the public upon request.				
Form 990 Part III, Line 4d, Description of Other Program Services:				
Other program service expenses in 2011 include: (1) 50% of Stephanie Cocke's time, equalling \$9,782	(Ms. Cocke is a 1099 vendor who			
serves as the U.S. Coordinator, dividing her time between program execution and fundraising); and (2) miscellaneous expenses related to			
achieving our program service goals, including website expenses for keeping our constituents inform	ed of our program offerings (\$ 368),			
office expenses (\$ 17), event-related travel (\$ 672), and the acquisition of books and resource materials	for our constituents (\$ 131). These			
additional expenses total \$ 10,970.				