

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and ending	9											
Вс	heck if	C Name of organization FIRST BAPTIST CHURCH ENDOWMENT FUND,		D Employer ider	itification	number								
	Addres change	S INCORDORAMED												
	Name change			54-	-0858	196								
F	]Initial retum ]Termin	Number and street (or P 0 box if mail is not delivered to street address) Room/	nber 4 – 355	-8637										
	⊒ated  Amend			G Gross receipts \$		7,463,042.								
F	اretum ]Applica _tion			H(a) is this a grou		7 100 7 0 12 0								
	pendin			for affiliates?	•	Yes X No								
			-26	H(b) Are all affiliates										
1 1	ax-exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or	527			see instructions)								
		e: ► FBCRICHMOND.ORG		H(c) Group exemp	•									
KF	orm of	organization	Year		-	of legal domicile VA								
Pa	rt I	Summary												
Activitiesใ&⊼Govenigance		Briefly describe the organization's mission or most significant activities: TO AIDE IN CARRYING OUT THEIR MISSIONS	СН	RISTIAN O	RGANI	ZATIONS								
(S)	3	Number of voting members of the governing body (Part VI, line 1a)			3	15								
بِي	l	Number of independent voting members of the governing body (Part VI, line 1b)		Ī	4	15								
Š		Total number of individuals employed in calendar voa 2011 (Patty, line 2a)			5	0								
٩		Total number of volunteers (actimate if homeons)		Ī	6	0								
₹5	,	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Ţ	7a	0.								
		Net unrelated business revenue from Part VIII, column (G), line 12 Net unrelated business taxable income from 990 T, line 34 7		1	7b	0.								
Revenue		ά		Prior Year		Current Year								
<b>=</b> 0	8	Contributions and grants (Part VIII, line 1h) OGDEN, UT		496,72		374,626.								
		Program service revenue (Part VIII, line 2g)		(	0.	0.								
	L	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		585,402	2.	952,891.								
<i>(</i> , <b>C</b>	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7:	3.	0.								
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,082,190	5.	1,327,517.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,045,775		930,127.									
	l	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.								
Ş	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		(	0.	0.								
nse	l .	Professional fundraising fees (Part IX, column (A), line 11e)		(	0.	0.								
Expenses	ь.	Total fundraising expenses (Part IX, column (D), line 25)												
ΔĴ	[	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,628	3.	134,292.								
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,403		1,064,419.								
	19	Revenue less expenses. Subtract line 18 from line 12		<90,20	7.>	263,098.								
<u> </u>			Beg	inning of Current Ye	ar	End of Year								
sets	20	Total assets (Part X, line 16)		17,021,748	3. 1	7,692,391.								
AB	21	Total liabilities (Part X, line 26)		404,570	).	446,027.								
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		16,617,178	3. 1	7,246,364.								
P	art II	Signature Block												
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ents, and to the best o	of my know	rledge and belief, it is								
true	correc	t, and complete. Declaration of preparer to the than officer) is based on all information of which pre	eparer	has any knowledge										
		Carto - Xg rasor		7/2	T//2	<u>م</u>								
Sig	n	Signature of officer		Date∳	<i>F</i>									
Her	e	CARL JOHNSON, PRESIDENT		·										
		Type or print name and title												
		Print/Type preparer's name Preparer's signature		ate Check		PTIN								
Paid		MEDA S LANE Meda Dhan		-25-/2 selfer		00361884								
Pre	arer	Firm's name LANE & ASSOCIATES, P.C.		Firm's EIN	54	-1216800								
Use	Only	Firm's address 2839 HATHAWAY ROAD												
		RICHMOND, VA 23225		Phone no	<del></del>	)272-7421								
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No								
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2011)								

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE HELP & SUPPORT TO THE MINISTRIES OF FIRST BAPTIST (	CHURCH.
	THE COMMUNITY, AND STATE, NATIONAL AND INTERNATIONAL MISSIONS	
		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	•
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	allocations to
4a	others, the total expenses, and revenue, if any, for each program service reported.  (Code) (Expenses \$ 930, 127 • including grants of \$ 930, 127 • ) (Revenue \$	
48		ATTACHED '
	LIST.	
		<del></del>
		<del>_</del>
4b	(Code) (Expenses \$ including grants of \$)         (Revenue \$)	)
		· · · · ·
4c	(Code) (Expenses \$	)
		· · · · · · · · · · · · · · · · · · ·
		<del></del> -
4d	Other program services (Describe in Schedule O.)	<del></del>
		)
4e	Total program service expenses ▶ 930,127.	
		Form <b>990</b> (2011)

Form 990 (2011) INCORPORATED

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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l .
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	- 10		
••	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		Х
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	11ь	X	
С	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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
_	Schedule D, Parts XI, XII, and XIII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	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		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		
Ь	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form !	990 (	2011)

Form 990 (2011) INCORPORATED

Part IV 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 on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No", go to line 25	24a		
	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 to defease	24b		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	-	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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		Х
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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3.		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	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, IV, and V, line 1	34_	Х	
35a	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 meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	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	38	X	
		Form 9	990 (2	2011)

	990 (2011) INCORPORATED		54-0858	196	P	age 5				
Pa	Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response to any question in this Part V									
				·	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	4						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and it	eportal	ble 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 retu	rns?		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X				
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	Accour	nts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X				
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 to	he orga	ınızatıon solicit							
	any contributions that were not tax deductible?			6a		X				
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions oi	gifts		İ					
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					Х				
а	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?									
þ	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 w	as requ	ured							
	to file Form 8282?			7c	ļ	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			71		X				
9	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g		_X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		· ·							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8	ļ					
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?			9a						
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	1								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	۱ ا								
а.	Gross income from members or shareholders	11a								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	11b	<del> </del>							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a						
	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.			40						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.			,						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	40-								
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		X				
. 70	Did the organization receive any payments for moder tariffing services duffind the tax year?			140		47				

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

### FIRST BAPTIST CHURCH ENDOWMENT FUND,

INCORPORATED

54-0858196

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

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 15									
	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									
b	Enter the number of voting members included in line 1a, above, who are independent 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X						
6	6 Did the organization have members or stockholders?									
7a	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?	7a		X						
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	ļ	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		_							
а	The governing body?	8a	X							
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						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
ь	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								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a		12a	X							
	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	12c	Х							
13	In Schedule O how this was done	13		Х						
14	Did the organization have a written whistleblower policy?	14	Х							
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	1-4		<del></del>						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		х						
	Other officers or key employees of the organization	15b		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
-	taxable entity during the year?	16a	·	Х						
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial							
	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	tion: 🕨	<u> </u>							
	TREASURER - 804-355-8637									
13200	2709 MONUMENT AVENUE, RICHMOND, VA 23220-2671									
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u de la companya de	-	000							

01-23-12

### Page 7

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	(do		Pos heck ss pe	ition more rson	than	one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SUSAN S. BEACH	1 00								•		
DIRECTOR	1.00	X	<u> </u>			_	_	0.	0.	0	
(2) KIM O. BOYS	2 00	J		v						0	
TREASURER	3.00	X	┢	Х			_	0.	0.	0	
(3) THOMAS N. CHEWNING VICE PRESIDENT	1.00	X	1	X		İ		0.	0.	0	
(4) VIRGINIA S. DARNELL	1.00	1	<del> </del>	1	—		$\vdash$	0.			
SECRETARY	1.00	X		x				0.	0.	0	
(5) CHARLOTTE K. EVANS		<del> </del>									
DIRECTOR	1.00	x						0.	0.	0	
(6) E. BRUCE HEILMAN			1	_		$\vdash$					
DIRECTOR	1.00	X						0.	0.	0	
(7) CARL W. JOHNSON											
PRESIDENT	1.00	X		X				0.	0.	0	
(8) LINN P. KRECKMAN											
DIRECTOR	1.00	X	ļ					0.	0.	0	
(9) JAMES E. KULP									_	_	
DIRECTOR	1.00	X	_					0.	0.	0	
(10) MICHAEL L. LIPFORD	1 00										
DIRECTOR	1.00	X	<u> </u>					0.	0.	0	
(11) BURTON M. (MAC) MARSHALL	1 00	l.							0	0	
DIRECTOR	1.00	X	├					0.	0.	0	
(12) JAMES E. MARKHAM	1.00	X					İ	0.	0.	O.	
DIRECTOR (13) JAMES W. NORVELLE	1.00	1	├	-				0.	0.		
DIRECTOR	1.00	x						0.	0.	0	
(14) JULIA O. SCOTT	1.00	1	+-	-	ļ						
DIRECTOR	1.00	$ _{\mathbf{X}}$						0.	0.	0	
(15) CHARLES W. TYSINGER	<u> </u>	1-			_						
DIRECTOR	1.00	X						0.	0.	0	

Form **990** (2011)

TKOL	DALLIST	CHURCH	FINDOMMENT	rU
NCORI	PORATED			

Part VII Section A. Officers, Directors, T												
(A)	(A) (B)							(D)	(E)		(F	)
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estim	ated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	۱	amou	nt of
	week	$\vdash$	cer ar	nd a d	Irecto	or/trus	itee)	from	from related		oth	er
	(describe	director	ļ					the	organizations		comper	sation
	hours for	je je	, e	1		ate		organization	(W-2/1099-MIS	C)	from	the
	related	28	trustee	-		Bells		(W-2/1099-MISC)			organi	
	organizations in Schedule				Key employee	Highest compens employee				]	and re	
	O)	Individu	institutional	Officer	₹	F Sec	E E				organiz	ations
	- 0,	ļ <u>Ĕ</u>	Ĕ	1	\$	₹ <b>5</b>	요				_	
				ļ								
		<u> </u>										
				1						İ		
					ļ							
												-
	<del> </del>	T			-	<del>                                     </del>				-		
	1											
	<del></del>	┼-	$\vdash$		<u> </u>	<u> </u>						
		1		1								
	ļ			-	-					-+		
		i	i	1								
	1					<u> </u>						
	1			İ								
						1						
									•			
1b Sub-total	·	1	1		1	<u> </u>		0.		0.		0.
	/II Costion A							0.		0.		0.
c Total from continuation sheets to Part	rii, Section A							0.		0.		0.
d Total (add lines 1b and 1c)												<u> </u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportable	•		,
compensation from the organization												
											Ye	s No
3 Did the organization list any former office	r, director, or tr	uste	e, ke	y er	mplo	yee,	, or 1	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual										3	<u> </u>
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization			
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	," со	mpl	ete S	Sche	edule	e J f	or such individual			4	X
5 Did any person listed on line 1a receive of									dual for services	-		
rendered to the organization? If "Yes," co								or gamenton or men.			5	X
Section B. Independent Contractors	mproto demode.	<del>,</del>	0, 0,	20,.	00.0	,,,,				<u> </u>		
Complete this table for your five highest of	ompensated in	den	ande	nt c	ontr	racto	ore t	hat received more than	\$100,000 of com	200001	lon from	
										Jensai	IIOH HOH	
the organization. Report compensation for	r the calendar y	ear	enai	ng v	VIII)	or w	mnir		year.			
<b>(A)</b> Name and busines	e addrese	3.77	<b>~</b> ****	71				( <b>B)</b> Description of s	on door	Co	(C)	
Name and busines	address	1/1	INC	3				Description of s	ervices		mpensa	
<del></del>							_					
						_						
							$\dashv$	<del></del>				
O Tatal aumber of radence dead access	finalization First			al 4 -	44 -	ac 1		Labaya)b =	ana Ab c -		·····	
2 Total number of independent contractors		101	mite	a to	tno	se III 1	sted	above) who received m	iore than			
\$100,000 of compensation from the organ	nization P					<u>, , , , , , , , , , , , , , , , , , , </u>				·····		
											~~~ QQ(	1 100441

	rt V	****	Statement of Reve				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns		1a					
S a		b	Membership dues		1b					
Am (		C	Fundraising events		1c	<u>-</u>				
<u> </u>		d	Related organizations		1d					
Ş.Ë		e	Government grants (contribu	tions)	1e					
등		f	All other contributions, gifts, grain							
들			similar amounts not included abo	ove	1f	374,626.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in line	s1a-1f\$			274 626			
<u>5 8</u>		h	Total. Add lines 1a-1f			<u> </u>	374,626.			
_	_					Business Code				
je	2	_								ļ
le g		b		_		<u> </u>				-
E S		C								
Program Service Revenue		d				<u> </u>				<del>                                     </del>
P		f	All other program service rev	90119						<del> </del>
		g		ciiue		<b></b>				
$\neg$	3	77	investment income (including	dividend	s. Inter	-			•••••••••••	
			other similar amounts)	,		<b>&gt;</b>	601,632.			601,632.
	4		Income from investment of ta	x-exempt	bond	oroceeds <b>&gt;</b>	·		•	
	5		Royalties	•		<b>•</b>				
				(i) F	leal	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		C	Rental income or (loss)							
		d	Net rental income or (loss)			<b></b>				
	7	а	Gross amount from sales of	(i) Sec		(II) Other				
İ			assets other than inventory	6486	784.					
		b	Less cost or other basis	C 1 2 5	E 2 E					
			and sales expenses	6135 351,						
ŀ			Gain or (loss)	331,	239.	· *	351,259.			351,259.
ļ			Net gain or (loss)		/n.a.t	<u> </u>	331,239.			331,239.
Ę.	0	a	Gross income from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from fundraising specific from							
Ş			contributions reported on line							
Other Revenue			Part IV, line 18	5 10). 000	а					
ફ		ь	Less: direct expenses		b					
0			Net income or (loss) from fun	draising e	_		<u> </u>			1
		а							•••••	
			Part IV, line 19		а					
		b	Less: direct expenses		b					
		С	Net income or (loss) from gar	ning activ	ities	<b></b>				
	10	а	Gross sales of inventory, less	returns						
			and allowances		а					
			Less: cost of goods sold		b					
ł		С	Net income or (loss) from sale		ntory	<u> </u>				
			Miscellaneous Reveni	ue		Business Code	-			
	11								<del></del>	
		b								
		ç	All other revenue			-				
		u P	Total. Add lines 11a-11d			<b></b>	<u> </u>		<del></del>	
	12	~	Total revenue See instructions			•	1,327,517.	0.	0.	952,891.
13200 01-23		-		-			<u> </u>	·		Form <b>990</b> (2011)

### 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

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States See Part IV, line 21	930,127.	930,127.								
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										
4	Benefits paid to or for members				11 12						
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes				<u> </u>						
11	Fees for services (non-employees):										
а	Management										
b	Legal										
C	Accounting	3,100.		3,100.							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees	77,239.		77,239.							
g	Other										
12	Advertising and promotion				<u> </u>						
13	Office expenses										
14	Information technology										
15	Royalties				<del></del>						
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	-			<del></del>						
19	Conferences, conventions, and meetings Interest	28,258.		28,258.							
20 21	Payments to affiliates	20,200		20,200							
21	Depreciation, depletion, and amortization										
23	Insurance	20,305.		20,305.							
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 0)										
а	TAXES	4,875.	······································	4,875.							
b	OTHER EXPENSES-MNGMNT-9	515.		515.							
c											
d											
е	All other expenses		-								
25	Total functional expenses. Add lines 1 through 24e	1,064,419.	930,127.	134,292.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined		ŀ	į							
	educational campaign and fundraising solicitation			İ							
	Check here I if following SOP 98-2 (ASC 958-720)										

132010 01-23-12

Form 990 (2011)

Form 990 (2011)

INCORPORATED Part X | Balance Sheet (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 234,861. 166,685. 2 Savings and temporary cash investments 2 131,111. 3 3 Pledges and grants receivable, net 28,308. 79,653. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11,994,777. 12,824,835. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 4,712,457. 4,541,452. 15 15 Other assets. See Part IV, line 11 17,021,748. 17,692,391. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 5,313. 8,864. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 440,714. Schedule D 395,706. 404,570. 446,027. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 16,617,178. 17,246,364. 32 Retained earnings, endowment, accumulated income, or other funds 32

> 17,692,391. Form **990** (2011)

> 17,246,364.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

16,617,178.

17,021,748.

	FIRST BAFITST CHURCH ENDOWNENT FUND,							
Form	990 (2011) INCORPORATED	54-	0858196	Pa	age 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,32					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,06					
3	Revenue less expenses. Subtract line 2 from line 1	3	26	3,0	98.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,61	7,:	<u> 178.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	36	6,0	988.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,24	6,3	<u> 364.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			,				
			·	Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ə audıt,			İ			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	∍dule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	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							

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2011)

Act and OMB Circular A-133?

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

2011

Open to Public Inspection

Name of the organization FIRST BAPTIST CHURCH ENDOWMENT FUND, Employer identification number INCORPORATED 54-0858196

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

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

		11000011	or rapile oner	y otatas (Ali organizations must complete	tina parti, oco matroctiona.	
The o	rgan	ization is not a	private foundation l	ecause it is: (For lines 1 through 11, check on	lly one box.)	
1 [		A church, cor	vention of churches	or association of churches described in sect	tion 170(b)(1)(A)(i).	
2		A school desc	cribed in section 17	(b)(1)(A)(ii). (Attach Schedule E.)		
з [		A hospital or	a cooperative hospit	service organization described in section 17	70(b)(1)(A)(iii).	
4 [			· · · · · · · · · · · · · · · · · · ·	perated in conjunction with a hospital describ-		ne hospital's name,
		city, and state	ə:			•
5 [		An organization	on operated for the	enefit of a college or university owned or oper	rated by a governmental unit describe	d in
		section 170	(b)(1)(A)(iv). (Comple	e Part II.)		
6 [		A federal, sta	te, or local governme	nt or governmental unit described in section	170(b)(1)(A)(v).	
7				ves a substantial part of its support from a go		ublic described in
		section 170(l	b)(1)(A)(vi). (Comple	Part II.)		
8 [		A community	trust described in s	ction 170(b)(1)(A)(vi). (Complete Part II.)		
9 [		An organization	on that normally rec	ves: (1) more than 33 1/3% of its support from	m contributions, membership fees, and	d gross receipts from
				tions - subject to certain exceptions, and (2)		
		income and u	nrelated business ta	able income (less section 511 tax) from busin	nesses acquired by the organization at	fter June 30, 1975.
		See section !	509(a)(2). (Complete	Part III.)		
10 [		An organization	on organized and op	rated exclusively to test for public safety. See	e section 509(a)(4).	
11 [	X	An organization	on organized and op	rated exclusively for the benefit of, to perforn	n the functions of, or to carry out the p	ourposes of one or
		more publicly	supported organiza	ons described in section 509(a)(1) or section	509(a)(2). See section 509(a)(3). Ched	ck the box that
			type of supporting	rganization and complete lines 11e through 1	1h	
_		a X Type I	ь 🗀	Type II c Type III - Function	onally integrated d	Type III - Other
e		By checking t	this box, I certify tha	the organization is not controlled directly or in	ndirectly by one or more disqualified p	ersons other than
		foundation m	anagers and other ti	an one or more publicly supported organization	ons described in section 509(a)(1) or se	ection 509(a)(2).
f		if the organiza	ation received a writ	n determination from the IRS that it is a Type	e I, Type II, or Type III	
		supporting or	ganization, check th	box		
g		Since August	17, 2006, has the o	ganization accepted any gift or contribution fr	om any of the following persons?	
		(i) A persor	n who directly or ind	ectly controls, either alone or together with pe	ersons described in (ii) and (iii) below,	Yes No
		the gove	erning body of the su	ported organization?		11g(i) X
		(ii) A famıly	member of a persor	described in (i) above?		11g(ii) X
		(iii) A 35% c	ontrolled entity of a	erson described in (i) or (ii) above?		11g(iii) X
h		Provide the fo	ollowing information	bout the supported organization(s).		
		<del></del>		7005		
(1)	Name	of supported	(ii) EIN	(iii) Type of (iv) Is the organization (v		(vii) Amount of
	orga	anization		(described on lines 1-9 governing document?)	organization in cor (1) organized in the	support

(I) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the organization (vin col (i) listed in your governing document? (ii		organizat	u notify the ion in col r support?	(vi) Is organizatio (i) organiz U S	the on in col ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
SEE FORM 990,									
PART III,		501(C)(3)		X	Х		X		930,127.
								i I	
	, •								
					1			<del>   -</del>	
						]			
	····								<del></del>
Total 1									930,127.

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Part II Support Schedule for (Complete only if you checke	d the box on line s	5, 7, or 8 of Part I	or if the organization			•
fails to qualify under the tests	i listed below, pied	ase complete Fart	111.)			
Section A. Public Support	4 ) 0007	41,000	410000	120210	4.50044	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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 organ-				-		
ization's benefit and either paid to or expended on its behalf						_
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	<u> </u>		<del> </del>	+		
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		<del>} .i'</del>	<u> </u>	***************************************	HI	
Section B. Total Support		•		••		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, 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.)		Time were and work	<u>,</u>		. ,	
11 Total support. Add lines 7 through 10		1	<u> </u>	1		
12 Gross receipts from related activities					12	<del></del>
13 First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	. —
organization, check this box and stor		roomtogo	·			
Section C. Computation of Publ			(0)			
14 Public support percentage for 2011 (		•	column (T))		15	9
15 Public support percentage from 2010	·		on line 12 and line	14 10 22 1/20/ 04	<u> </u>	9
16a 33 1/3% support test - 2011. If the a stop here. The organization qualifies	-			: 14 IS 33 1/3 % OF	more, check this b	ox and ⊾
b 33 1/3% support test - 2010. If the		•		d line 15 is 33 1/3	% or more check t	hie boy
and stop here. The organization qual	-			a iii le 13 13 00 170	70 OF THORE, CHECK I	NIS DOX
17a 10% -facts-and-circumstances tes				ne 13 16a or 16b	and line 14 is 10%	or more
and if the organization meets the "fac	•	-				
meets the "facts-and-circumstances"				•	art iv now the orga	<b>▶</b>
b 10% -facts-and-circumstances tes				=	17a, and line 15 is	10% or
more, and if the organization meets to		_				
organization meets the "facts-and-cire				•		▶
18 Private foundation. If the organization						ns ►

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				1		
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					1	
furnished by a governmental unit to						İ
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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)						
Section B. Total Support		·		.1	<del></del>	1
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(4) 200.	(4) 2000	(0) 2000	10, 20.0	(0, 2011	(1) 10.0.1
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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						
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 fo	r the organization'	's first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here						▶□
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2011 (	line 8, column (f) c	divided by line 13, o	column (f))		15	9
16 Public support percentage from 2010		•			16	9
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 20	)11 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))	-	17	9
18 Investment income percentage from			.,,		18	9
19a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2010. If the		-	•	• • •		and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization			•		•	▶ .
132023 01-24-12		···· / · ·			hedule A (Form 99	00 or 990-EZ) 201

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

2011 Open to Public Inspection

Name of the organization

FIRST BAPTIST CHURCH ENDOWMENT FUND,

Employer identification number 54-0858196

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
<u></u>	organization answered "Yes" to Form 990, Part IV, lin		Troopalities Complete it the
	organization anowords 100 to 100m obey tax try in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<b>(,,,</b> 2 ), , , , , , , , , , , , , , , , , ,	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<del></del>	<del></del>
5	Did the organization inform all donors and donor advisors in	writing that the appets hold in depar advised	funds
3	are the organization's property, subject to the organization's	_	Yes No
۵		-	
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or donor advisor, or for any other purpose cor	Yes No
Par		ganization answered "Ves" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		14, 1116 7.
•	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certified	
		Freservation of a certified	a filstoric structure
2	Preservation of open space	find conservation contribution in the form of	a consequence consequent on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
h			2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d		• •	20
u	Number of conservation easements included in (c) acquired listed in the National Register.	arter 6/17/06, and not on a historic structure	2d
3	listed in the National Register  Number of conservation easements modified, transferred, re	looped extinguished or terminated by the or	<del></del>
3	year	neased, extinguished, or terminated by the or	gariization doning the tax
4	Number of states where property subject to conservation ea	rement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements	· '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	- <u> </u>
8	Does each conservation easement reported on line 2(d) abo		
Ū	and section 170(h)(4)(B)(ii)?	vo satisfy the requirements of section 17 of the	Yes No
9	In Part XIV, describe how the organization reports conservat	ion essements in its revenue and expense str	
Ü	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.	mon o manda otatomonto mat docombeo me	organization o accounting to
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A)		t and balance sheet works of art.
-	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A)		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financial oa	
-	the following amounts required to be reported under SFAS 1		••
а	Revenues included in Form 990, Part VIII, line 1	,	<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

### FIRST BAPTIST CHURCH ENDOWMENT FUND,

	dule D (Form 990) 2011 INCORPO									Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	<u>Simil</u>	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sig	ınıficant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•	, 🖂	Other						
С	Preservation for future generations							<u> </u>		
4	Provide a description of the organization's co	ellections and explain	n how t	hey further t	he organizat	ion's exem	pt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" to F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not I	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par		the organization ar	swerec	'Yes' to Fo	rm 990, Part	IV. line 10				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four v	ears back
1a	Beginning of year balance	1-7	3-2-	7	(4)	10 000			357 : 32: 3	
ь	Contributions	-								<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
c	Net investment earnings, gains, and losses									***************************************
d	Grants or scholarships								<del>[</del>	<del></del>
e	Other expenditures for facilities									***************************************
	and programs									
f	Administrative expenses								<b></b>	······
9	End of year balance			• •						<del>'11111111111111</del>
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line	1a. column (	a)) held as:				I	
а	Board designated or quasi-endowment	•	%	, ,	,,					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	ered for the	e organiz	ation		
	by:	•					•		<u> </u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	D, Part >	K, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
ь	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line	10(c).)			<b>&gt;</b>		0.

Schedule D (Form 990) 2011

				-	
במת האסת האסת	ידכיי כאוופכא י	ENDOWMENT FUN	ת		
Schedule D (Form 990) 2011 INCORPORAT		ENDOWNENT TON		0858196	Dogo S
Part VII Investments - Other Securities.		ne 12		0030130	raye C
(a) Description of security or category			(c) Method of valuation	on:	
(including name of security)	(b) Book value	Cos	st or end-of-year marke		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	·				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.			
(a) Description of investment type	(b) Book value	Co	<b>(c)</b> Method of valuation st or end-of-year marke		
(1)					
(2)				. <u>-</u>	
(3)			<del></del>		
(4)					
(5)					
(6)					
(7)				<del>-</del>	
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. See Form 990, Part X, li			······································		
	a) Description			(b) Book va	lue
(1) REAL ESTATE LOANS	a, becomplien	•		3,521,	
(2) CSV LIFE INSURANCE				1,020,	449
(3)		-			
(4)					
(5)	<del></del>				
(6)	-		-		
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		<b></b>	4,541,	, 452
Part X Other Liabilities. See Form 990, Part					
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) LOANS PAVABLE - LIFE INS	SURANCE	440.714	l		

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	LOANS PAYABLE - LIFE INSURANCE	440,714.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	440,714.	
2. FIN	48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financia 48 (ASC 740)	al statements that reports the organ	zation's liability for uncertain tax positions under
132053 01-23-12	2		Schedule D (Form 990
		2.2	

Schedule D (Form 990) 2011

SCHEDULE (Form 990)

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

Open to Public 2011

OMB No 1545-0047

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

**%** × **Employer identification number** 54-0858196 Inspection 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. FIRST BAPTIST CHURCH ENDOWMENT FUND, General Information on Grants and Assistance INCORPORATED Name of the organization Department of the Treasury Internal Revenue Service Parti

		▲	•
	>		٠
	', line 21, for any	pe .	0
	Part IV	need	٠,
	990,	ace is	
	es" to Form	dditional sp	
	anization answered "Y	can be duplicated if a	. Method of
	he orga	Part II	•
States.	omplete if t	an \$5,000.	
United	ites. C	nore tha	,
ds in the	nited Sta	scelved rr	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed	
ocedures for monito	<b>Governments and</b>	\$5,000. Check this	
nzation's pr	sistance to	I more than	
e organ	her As	ecelvec	
it IV th	and Ot	that r	
e in Pa	rants	cipien	
escrib	9	7	
2	Part		

criteria used to award the grants or assistance?

\\_\_

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipien	t received more tha	an \$5,000. Part II	can be duplicated if a	additional space is nee	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH 2709 MONUMENT AVE							COMMUNITY /MUSIC /RECREATION /TELEVISION MINISTRY, BUILDING AND
RICHMOND, VA 23220	54-0515710		604,687.	0.	CASH		GROUNDS, STAFF
RICHMOND BAPTIST ASSOCIATION 3111 MOSS SIDE AVENUE RICHMOND, VA 23222	54-0585400		8,000.	0	саѕн		MISSIONS
RICHMOND BAPTIST HISTORICAL SOCIETY - P.O. BOX 34, UNIVERSITY OF RICHMOND - RICHMOND, VA 23173	54-0638224		7,000.	0.0	САЅН		MISSIONS
VIRGINIA BAPTIST HOMES 1900 LAUDERDALE DRIVE RICHMOND, VA 23238	52-1368410		.000,3	0	саѕн		MISSIONS
VIRGINIA BAPTIST MISSION BOARD 2828 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0575807		64,500.	0.	САЅН		MISSIONS, NEW CHURCHES
BAPTIST WORLD ALLIANCE 405 NORTH WASHINGTON STREET FALLS CHURCH, VA 22046	53-0204667		6,000.	.0	0.CASH		MISSIONS

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

132101 01-27-12

Schedule I (Form 990) (2011)

FUND,
ENDOWMENT
CHURCH
BAPTIST
FIRST

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa	תן    )	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL MISSION BOARD 3806 MONUMENT AVE. P.O. BOX 6767							
RICHMOND, VA 23230	54-0213930		32,940.	0.	САЅН		HUNGER AND RELIEF
AFRICAN COMMUNITY CHRISTIAN CHURCH 2300 DUMBARTON ROAD RICHMOND, VA 23228			.000,9	.0	САЅН		NZW CHURCHES
BAPTIST THEOLOGICAL SEMINARY AT RICHMOND - 3400 BROOK ROAD - RICHMOND, VA 23227	54-1510076		110,000.	0	САSH		EDUCATION AND SCHOLARSHIP
JOHN LELAND CENTER THEO STUDIES 405 N. WASHINGTON ST., SUITE 200 PALLS CHURCH, VA 22046			13,500.	•0	CASH		EDUCATION AND SCHOLARSHIP
CROSS OVER HEALTH SERVICES 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067		6,500,	0.	0.CASH		RICHMOND COMMUNITY MINISTRY
RICHMOND FRIENDS OF HOMELESS 5209 HACKNEY RD. RICHMOND, VA 23234			10,000.	•0	CASH		RICHMOND COMMUNITY MINISTRY
ACTS (NANCY WARMAN) 224 S CHERRY ST WM BYRD H RICHMOND, VA 23220			0000 8	0	CASH		RICHMOND COMMUNITY MINISTRY

# FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Schedule I (Form 990) (2011)

Part ⊞

Page 2

54-0858196

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHOLARSHIPS, YOUTH TRIPS, MISSION TRIPS, AND MULTI SUPPORT MISSIONS (H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY /MUSIC /RECREATION (d) Amount of non-cash assistance TELEVISION MINISTRY, BUILDING AND GROUNDS, STAFF ASSISTANCE NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH (c) Amount of cash grant (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance

Schedule I (Form 990) (2011)

27

132102 01-27-12

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

Department of the Treasury

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.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Employer identification number 54-0858196

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS AVAILABLE FOR
REVIEW BY BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE CONFLICT OF INTEREST
DISCLOSURE FORMS ARE GIVEN TO ALL BOARD MEMBERS TO COMPLETE, SIGN, AND
DATE. ANY CONFLICTS THAT ARE DISCLOSED ARE PRESENTED AND LOGGED INTO THE
MINUTES OF THE NEXT MEETING.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL
DATA ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS: -60,034
INCREASE CSV LIFE INSURANCE 58,164
COST BASIS ADJUSTMENTS MADE BY BROKER 367,958
TOTAL TO FORM 990, PART XI, LINE 5 366,088

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

FIRST BAPTIST CHURCH ENDOWMENT FUND,

INCORPORATED

Employer identification number 54-0858196

Part t Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	lete if the organization answered "Yes	to Form 990, Part IV, line 33	·		•		
(e)	(q)	(2)	9	(e)		£	
Name, address, and EIN	Primary activity	Legal domicile (state or	r Total income	ne End-of-year assets		Direct controlling	
of disregarded entity		foreign country)			ъ -	entity	
					_		
				_			
Part # organizations during the tax year.)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one	or more related tax-exer	npt	
(e)	(q)	(0)	(g)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(E)(9) (E)(9) (E)(9)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	2
PIRST BAPTIST CHURCH - 54-0515710						S	2
2709 MONUMENT AVE							
RICHMOND, VA 23220	WORSHIP SERVICES	VIRGINIA	501(C)(3)	170(B)(1)(A)	N/A		×
							l

Schedule R (Form 990) 2011

FIRST BAPTIST CHURCH ENDOWMENT FUND,

Schedule R (Form 990) 2011 INCORPORATED

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

Page 2

54-0858196

(e)	9	9	Ð	(e)	(4)	(6)	(E)	6	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	B Share of total Income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	s a Corpo g the tax y	ration or Trust (Corear.)	nplete if the organi	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related .).	" to Form 990, Pa	rt IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	N. S. S. S. S. S. S. S. S. S. S. S. S. S.		(b) Primary activity	(c) Legal domicile (state or tengin country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) total Share of end-of-year assets		(h) Percentage ownership
132162 01-23-12				30				Schedule	R (Form	Schedule R (Form 990) 2011

# FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

Page 3

54-0858196

Schedule R (Form 990) 2011 INCORPORATE

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>~</u>	Yes No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)	•			P	×
e Loans or loan guarantees by related organization(s)				1e	×
f Sale of assets to related organization(s)				<b>+</b>	×
g Purchase of assets from related organization(s)				1g	×
				ŧ	×
i Lease of facilities, equipment, or other assets to related organization(s)				<b>;=</b>	×
j Lease of facilities, equipment, or other assets from related organization(s)				į	×
k Performance of services or membership or fundraising solicitations for related orga	related organization(s)			<b>¥</b>	×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			<b>1</b>	×
n Sharing of paid employees with related organization(s)				4	×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				9	×
p Reimbursement paid by related organization(s) for expenses				1 <sub>p</sub>	×
<ul> <li>Qther transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>				14	××
2 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	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(2)					
(2)					
(4)					
(5)					
(9)					<u>.</u>
132163 01-23-12	31		Schedul	Schedule R (Form 990) 2011	10) 2011

FIRST BAPTIST CHURCH ENDOWMENT FUND, INCORPORATED

54-0858196

Page 4

Schedule R (Form 990) 2011 INCORPORATED

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

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

(k) ercentage wnership				!
General or Pe managing ov partner? ov		 		
(h)			 -	
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total Income				
(e) Are all Are all 501(c)(3) 005.7 4) Yes No				
(d) Predominant income predominant included, unrelated, excluded from tax under section 512-514) N				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EiN of entity				

32

Schedule R (Form 990) 2011

### FIRST BAPTIST CHURCH ENDOWMENT FUND FORM 990 PART III LINE 4a SCHEDULE OF GRANTS FOR THE YEAR ENDED DECEMBER 31, 2011

First Baptist Church - Community Ministry	\$99,685 00
First Baptist Church - Music Ministry	6,130 00
First Baptist Church - Recreation Ministry	20,700 00
First Baptist Church - Television Ministry	195,484 00
First Baptist Church - Buildings and Grounds	35,930 00
First Baptist Church - Equipment and Furnishings	25,000 00
First Baptist Church - Staff Assistance	97,474 00
First Baptist Church - Planned Giving	3,000.00
Richmond Baptist Association - Budget	8,000 00
Chaplain Service Prison Ministry of VA	1,000 00
Religious Herald	5,000 00
Camp Piankatank	33,000 00
Virginia Baptist Historical Society	7,000 00
Virginia Baptist Homes - Benevolent Fund	6,000 00
Virginia Baptist Mission Board - Exec Director Discretionary Fund	9,000 00
Baptist World Alliance - General Fund	6,000 00
Youth trips - 2011 Wingate NC/Nashville	17,500 00
International Mission Board	32,940 00
Mission Trips	4,500 00
Multi Support Missions	6,130 00
African Community Christian Church	6,000 00
Virginia Baptist Mission Board	22,500 00
Southwest Virginia Leadership Pipeline	5,000 00
Baptist Theological Seminary at Richmond - Undesignated	100,000 00
Baptist Theological Seminary at Richmond - Flamming Visiting Professorship	10,000.00
The Resource Center	1,000 00
John Leland Center Theo Studies	13,500 00
Bluefield College	4,500 00
Virginia Union University	5,000 00
First Baptist Church Scholarships	93,154 00
Acts	8,000 00
Boy Scouts	2,000 00
CARITAS	3,000 00
Central Virginia Foodbank	5,000 00
Cross Over Health Services	6,500 00
Daily Planet	2,000 00
Embrace Richmond	1,500 00
Fellowship of Christian Athletes	1,000 00
First Things First	1,000 00
Home Again (ESI Connections)	1,500 00
Good Samaritan Ministries	2,000 00
Richmond Friends of Homeless	10,000 00
The Healing Place	1,000 00
Virginia Home for Boys & Girls	1,000 00
Virginia Home	2,500 00
Baptist Center for Ethics	1,000 00
Baptist Joint Committee	1,000 00
·	
TOTAL GRANTS	\$930,127 00