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2011

Open to Public  
InspectionForm **990****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.

Department of the Treasury  
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning** 04/01, 2011, and ending 03/31, 2012**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

SBA 255 STATE ST, 6TH FL

City or town, state or country, and ZIP + 4

BOSTON, MA 02109-2167

**F** Name and address of principal officer**D** Employer identification number

04-6092557

**E** Telephone number

617 502-9473

**G** Gross receipts \$ 419,737.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status. ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1984 **M** State of legal domicile MA**Part I Summary****1** Briefly describe the organization's mission or most significant activities

THE PRIMARY PURPOSE OF THIS ORGANIZATION IS TO PROVIDE SCHOLARSHIPS TO STUDENTS ATTENDING THE HARVARD DIVINITY SCHOOL

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3 9

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4 9

**5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 NONE

**6** Total number of volunteers (estimate if necessary)

6 9

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a NONE

**b** Net unrelated business taxable income from Form 990-T, line 34

7b NONE

Activities &amp; Governance

Revenue

**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

114,334 124,844

114,334 124,844

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12

27,024 24,104

99,024 96,104

15,310 28,740

Net Assets or Fund Balances

**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

2,764,466 2,793,204

NONE NONE

2,764,466 2,793,204

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ANDREW CORREIA

06/05/2012

P00641207

Firm's name ▶ SILVER BRIDGE ADVISORS, LLC

Firm's EIN ▶ 20-8104440

Firm's address ▶ 255 STATE STREET, 6TH FLOOR; BOSTON, MA 02109-2167

Phone no 617-502-9433

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED SEP 10 2012

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE PRIMARY PURPOSE OF THIS ORGANIZATION IS TO PROVIDE SCHOLARSHIPS TO  
STUDENTS ATTENDING THE HARVARD DIVINITY SCHOOL

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ 72,000. ) (Revenue \$ )  
HARVARD DIVINITY SCHOOL SCHOLARSHIP FUND

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	X
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	X
<b>5</b> 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 . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> 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 . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	X
<b>b</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 . . . . .	<b>11b</b>	X
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> 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 . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	X
<b>b</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 . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b>	X
<b>15</b> 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 . . . . .	<b>15</b>	X
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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) . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<b>34</b>	X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> X	

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . <b>1a</b> 2.		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>		
<b>2a</b> 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 . . . . . <b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . . <b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		X
<b>b</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. . . . .		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b> 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? . . . . . <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? . . . . . <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		X
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> 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.	<b>1a</b> 9		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9		
<b>2</b> 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?	<b>2</b>		X
<b>3</b> 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?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X	
<b>7a</b> 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?	<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		X
<b>b</b> 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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_

**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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WCPH AND D LLP TEL: (617) 526-6000**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. KENNETH A. CLARK ESQ SECRETARY				X				NONE	NONE	NONE
(2) MICHAEL L. FAY TREASURER				X				NONE	NONE	NONE
(3) REV. LLEWELLYN P. SMITH PRESIDENT				X				NONE	NONE	NONE
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								NONE	NONE	NONE

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual. ....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶					
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		87,415.			87,415.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . . 332,322					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . . 294,893					
	<b>c</b>	Gain or (loss) . . . . . 37,429					
	<b>d</b>	Net gain or (loss) . . . . . ▶		37,429.	37,429.		
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		124,844.	37,429.		87,415.	

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	72,000.	72,000.		
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 . . . . .				
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 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	1,638.	1,638.		
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
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)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	22,466.		22,466.	
25 Total functional expenses. Add lines 1 through 24e	96,104.	73,638.	22,466.	NONE
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	299,878.	<b>2</b>	272,250.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		<b>10c</b>
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		
	<b>11</b> Investments - publicly traded securities . . . . .	2,464,588.	<b>11</b>	2,520,954.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,764,466.	<b>16</b>	2,793,204.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	<b>26</b>	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	2,764,466.	<b>32</b>	2,793,204.
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	2,764,466.	<b>33</b>	2,793,204.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	2,764,466.	<b>34</b>	2,793,204.	

Form 990 (2011)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	124,844.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	96,104.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	28,740.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,764,466.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-2.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	2,793,204.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</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)

**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

Employer identification number

04-6092557

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

N/A

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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**

N/A

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> 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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> 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 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests - 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  
=====

## NAME OF SUPPORTED ORGANIZATION:

HARVARD DIVINITY SCHOOL

TYPE OF ORGANIZATION FROM PART I: 13

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 72,000.

TOTAL SUPPORT:

-----  
72,000.  
=====

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION**

Employer identification number

**04-6092557**

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance? ☒ Yes ☐ No
- 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. ☐

1	(a) Name and address of organization or government	(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
(1)	SEE STATEMENT 1							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2011)

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					
2					
3					
4					
5					
6					
7					

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

N/A

## EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2

N/A

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

**SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION**

Employer identification number

**04-6092557**

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

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

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

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

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

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

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

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

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2011

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE STATEMENT 2					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

04-6092557

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 6**

THE ORGANIZATION HAS MEMBERS

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7a**

THE ORGANIZATION HAS MEMBERS WITH THE POWER TO ELECT THE GOVERNING  
BODY

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a**

EACH MEETING IS DOCUMENTED WITH WRITTEN MINUTES

**FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW**

THE TAX RETURN IS PRESENTED TO THE TREASURER WHO THE REVIEWS AND SIGNS  
THE TAX RETURN.

**DESCRIPTION FOR MAKING DOCUMENTS PUBLIC**

**FORM 990, PAGE 6, PART VI, LINE 19**

AVAILABLE UPON REQUEST

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

04-6092557

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

HARVARD DIVINITY SCHOOL

ADDRESS:

45 FRANCIS AVENUE

CAMBRIDGE, MA 02138

AMOUNT OF CASH GRANT..... 72,000.

PURPOSE OF GRANT:

SCHOLARSHIP FUND

TOTAL CASH GRANTS..... 72,000.  
=====

STATEMENT 1

SCH L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

=====

NAME OF INTERESTED PERSON:

SILVER BRIDGE ADVISORS LLC

RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION

MICHAEL FAY IS A PARTNER OF WCPH & D OF WHICH SBA IS A SUBSIDIARY

DESCRIPTION OF TRANSACTION:

INVESTMENT FEES

SHARING OF ORGANIZATION'S REVENUES ..... NO



**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No 1545-0092

**2011**

Name of estate or trust

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

Employer identification number

04-6092557

Note: Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b> SHORT-TERM CAPITAL GAIN DIVIDENDS		STMT 1			394.

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	-736.
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ▶	<b>5</b>	-342.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b> LONG-TERM CAPITAL GAIN DIVIDENDS		STMT 1			7,321.

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	30,450.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ▶	<b>12</b>	37,771.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

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<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part.</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		-342.
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		37,771.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		37,429.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>	
<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 15, column (3) or b \$3,000 . . . . .

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

<b>Part V Tax Computation Using Maximum Capital Gains Rates</b>	
<b>Form 1041 filers.</b> Complete this part <b>only</b> if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.	
<b>Caution:</b> Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if: • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% (.15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>	

Schedule D (Form 1041) 2011

**Continuation Sheet for Schedule D  
(Form 1041)**

OMB No. 1545-0092

2011

► See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

Employer identification number

04-6092557

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**[illegible]

<b>1b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . .	-736.00
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**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.**

Schedule D-1 (Form 1041) 2011

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side.

Employer identification number

SOCIETY FOR PROMOTING THEOLOGICAL EDUCATION

04-6092557

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example. 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
<b>6a</b> 4222.486 ASTON RIVER ROAD	03/19/2009	10/06/2011	37,158.00	33,623.00	3,535.00
4. APPLE COMPUTER INC	03/19/2009	08/02/2011	1,586.00	411.00	1,175.00
6. APPLE COMPUTER INC	03/19/2009	08/12/2011	2,268.00	616.00	1,652.00
6. APPLE COMPUTER INC	03/27/2007	02/13/2012	3,004.00	580.00	2,424.00
5. APPLE COMPUTER INC	03/27/2007	03/19/2012	2,965.00	483.00	2,482.00
1000. ARTISAN INTL VALUE F	05/23/2008	01/26/2012	26,450.00	24,910.00	1,540.00
10. CELGENE CORP	01/09/2009	08/29/2011	582.00	502.00	80.00
530. CISCO SYSTEMS INC	11/12/2010	12/29/2011	9,656.00	10,203.00	-547.00
50. DIAGEO PLC SPONS ADR	01/05/2011	02/17/2012	4,739.00	3,729.00	1,010.00
80. EXXON MOBIL CORPORATIO	02/07/2003	07/14/2011	6,574.00	2,670.00	3,904.00
170. GENERAL ELECTRIC CO	03/19/2009	12/29/2011	3,073.00	3,197.00	-124.00
6197.226 GOLDMAN SACHS ABS	12/08/2010	01/26/2012	56,147.00	56,401.00	-254.00
2000. HARBOR INTERNATIONAL	03/19/2009	01/26/2012	22,520.00	14,840.00	7,680.00
225. HOLOGIC INC	05/08/2009	04/19/2011	4,844.00	4,286.00	558.00
185. JOHNSON & JOHNSON	12/28/1984	02/24/2012	11,927.00	417.00	11,510.00
135. L-3 COMMUNICATIONS HL	09/18/2009	08/03/2011	9,909.00	9,555.00	354.00
300. LOWES COS INC	08/16/2010	09/16/2011	6,079.00	5,943.00	136.00
155. MORGAN STANLEY DEAN W	01/08/2010	04/05/2011	4,203.00	5,051.00	-848.00
495. MORGAN STANLEY DEAN W	11/05/2010	12/29/2011	7,489.00	14,292.00	-6,803.00
21. NATIONAL-OILWELL INC	02/08/2011	02/29/2012	1,748.00	1,611.00	137.00
24. NATIONAL-OILWELL INC	02/08/2011	03/01/2012	2,017.00	1,841.00	176.00
95. NIKE INC CL B	05/19/2006	04/11/2011	7,290.00	3,743.00	3,547.00
9779.53 PEGTF ABS 6/15/15	09/17/2007	06/15/2011	9,780.00	10,375.00	-595.00
11264.83 PEGTF ABS 6/15/15	09/17/2007	09/15/2011	11,265.00	11,951.00	-686.00
11729.95 PEGTF ABS 6/15/15	09/17/2007	12/15/2011	11,730.00	12,445.00	-715.00

**6b Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .

Schedule D-1 (Form 1041) 2011

JSA

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ALY308 L035 06/05/2012 09:15:54

23205010814

5 -

Employer identification number

04-6092557

(a) Description of property (Example 100 sh 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 10760.81 PEGTF ABS 6/15/15	09/17/2007	03/15/2012	10,761.00	11,417.00	-656.00
100. RIO TINTO PLC SPONS A	04/27/2010	10/04/2011	4,196.00	4,371.00	-175.00
147. SKYWORKS SOLUTIONS, I	12/08/2010	02/01/2012	3,219.00	4,037.00	-818.00
105. WAL MART STORES INC	08/07/2009	11/18/2011	5,986.00	5,215.00	771.00
<b>6b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .					30,450.00

Schedule D-1 (Form 1041) 2011

FEDERAL CAPITAL GAIN DIVIDENDS  
=====SHORT-TERM CAPITAL GAIN DIVIDENDS  
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QUALIFIED SHORT-TERM CAPITAL GAIN DIVIDENDS	54.00
NONQUALIFIED SHORT-TERM CAPITAL GAIN DIVIDEND	340.00

TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS	394.00
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LONG-TERM CAPITAL GAIN DIVIDENDS  
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## 15% RATE CAPITAL GAIN DIVIDENDS

LONG-TERM 15% CAPITAL GAIN DIVIDENDS	7,321.00
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TOTAL 15% RATE CAPITAL GAIN DIVIDENDS	7,321.00
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TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS	7,321.00
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Silver Bridge

## Investment Detail

23205010814 | SOCIETY PROMOTING THEOLOGICAL EDUC

08-May-2012 10 53 AM ET

**Asset Types:** Cash, Cash Equivalents, Domestic Equity, Fixed Income, International Equity, International Fixed Income, Other  
**Data Current as of:** 31-Mar-2012

## SUMMARY

Asset Type	Market Value	Total Cost
Cash	\$125,967.66	\$125,967.66
Domestic Equity	\$378,195.45	\$330,800.65
Fixed Income	\$1,560,963.08	\$1,447,958.66
International Equity	\$438,368.19	\$338,331.81
<b>Totals</b>	<b>\$2,503,494.38</b>	<b>\$2,243,058.78</b>

## DETAIL

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Cash</b>					
CASH - INCOME	-	18,454.5500	1.0000	\$18,454.55	\$18,454.55
CASH - INVESTED INCOME	-	(18,454.5500)	1.0000	(\$18,454.55)	(\$18,454.55)
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	107,513.1100	100.0000%	\$107,513.11	\$107,513.11
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	18,454.5500	100.0000%	\$18,454.55	\$18,454.55
<b>Subtotal</b>				<b>\$125,967.66</b>	<b>\$125,967.66</b>
<b>Domestic Equity</b>					
ALGER SMIDCAP GROWTH I Ticker ASIMX   Asset ID 015565468	015565468 ASIMX	2,969.1180	17.4200	\$51,722.04	\$35,163.20
ASTON TAMRO SMALL CAP FUND I Ticker ATSIX   Asset ID 00078H141	00078H141 ATSIX	2,815.8170	21.2400	\$59,807.95	\$55,317.81
COHEN & STEERS INSTL RLTY SH Ticker CSRIX   Asset ID 19247U106	19247U106 CSRIX	573.5590	43.3400	\$24,858.05	\$20,000.00

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
DIAMOND HILL LONG/SHORT-I Ticker DHLSX   Asset ID 25264S833	25264S833 DHLSX	4,290 6180	18 1500	\$77,874 72	\$75,000 00
GATEWAY FUND Y Ticker GTEYX   Asset ID 367829884	367829884 GTEYX	2,958 0730	27 0400	\$79,986 29	\$76,670 00
THIRD AVENUE REAL ESTATE VAL Ticker TAREX   Asset ID 884116401	884116401 TAREX	1,406 3280	23 9800	\$33,723 75	\$28,000.00
WALTHAUSEN SMALL CAP VALUE Ticker WSCVX   Asset ID 933310104	933310104 WSCVX	2,940 4360	17 0800	\$50,222 65	\$40,649 64
<b>Subtotal</b>				<b>\$378,195.45</b>	<b>\$330,800.65</b>
<b>Fixed Income</b>					
BANK OF AMERICA 5 125% 11/15/14 Asset ID 060505AU8	060505AU8	50,000 0000	104 5870%	\$52,293 50	\$48,690 00
BLACKROCK STRATEGIC INCOME OPP FD- IN Ticker BSIX   Asset ID 09256H286	09256H286 BSIX	7,763 8920	9 7800	\$75,930 86	\$74,999 20
CATERPILLAR INC 5 700% 8/15/16 Asset ID 149123BM2	149123BM2	50,000 0000	118 2700%	\$59,135 00	\$50,162 50
COMCAST CORP 5 875% 2/15/18 Asset ID 20030NAR2	20030NAR2	50,000 0000	118.3470%	\$59,173 50	\$51,952 00
DELAWARE HIGH YIELD OPPORT I Ticker DHOIX   Asset ID 245908843	245908843 DHOIX	32,873 9130	4 0900	\$134,454 30	\$128,400 00
FHLB 4 750% 12/12/14 Asset ID 3133XN5L9	3133XN5L9	80,000 0000	110 8290%	\$88,663 20	\$81,476 80
FHLB 5 000% 9/14/12 Asset ID 3133XLX73	3133XLX73	100,000 0000	102 1320%	\$102,132 00	\$100,925 00
FHLMC 4 500% 1/15/13 Asset ID 3134A4SA3	3134A4SA3	100,000 0000	103 3630%	\$103,363 00	\$98,721 20
FNMA 4 375% 10/15/15 Asset ID 31359MZC0	31359MZC0	100,000 0000	112 6220%	\$112,622 00	\$108,915 80



Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
GENERAL ELECTRIC MTN 5.450% 1/15/13 Asset ID 36962GZY3	36962GZY3	50,000 0000	103 7140%	\$51,857 00	\$50,510 50
GOLDMAN SACHS 5 125% 1/15/15 Asset ID 38141GEA8	38141GEA8	50,000 0000	106 4330%	\$53,216 50	\$47,776 50
ILLINOIS ST 4 422% 4/01/15 Asset ID 452152FF3	452152FF3	50,000 0000	105 9440%	\$52,972.00	\$50,518 01
JP MORGAN CHASE 6 000% 1/15/18 Asset ID 46625HGY0	46625HGY0	50,000 0000	115 6810%	\$57,840 50	\$48,552 00
LORILLARD TOBACCO CO 6 875% 5/01/20 Asset ID 544152AB7	544152AB7	50,000 0000	117 4960%	\$58,748 00	\$51,500 88
MORGAN STANLEY 5 375% 10/15/15 Asset ID.61746SBR9	61746SBR9	50,000 0000	103 3000%	\$51,650 00	\$45,641 50
ORACLE CORP 5 250% 1/15/16 Asset ID 68402LAC8	68402LAC8	50,000 0000	114 7550%	\$57,377 50	\$48,633 50
PEGTF ABS 6 61% 6/15/15 Ticker PGT6615   Asset ID 69361YAF0	69361YAF0 PGT6615	56,464 8800	104 2590%	\$58,869 72	\$59,905 71
PITNEY BOWES INC 4 625% 10/01/12 Asset ID 724479AF7	724479AF7	50,000 0000	101 7490%	\$50,874 50	\$49,145 50
SIMON PROP GP LP 4 200% 2/01/15 Asset ID.828807CC9	828807CC9	50,000 0000	107 0480%	\$53,524 00	\$52,289 87
U S TREASURY NOTES 4 250% 11/15/14 Asset ID 912828DC1	912828DC1	100,000 0000	109 7660%	\$109,766 00	\$99,316 41
U S. TREASURY NOTES 4 625% 11/15/16 Asset ID 912828FY1	912828FY1	100,000 0000	116 5000%	\$116,500 00	\$99,925.78
<b>Subtotal</b>				<b>\$1,560,963.08</b>	<b>\$1,447,958.66</b>
<b>International Equity</b>					
ARTISAN INTL VALUE FUND-INV Ticker ARTKX   Asset ID 04314H881	04314H881 ARTKX	5,854 9930	27 9200	\$163,471.40	\$145,847 88

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
FORWARD INTL SMALL COMPANY-IN Ticker: PTSCX   Asset ID 349913822	349913822 PTSCX	2,470 0230	13 3500	\$32,974 81	\$30,900 00
HARBOR INTERNATIONAL GRO-INS Ticker: HAIGX   Asset ID 411511801	411511801 HAIGX	10,807 2770	12 0400	\$130,119 62	\$80,190 00
HARDING LOEVNER EMERGING MARKETS Ticker: HLEMX   Asset ID 412295305	412295305 HLEMX	1,503 7990	49 1000	\$73,836 53	\$51,300 01
MATTHEWS PACIFIC TIGER FD-I Ticker: MAPTX   Asset ID 577130107	577130107 MAPTX	1,683 6290	22 5500	\$37,965 83	\$30,093 92
<b>Subtotal</b>				<b>\$438,368.19</b>	<b>\$338,331.81</b>

## Silver Bridge

## Investment Detail

23205010814E | SOC. PROMOTING THEOLOGICAL EDUC LCE

08-May-2012 11 47 AM ET

**Asset Types:** Cash, Cash Equivalents, Domestic Equity, Fixed Income, International Equity, International Fixed Income, Other  
**Data Current as of:** 31-Mar-2012

## SUMMARY

Asset Type	Market Value	Total Cost
Cash	\$34,064.18	\$34,064.18
Domestic Equity	\$544,952.87	\$378,436.31
International Equity	\$34,668.10	\$25,425.85
<b>Totals</b>	<b>\$613,685.15</b>	<b>\$437,926.34</b>

## DETAIL

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Cash</b>					
CASH - INCOME	-	14.6400	1.0000	\$14.64	\$14.64
CASH - INVESTED INCOME	-	(14.6400)	1.0000	(\$14.64)	(\$14.64)
DREYFUS INS CASH ADVANTAGE   Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	34,049.5400	100.0000%	\$34,049.54	\$34,049.54
DREYFUS INS CASH ADVANTAGE   Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	14.6400	100.0000%	\$14.64	\$14.64
<b>Subtotal</b>				<b>\$34,064.18</b>	<b>\$34,064.18</b>
<b>Domestic Equity</b>					
ABBOTT LABS Ticker ABT   Asset ID 002824100	002824100 ABT	225.0000	61.2900	\$13,790.25	\$10,689.74
AFLAC INC Ticker AFL   Asset ID 001055102	001055102 AFL	265.0000	45.9900	\$12,187.35	\$7,955.91
AMAZON COM INC Ticker AMZN   Asset ID 023135106	023135106 AMZN	65.0000	202.5100	\$13,163.15	\$9,932.00
AMERIPRISE FINANCIAL INC Ticker AMP   Asset ID 03076C106	03076C106 AMP	265.0000	57.1300	\$15,139.45	\$15,630.12
AMGEN INC Ticker AMGN   Asset ID 031162100	031162100 AMGN	165.0000	67.9700	\$11,215.05	\$8,316.54
APPLE INC Ticker AAPL   Asset ID 037833100	037833100 AAPL	49.0000	599.5500	\$29,377.95	\$4,737.30
BAXTER INTL INC Ticker BAX   Asset	071813109 BAX	95.0000	59.7800	\$5,679.10	\$4,846.72

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
ID 071813109					
CELGENE CORP Ticker: CELG   Asset ID 151020104	151020104 CELG	205 0000	77 5200	\$15,891 60	\$10,046 55
CHESAPEAKE ENERGY CORP Ticker: CHK   Asset ID 165167107	165167107 CHK	855 0000	23 1700	\$19,810 35	\$18,044 60
CHEVRON CORPORATION Ticker: CVX   Asset ID 166764100	166764100 CVX	110 0000	107 2100	\$11,793 10	\$6,313 45
COLGATE PALMOLIVE CO Ticker: CL   Asset ID 194162103	194162103 CL	125 0000	97 7800	\$12,222 50	\$10,364 53
COMCAST CORP- CL A Ticker: CMCSA   Asset ID 20030N101	20030N101 CMCSA	520 0000	30 0100	\$15,605 20	\$8,462 67
CONCHO RESOURCES Ticker: CXO   Asset ID 20605P101	20605P101 CXO	83 0000	102 0800	\$8,472 64	\$7,924 85
CONSTELLATION BRANDS INC Ticker: STZ   Asset ID: 21036P108	21036P108 STZ	435 0000	23.5900	\$10,261 65	\$8,618.85
DISCOVERY COMMUNICATIONS CL A Ticker: DISCA   Asset ID 25470F104	25470F104 DISCA	180 0000	50 6000	\$9,108 00	\$7,183 80
EMERSON ELEC CO Ticker: EMR   Asset ID 291011104	291011104 EMR	170 0000	52 1800	\$8,870 60	\$4,961 97
EXXON MOBIL CORPORATION Ticker: XOM   Asset ID: 30231G102	30231G102 XOM	115.0000	86 7300	\$9,973 95	\$3,837.55
F5 NETWORKS INC  Ticker: FFIV   Asset ID 315616102	315616102 FFIV	60 0000	134 9600	\$8,097 60	\$5,961.14
FEDEX CORPORATION Ticker: FDX   Asset ID 31428X106	31428X106 FDX	65 0000	91 9600	\$5,977 40	\$5,475 13
FREPORTMCMORAN COPPER AND GOLD INC Ticker: FCX   Asset ID 35671D857	35671D857 FCX	200.0000	38 0400	\$7,608 00	\$8,880 32
GENERAL ELECTRIC CORP Ticker: GE   Asset ID 369604103	369604103 GE	690 0000	20 0700	\$13,848.30	\$2,948 14
GOOGLE INC-CL A Ticker: GOOG   Asset ID 38259P508	38259P508 GOOG	10 0000	641 2400	\$6,412 40	\$5,999.77
HOLOGIC INC Ticker: HOLX   Asset ID 436440101	436440101 HOLX	390 0000	21 5500	\$8,404 50	\$4,831.76
HONEYWELL INTERNATIONAL INC	438516106 HON	225 0000	61 0500	\$13,736 25	\$11,131.58

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
Ticker HON   Asset ID 438516106					
INTEL CORP Ticker:INTC   Asset ID 458140100	458140100 INTC	525 0000	28.1150	\$14,760 38	\$10,906 15
INTERNATIONAL BUSINESS MACHINES CORP Ticker:IBM   Asset ID 459200101	459200101 IBM	75.0000	208 6500	\$15,648 75	\$4,765 78
JP MORGAN CHASE & CO Ticker JPM   Asset ID 46625H100	46625H100 JPM	305 0000	45 9800	\$14,023 90	\$13,131 21
KROGER CO Ticker KR   Asset ID 501044101	501044101 KR	495 0000	24 2300	\$11,993 85	\$11,857.51
MCDONALDS CORP Ticker MCD   Asset ID 580135101	580135101 MCD	170 0000	98 1000	\$16,677 00	\$9,382 42
MICROSOFT CORP  Ticker MSFT   Asset ID 594918104	594918104 MSFT	760.0000	32 2550	\$24,513 80	\$17,234 47
NATIONAL- OILWELL INC Ticker NOV   Asset ID 637071101	637071101 NOV	145 0000	79 4700	\$11,523 15	\$10,392 16
PROCTER & GAMBLE CO Ticker PG   Asset ID 742718109	742718109 PG	180 0000	67 2100	\$12,097 80	\$7,009 02
QUALCOMM INC Ticker QCOM   Asset ID 747525103	747525103 QCOM	275.0000	68 0600	\$18,716 50	\$10,825 71
SKYWORKS SOLUTIONS INC Ticker SWKS   Asset ID 83088M102	83088M102 SWKS	528 0000	27 6500	\$14,599 20	\$10,327 95
TARGET CORP Ticker:TGT   Asset ID 87612E106	87612E106 TGT	230 0000	58 2700	\$13,402 10	\$10,953 48
THE MOSAIC COMPANY Ticker MOS   Asset ID 61945C103	61945C103 MOS	165 0000	55 2900	\$9,122 85	\$8,573 18
UNITED TECHNOLOGIES CORP Ticker UTX   Asset ID 913017109	913017109 UTX	125 0000	82 9400	\$10,367 50	\$3,734 37
US BANCORP NEW  Ticker USB   Asset ID 902973304	902973304 USB	495 0000	31 6800	\$15,681 60	\$12,349 81
VERIZON COMMUNICATIONS  Ticker.VZ   Asset ID 92343V104	92343V104 VZ	505 0000	38 2300	\$19,306.15	\$15,306 32
WAL MART STORES INC Ticker.WMT   Asset ID 931142103	931142103 WMT	150 0000	61 2000	\$9,180 00	\$7,384 39
WELLS FARGO & CO	949746101 WFC	490 0000	34 1400	\$16,728 60	\$11,971 61

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
Ticker: WFC   Asset ID 949746101					
ZIMMER HLDGS INC Ticker: ZMH   Asset ID 98956P102	98956P102 ZMH	155 0000	64 2800	\$9,963 40	\$9,235 78
<b>Subtotal</b>				<b>\$544,952.87</b>	<b>\$378,436.31</b>
<b>International Equity</b>					
DIAGEO PLC SPONS ADR Ticker: DEO   Asset ID 25243Q205	25243Q205 DEO	125 0000	96 5000	\$12,062.50	\$8,878 01
ENSCO PLC SPONS ADR Ticker: ESV   Asset ID 29358Q109	29358Q109 ESV	210 0000	52 9300	\$11,115 30	\$9,468 83
TEVA PHARMACEUTICAL INDS LTD ADR Ticker: TEVA   Asset ID 881624209	881624209 TEVA	255 0000	45 0600	\$11,490 30	\$7,079 01
<b>Subtotal</b>				<b>\$34,668.10</b>	<b>\$25,425.85</b>

Silver Bridge\*

## Investment Detail

23205010823 | SOCIETY PROMOTING THEOL ED-INV INC

08-May-2012 10 52 AM ET

**Asset Types:** Cash, Cash Equivalents, Domestic Equity, Fixed Income, International Equity, International Fixed Income, Other  
**Data Current as of:** 31-Mar-2012

## SUMMARY

Asset Type	Market Value	Total Cost
Cash	\$112,218.39	\$112,218.39
<b>Totals</b>	<b>\$112,218.39</b>	<b>\$112,218.39</b>

## DETAIL

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Cash</b>					
CASH - INCOME	-	106,338.2500	1.0000	\$106,338.25	\$106,338.25
CASH - INVESTED INCOME	-	(106,338.2500)	1.0000	(\$106,338.25)	(\$106,338.25)
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	5,880.1400	100.0000%	\$5,880.14	\$5,880.14
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	106,338.2500	100.0000%	\$106,338.25	\$106,338.25
<b>Subtotal</b>				<b>\$112,218.39</b>	<b>\$112,218.39</b>