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DLN: 93493314007082

# Form **990**

Department of the Treasury

## **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)

OMB No 1545-0047

Open to Public

Internal	Revenue	Service	► The organization may have to use a copy of	of this return to sati	isfy state	reporting i	requireme	ents	Inspection		
			lendar year, or tax year beginning 07-01-2011	and ending 06-30	0-2012		D Employ	er ident	ification number		
		pplicable	<b>C</b> Name of organization The Moody Bible Institute of Chicago						incacion number		
	dress ch	_	Doing Business As			-	36-21 E Telepho		ber		
	me cha	_					(312)	329-40	0.0		
_	tıal retu		Number and street (or P O box if mail is not delivered 820 N LaSalle Blvd	to street address) Ro	om/suite	-			.36,736,479		
	rmınate					-					
	ended		City or town, state or country, and ZIP + 4 Chicago, IL 60610								
App	plication	pending									
			F Name and address of principal officer J Paul Nyquist		H(	a) Is this		return fo			
			820 N LaSalle Blvd			affiliat	es?		┌ Yes		
			Chicago,IL 60610		H(	b) Are all	affiliates i	ncluded	?		
 т Та	x-exem	npt status	▼ 501(c)(3)	947(a)(1) or					ee instructions)		
				347(d)(1) 01   327	н(	c) Group	exempti	on numi	oer <b>F</b>		
			w moodyministries net								
			Corporation Trust Association Other		L	Year of for	nation 188	37 <b>M</b> S	tate of legal domicile IL		
Pa	rt I		mary								
Activities & Governance	1 1	Moody B maturing includes	escribe the organization's mission or most sign ible Institute is a higher education and media r i followers of Christ who are making disciples at a fully-accredited undergraduate school and so adio and Moody Publishers	ninistry that exists round the world Mo	ody is bes	st known fo	or its edu	cation b	ranch, which		
3	2 0	Check th	nis box 🛌 if the organization discontinued its	operations or dispo	sed of mo	re than 25	5% of its	net ass	ets		
න් ග			of voting members of the governing body (Part					3	10		
₽	1		of independent voting members of the governing					4	9		
ਹੁੰ	5	Total nur	mber of ındıvıduals employed ın calendar year 2	2011 (Part V, line 2	2a)			5	2,029		
4	6	Total nur	mber of volunteers (estimate if necessary) .			6	20				
	1		related business revenue from Part VIII, colum		•			7a	33,109		
	ь	Net unre	lated business taxable income from Form 990-	T, line 34		D-1	<u> </u>	7b			
	8	Control	hutions and grants (Part VIII June 1h)		_	Prior	<b>Year</b> 39,010,5	4.2	Current Year		
ē	9		butions and grants (Part VIII, line 1h) im service revenue (Part VIII, line 2g)					_	48,842,156		
Revenue	10		ment income (Part VIII, column (A), lines 3, 4		_	51,799,23 3,446,33			1,439,435		
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c		_	507,408			921,220		
	12	Total r	revenue—add lines 8 through 11 (must equal Pa	art VIII, column (A	( ), line	94,763,518			402022574		
	12		and sımılar amounts paıd (Part IX, column (A)				1,306,4		103,923,674		
	13 14		ts paid to or for members (Part IX, column (A),		_		1,300,4	0 9	1,538,140		
	15		es, other compensation, employee benefits (Pa	-	_						
Expenses		5-10)		, , , , ,			53,412,0		53,277,455		
<u>ē</u>	16a		sional fundraising fees (Part IX, column (A), lin	662,9	40	859,728					
ठ	b		ndraising expenses (Part IX, column (D), line 25) •8,504			27.402.604					
	17 18		expenses (Part IX, column (A), lines 11a-11d expenses Add lines 13-17 (must equal Part I)		_				39,783,137		
	18		expenses Add lines 13-17 (must equal Part 1) ue less expenses Subtract line 18 from line 12		· —		92,864,0 1,899,4		95,458,460 8,465,214		
<b>≥</b> 00	1			<u> </u>		Beginning		_			
900 2000 2000						Ye	ear		End of Year		
Ass. Bal	20		assets (Part X, line 16)				44,172,9		353,659,621		
Net Assets or Fund Balances	21		labilities (Part X, line 26)		·		20,668,4		233,820,090		
	22		sets or fund balances Subtract line 21 from lir	ne 20		17	23,504,4	/ 9	119,839,531		
Unde know		ties of pe	<b>ature Block</b> erjury, I declare that I have examined this return, i f, it is true, correct, and complete. Declaration of p								
		****					.2-11-09				
Sigr		Signa	ature of officer			Dat	e		_		
Here	е	Kenneth D Heulitt CFO Type or print name and title									
		· · · ·		Data	GL	·£	Dr	. ta	udontification		
D-!-I		Preparer signature		Date	Check self-		Preparer's   (see instri		dentification number		
Paid Pren:	arer's		*		emplo	yed 🕨 🦳					
Use (							EIN Þ				
<del>-</del> ·	- · · · · ·	address,	and ZIP + 4 '				Phone no	<b>•</b>			
								r			

orm	1990 (2011) Page 2
Par	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
ollo	dy Bible Institute is a higher education and media ministry that exists to equip people with the truth of God's Word to be maturing wers of Christ who are making disciples around the world Moody is best known for its education branch, which includes a fully-accredited rgraduate school and seminary, as well as distance learning Other primary ministries include Moody Radio and Moody Publishers
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
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 \$ 45,614,116 including grants of \$ 1,538,140 ) (Revenue \$ 27,642,055 )
	Education Through our undergraduate and graduate schools, and the distance learning center resources, we educate and train individuals to proclaim the gospel of Jesus Christ, to promote evangelism and to serve the evangelical Christian church vocationally and/or avocationally in its worldwide ministry Number of Students (2011-2012 school year) Undergraduate School 2,946 Graduate School 584Forty-eight states and fifty-two countries are represented in the undergraduate and graduate school International students are 6 0% of the total Undergraduate degrees (A B S , B A , B Mus , B S MAT, and B S ) are offered in various majors including Bible, Communications, Educational Ministries, Sports Ministry, Missionary Aviation and Technology, Pastoral Studies, Sacred Music, Theology, World Missions and Evangelism, Ministry Leadership Graduate degree programs include Master of Divinity (MDiv), Master of Ministry (MMin), Master of Arts in Biblical Studies (MABS), Master of Arts in Intercultural Studies/Urban (MAIS/US), Master of Arts in Spiritual Formation/Discipleship (MASF/D), Graduate Certificate (GSC), Master of Arts in Counseling Psychology, Master of Theological Studies, Master of Arts in Christian Education, Master of Arts in Pastoral Ministry Distance Learning resources include On-line undergraduate and graduate courses, correspondence courses, extension classrooms, and AM Bible software
41.	(Code ) (Expenses \$ 17,399,203 including grants of \$ ) (Revenue \$ 18,168,313 )
4b	(Code ) (Expenses \$ 17,399,203 including grants of \$ ) (Revenue \$ 18,168,313 )  Publishing The vision of Moody Publishers (MP) is to help our readers know, love and serve Jesus Christ. The mission of MP is to evangelize, educate, and equip individuals by publishing conservative evangelical Christian literature and other media for all ages around the world. In doing so, MP provides resources for MBI to train future Christian leaders Each year MP seeks to add approximately Seventy new titles to its collection, which now includes more than one thousand titles in print This year's most successful publications come from long-time MP authors Gary Chapman, Nancy Leigh DeMoss and John MacArthur. Gary Chapman is the author of the #1 New York Times Bestseller "The Five Love Languages" with over 7 million copies sold. Nancy Leigh DeMoss is the host and teacher for Revive our Hearts. John MacArthur is pastor-teacher of Grace Community Church in California.
<b>4</b> c	(Code ) (Expenses \$ 15,111,985 including grants of \$ ) (Revenue \$ 3,996,259)  Broadcasting Through the operation of 36 noncommercial Christian radio stations across the United States, Moody Radio broadcasts Christ centered radio programming of Bible messages, inspirational music, newscasts, current events, and special features. Moody Radio is also a major producer of original Christian programming content, which is carried by over 1000 radio outlets around the country. Moody Radio also programs multiple unique internet streams, along with providing programming via new smart-phone technology Signature Moody Radio programming includes Today in the Word, Moody Presents, Midday Connection, Chris Fabry Livel, In the Market with Janet Parshall, Music Thru the Night, Sound of Majesty, Sunday Praise, and The Land and the Book with Charlie Dyer. Special broadcasts throughout the year include MBI's Founder's Week, Pastor's Conference, as well as broadcasts of Moody's Music Department's concerts like Candlelight Carols and The Messiah. Additional services and programming are made available at www moodyradio org.
44	Other presume company (December in Cabadula O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 5,557,255 including grants of \$ ) (Revenue \$ 2,914,236)
4e	Total program service expenses►\$ 83,682,559

Form 990 (	2011)	
Part IV	Checklist of Required	Schedules

			., 1	
_			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 🕏	2	Yes	
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		N o
4	<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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	Yes	
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\blacksquare$	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		N o
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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		N o
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		N o
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	Yes	
		F (	orm <b>990</b>	(2011)

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 $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 9,419			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
<b></b>	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
h	,			INU
O	If "Yes," enter the name of the foreign country \( \blacktriangle \) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See machiquetions for mining requirements for Form בים בים המניסור או המניסור סוד סופוקה שמחג and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
~ •••	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u></u>
_	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).		 	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<del></del>		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
_	Contract?			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	,		1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
42	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		No
-	allocated to each state	134		INU
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Nο

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

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphy man benefit and a state of the second of the second of the term.			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		•
Re	evenue Code.)			1
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	160		N.o.
h	taxable entity during the year?	16a		No
J	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		l No
Se	ection C. Disclosure			
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization February Ken Heulitt

820 N LaSalle Blvd Chicago IL 60610

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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

tion nor any rel	ated or	ganız	zatio	ns c	ompe	ensa	ted any current or fo	ormer officer, direct	or, or trustee
(B) A verage hours per week (describe	more unles an	(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-	(F) Estimated amount of other compensation from the organization and
hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee  Key employee  Officer  Institutional Trustee  Individual trustee  or director		Former		MISC)	related organizations		
38 75	х		х				264,997	0	41,661
2 00	х						0	0	0
2 00	х						0	0	0
2 00	х						0	0	0
2 00	х						0	0	0
2 00	х						0	0	0
2 50	х		х				0	0	0
2 50	х		х				0	0	0
2 50	х		х				0	0	0
2 50	х		х				0	0	0
38 75			Х				86,379	0	20,119
38 75			х				87,923	0	20,160
38 75			х				94,528	0	25,148
38 75			х				119,265	0	27,511
38 75			х				105,576	0	20,618
38 75			х				0	0	0
38 75			х				147,090	0	30,709
	(B) Average hours per week (describe hours for related organizations in Schedule O)  38 75 2 00 2 00 2 00 2 00 2 00 2 50 2 50 2 5	(B)       A verage hours per week (describe hours for related organizations in Schedule O)       Positi more unless and direction of the for related organizations in Schedule O)         38 75       X         2 00       X         2 50       X         2 50       X         2 50       X         38 75       X         38 75       38 75         38 75       38 75         38 75       38 75         38 75       38 75         38 75       38 75         38 75       38 75         38 75       38 75	(B) A verage hours per week (describe hours for related organizations in Schedule O)  38 75  2 00  2 00  2 00  X  2 50  X  2 50  X  2 50  X  38 75  38 75  38 75  38 75  38 75  38 75  38 75  38 75  38 75  38 75  38 75	(B)         (C)           A verage hours per week (describe hours for related organizations in Schedule O)         Individual trustee long an officer and director/trustee long and and director/truste	(B) A verage hours per week (describe hours for related organizations in Schedule O)  38 75  2 00  2 00  X  3 0 0  X  4 0  4 0  4 0  6 0  6 0  6 0  6 0  6 0	(B)         (C)           A verage hours per week (describe hours for related organizations In Schedule O)         Institutional Trustee         A x x x x x x x x x x x x x x x x x x x	CC	(B)         Average hours per lowek (describe 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)           38 75         X         X         X         Individual full organization (W-2/1099-MISC)           38 75         X         X         X         Individual full organization (W-2/1099-MISC)           2 00         X         X         X         264,997           2 00         X         X         X         0           2 50         X         X         X         0           2 50         X         X         X         0           2 50         X         X         X         0           38 75         X         X         X         0           38 75         X         X         0         0           38 75<	A verage hours per more than one box, unless person is both an officer and a director/trustee)   A verage hours per more than one box, unless person is both an officer and a director/trustee)   A verage hours for related organizations in Schedule   O)   Individual Individu

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

(A) Name and	(describe director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(18) Larry J Davidhizar Vice President		38 75			х				89,793	0	16,042
(19) Kenneth D Heulitt CFO		38 75			х				168,403	0	15,191
(20) Elizabeth A S Brown General Counsel		38 75			х				89,793	0	17,884
(21) Junias V Venugopal Provost		38 75			х				163,069	0	38,360
(22) Christine K Gorz Vice President		38 75			х				81,705	0	19,213
(23) Collin G Lambert Vice President		38 75			х				109,392	0	26,006
(24) William D Thrasher Professor-Seminary		38 75					Х		103,482	0	26,163
(25) Douglas W Hastings Manager, Radio Adm		38 75					Х		106,238	0	20,665
(26) Linda M Wahr Controller		38 75					х		101,859	0	13,894
(27) Stephen A Oakley General Counsel		39 00						х	120,044	0	19,510
(28) Edward W Cannon COO		39 00						х	185,205	0	733
1b Sub-Total .				<u> </u>	<u> </u>	<u> </u>		<u> </u>			
c Total from con	tinuation sheets							►			
d Total (add line	s 1b and 1c) .							►	2,224,741		399,587
2 Total number o		uding but not lim	nited to	thos	e lıs	ted	above	) who	received more tha	n	

			165	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3	Yes	
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	4	Yes	
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	5		No

#### 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)	(B)	(C)
Name and business address	Description of services	Compensation
Oracle America PO Box 203448 Dallas, TX 75320	Software Support	366,944
KMA Direct Communication 5151 Belt Line Rd Suite 900 Dallas, TX 75254	Consultant Fdraising	2,389,489
Integra Color 3210 Innovative Way Mesquite, TX 75149	Printing / Publishng	387,928
Ingenooity Inc 25657 South Kensington Lane Monee, IL 60449	Website development	299,819
Great Lake Elevator Service 1480 Renaissance Drive S 203 Park Ridge, IL 60068	Elevator Service	315,291
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

Form 99			f Davis and					Page <b>9</b>
Part	<b>/***</b> 1	Statement o	r Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam	paigns 1a					
ora C	b	Membership du	es <b>1b</b>					
3,€	C	Fundraising eve	ents 1c					
ਜ਼ੁੱਦੂ ਜ਼ੁੱਦ	d		rations 1d					
a Sign	e	Government grants						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	48,842,156				
S E	h		s 1a-1f	▶	48,842,156			
				Business Code				
JI.	2a	Tuition and Studen	t Fees	900099	16,020,494	16,020,494		
Program Serwce Revenue	ь	Sales of Literature		900099	18,088,848	18,088,848		
93	c	Other-Public Service	e	900099	6,989,960	6,989,960		
ē. Z	d	Auxilliary Services		900099	11,621,561	11,621,561		
8	e							
Ž E	f	All other progra	m service revenue					
ξ	g	Total. Add lines	s 2a – 2f	<u></u> ▶	52,720,863			
	3	Investmentinc	ome (ıncludıng dıvıden	ds, interest				
		and other simila	aramounts)	▶ [	3,436,243			3,436,243
	4	Income from inves	tment of tax-exempt bond	proceeds	0			
	5	Royalties			0			
	_	C	(ı) Real 1,484,864	(II) Personal 33,109				
	6a b	Gross rents Less rental	596,753	33,109				
	-	expenses Rental income	888,111	33,109				
	C	or (loss)		,	004.000		22.400	
	d	Net rental incoi	me or (loss)		921,220		33,109	888,111
	7a	Gross amount from sales of assets other	(1) Securities 29,988,669	(II) O ther 230,575				
	ь	than inventory Less cost or other basis and	32,196,308	19,744				
	c	sales expenses Gain or (loss)	-2,207,639	210,831				
	d	Net gain or (los	s)		-1,996,808			-1,996,808
ıne	8a	Gross income for events (not income)						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18					
her	ь	Less direct ex	penses <b>b</b>					
ŏ	С	Net income or (	loss) from fundraising	events 🕨	o			
	9a	Gross income f See Part IV, lin	rom gaming activities e 19					
	b c		penses <b>b</b> (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	loss) from sales of inv	entory ►	0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d		О			
	12	Total revenue.	See Instructions .	▶├				
					103,923,674	52,720,863	33,109	2,327,546

## 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 no	Oo not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,538,140	1,538,140		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,087,188	1,543,636	464,802	78,750
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	123,800	123,800		
7	Other salaries and wages	37,715,651	34,663,033	1,035,841	2,016,777
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,747,615	4,338,539	153,857	255,219
9	Other employee benefits	6,069,124	5,534,723	212,596	321,805
10	Payroll taxes	2,534,077	2,308,064	92,534	133,479
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	292,742	194,824	90,249	7,669
С	Accounting	163,455	,	163,455	<u> </u>
d	Lobbying	0		,	
e	Professional fundraising See Part IV, line 17	859,728			859,728
f	Investment management fees	292,805	292,805		· · · · · · · · · · · · · · · · · · ·
g	Other	34,090	34,090		
12	Advertising and promotion	4,509,730	3,671,342	125,052	713,336
13	Office expenses	3,862,575	3,175,307	138,785	548,483
14	Information technology	1,278,875	1,128,798	84,533	65,544
15	Royalties	3,514,851	3,514,851	,	
16	Occupancy	3,988,574	3,766,693	195,221	26,660
17	Travel	1,899,120	859,021	92,061	948,038
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	<u> </u>
19	Conferences, conventions, and meetings	205,603	190,643	14,960	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,325,386	5,146,683	87,239	91,464
23	Insurance	490,401	415,410	13,456	61,535
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Student Dining	1,550,100	1,550,100		
b	Other Outside Services	2,765,260	2,460,183	181,568	123,509
c	Other Fundraising Expense	1,746,972			1,746,972
d	Miscellaneous Expense	1,518,605	926,538	121,854	470,214
e	Cost of Sales	4,160,765	4,156,419		4,346
f	All other expenses	2,183,228	2,148,917	3,378	30,932
25	Total functional expenses. Add lines 1 through 24f	95,458,460	83,682,559	3,271,441	8,504,460
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,523,821	1,205,880		181,812

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,913,238 2,645,018 1 4.772.009 6.176.996 2 2 3 6,579,405 7,289,627 5.198.329 5.541.944 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 713,789 927,806 7 4.355.098 4.836.720 8 9 2.182.850 9 2.120.757 Prepaid expenses and deferred charges . . . . . . . 10a 150,297,034 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 96,442,933 b Less accumulated depreciation . . . . . 54,436,479 10c 53,854,101 91,532,246 11 97,083,734 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 8,787,831 8,341,313 14 Intangible assets . . . . . . . . . 14 162,006,020 15 165,537,244 15 344,172,933 353,659,621 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 8,957,106 17 8,892,733 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 211,711,348 25 224,927,357 D . . . . . 26 220,668,454 26 233,820,090 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 49,362,926 27 34,779,842 Unrestricted net assets . . . . 44,589,077 28 52,654,846 28 Temporarily restricted net assets . . . . . Fund 29 29,552,476 29 32,404,843 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 123.504.479 33 119.839.531 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 344.172.933 34 353.659.621

Pal	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		103,9	23,674				
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,45						
3	Revenue less expenses Subtract line 2 from line 1	3		8,4	165,214				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4								
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-12,1	130,162				
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		119,8	39,531				
Par	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			T	No				
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes					
C	If "Yes," to 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		2c	Yes					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued							
	☐ Separate basis ☐ Both consolidated and separated basis				1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes					

**Employer identification number** 

## OMB No 1545-0047

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

The Moody Bible Institute of Chicago 36-2167792 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(iii) Type of organization (described on EIN lines 1- 9 above or IRC section (see (iv) Is the organization in col (i) listed in your governing document?		e Ion In ted In IrnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

## **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 36-2167792

Name: The Moody Bible Institute of Chicago

#### Form 990, Special Condition Description:

### **Special Condition Description**

DLN: 93493314007082

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

	<b>me of the organization</b> Moody Bible Institute of Chicago	Employer identification number					
		36-2167792					
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	990, Part IV, line 6.	<u> </u>				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	4					
2	Aggregate contributions to (during year)	55,700					
3	Aggregate grants from (during year)	14,166					
4	Aggregate value at end of year	392,405					
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the	_	or advised				
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit						
Pai	rt II Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.				
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quae easement on the last day of the tax year	tion or pleasure)  Preservation of an Preservation of a co	historically importantly land area ertified historic structure of a conservation				
	casement on the last day of the tax year	Г	Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easement	2b					
c	Number of conservation easements on a certified h	<del>-</del>	2c				
d	Number of conservation easements included in (c)	` '	2d				
3	Number of conservation easements modified, trans						
•	the taxable year -	refred, refeased, extinguished, or terminated	a by the organization during				
4	Number of states where property subject to conser	vation easement is located ►	_				
5	Does the organization have a written policy regards enforcement of the conservation easements it holds		ling of violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easeme	ents during the year ▶				
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easements	during the year				
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	Tion Yes No				
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financial :					
Par	Complete if the organization answered		or Other Similar Assets.				
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	h in furtherance of public service,				
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research in					
	(i) Revenues included in Form 990, Part VIII, line	1	<b>▶</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				
2	If the organization received or held works of art, his following amounts required to be reported under SF.						

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	<b>311</b> Organizations Maintaining Co	llections of Art,	, HIS	tori	cal Tre	asures, or O	the	r Similar	Asse	ts (cc	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	_	_		se of its col	lection	1	
а	a										
b	<b>b</b> Scholarly research <b>e</b> Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	w the	v further	the organization	's ex	empt purpo	sein		
	Part XIV					_			JC 111		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ıılar	Г	Yes	□ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the	organız	ation answered		es" to Fori			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ving t	able	Г			Amou	.mt	
_	Danis and Indiana						1.		AIIIOU	1111	
ч С	Beginning balance					<b>-</b>	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo		21?							Yes	No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete			)Prior				t IV, line 1 Three Years I		NEOUR V	oars Pack
1a	Beginning of year balance	(a)Current Year 52,361,693	(D		2,716,952	(c)Two Years Back 39,014,49	Ť	Jimee fears	васк (е	e)rour t	ears back
b	Contributions	2,753,932			3,827,990	349,89					
_		-926,169			5,329,926	4,589,77	_				
C	Investment earnings or losses	684,121			453,805	282,42					
d	Grants or scholarships	703,288			59,370	954,78	_		_		
е	Other expenditures for facilities and programs	703,288			39,370	334,70	"				
f	Administrative expenses										
g	End of year balance	52,802,047		52	2,361,693	42,716,95	52				
2	Provide the estimated percentage of the yea	r end balance held a	s		I		-				
a	Board designated or quasi-endowment	32 000 %									
b	Permanent endowment ► 61 000 %										
C	remirendowinem -		. +	+h-+ -	المامط مسم		l <b>6</b> ~	<b>+</b> h -			
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition	tilat 6	are neid a	and administered	101	the		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations							[	3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	ched	lule R?			[	3b		No
4	Describe in Part XIV the intended uses of th	e organızatıon's end	lowm	ent fu	ınds						
Pai	t VI Land, Buildings, and Equipme	nt. See Form 990	0, Pa	rt X	, line 10	).					
	Description of property				Cost or ot s (investm			(c) Accumu depreciati		( <b>d</b> ) Bo	ok value
1a	Land					14,394	,622			1	4,394,622
b	Buildings					111,023	,268	78,53	3,369	3	2,489,899
	Leasehold improvements					<u> </u>	,578		5,506		695,072
	Equipment					13,837		12,00			, 1,829,433
	Other					10,071	•		6,027		4,445,075
	I. Add lines 1a-1e (Column (d) should equal Fo		nn (B)	), line	10(c).)	·		<u> </u>	,		3,854,101
	- (	, ,	(-)	,	1-7-7	<u>-</u>			do D (E		90) 2011

Part VIII Investments—Other Securities. See I	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method o	
(1)Financial derivatives		Cost or end-of-ye	ai illaiket value
(2)Closely-held equity interests Other			
O tilei			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method o	
		Cost or end-of-ye	ar market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
(1) Trust Holdings			160,957,640
(2) Other			343,707
(3) Investments other			2,442,165
(4) Investments in land and buildings			
(4) Thivestillents in faild and buildings			1,793,732
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)		165,537,244
Part X Other Liabilities. See Form 990, Part X		•	
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	. ,		
	127726776		
Trust O bligations	127,726,776		
Other	158,095		
Annuity Contract Actuarial Reserve	46,101,746		
Accrued Pens & Postretirement Health Be	50,940,740		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	224,927,357		
, , , , , , , , , , , , , , , , , , , ,	1,7 - 1,3 3 /		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	103,923,674
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	95,458,460
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,465,214
4	Net unrealized gains (losses) on investments	4	-223,973
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,906,189
9	Total adjustments (net) Add lines 4 - 8	9	-12,130,162
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,664,948
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	107,020,748
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,740,245
3	Subtract line <b>2e</b> from line <b>1</b>	3	104,280,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 239,924		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-356,829
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	103,923,674
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	97,281,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	2,163,149
3	Subtract line <b>2e</b> from line <b>1</b>	3	95,118,118
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 239,924		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	340,342
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	95,458,460
Pa	rt XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Income Taxes The Institute has received a determination letter from the Internal Revenue Service indicating that the Institute has been recognized as tax-exempt pursuant to Section 501(c) (3) of the Internal Revenue Code and, except for taxes pertaining to unrelated business income, is exempt from federal and state income taxes. No provision has been made for income taxes in the accompanying financial statements, as the Institute has had no significant unrelated business income The Institute adopted guidance issued by the FASB with respect to accounting for uncertainty in income taxes as of July 1, 2009. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The adoption had no effect on the Institute's financial statements. The Institute recognizes interest and penalties related to unrecognized tax benefits in interest and income tax expense, respectively. The Institute has no amounts accrued for interest or penalties as of June 30, 2012. Due to its tax-exempt status, the Institute is not subject to U.S. federal income tax or state income tax. The Institute is no longer subject to examination by U.S. federal or state taxing authorities for years before June 30, 2009. The Institute does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months.
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Asset Retirement Obligation \$100418
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Rental expense \$596753 Michigan Theological Seminary Expense \$1566396
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Endowment Gifts \$-2832055 Michigan Theological Seminary Income \$1455366 Operating Investment Inc vs Non - Oper \$4116934
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in value of postretirement health \$2261479 Change in Value of Pension Obligation \$ -13524510 Change in value of split interest agreements \$ -643158
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	Permanently restricted endowment has been given for basically two purposes. Operating expenses of the Institute including maintenance of certain buildings, and Scholarships for students

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As Filed Data -

DLN: 93493314007082

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

**Schools** 

Name of the organization **Employer identification number** The Moody Bible Institute of Chicago 36-2167792 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No\_ 5g

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

h Other extracurricular activities?

5h

6a

Yes

Yes

Νo

Νo

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		Racial discrimination policy is printed in the school catalog
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		MBI receives Federal funds in the form of Pell, Work Study and Supplemental Educational Opportunity Grants, and the Veterans Administration

Schedule E (Form 990 or 990-EZ) 2011

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

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization The Moody Bible Institute of Chicago **Employer identification number** 

36-2167792

Part I	Fundraising	Activities.	Complete	ıf the or	ganızatıon	answered	"Yes"	to Form $9$	990,	Part IV	, line 17	٧.
--------	-------------	-------------	----------	-----------	------------	----------	-------	-------------	------	---------	-----------	----

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- ✓ Mail solicitations e Solicitation of non-government grants
- ▼ Solicitation of government grants Internet and e-mail solicitations
- Phone solicitations ✓ Special fundraising events
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Douglas Shaw 1717 Park St Naperville, IL 60563	Consulting		No	2,092,288	56,350	2,035,938	
	Consulting						
Timothy Group 1663 Sutherland			No	3,787,972	82,500	3,705,472	
Grand Rapı, MI 49508							
DonorCare 4535 Strausser N Canton, OH 44720	Phone		No	319,277	106,510	212,767	
KMA Direct Comm 7160 Dallas Pky Plano, TX 75024	Direct mail		No	10,615,840	614,368	10,001,472	
			<b>.</b>	16,815,377	859,728	15,955,649	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

WA, WY, WI, WV, VA, VT, UT, TX, TN, SD, SC, RI, PA, OR, OK, OH, ND, NC, NY, NM, NJ, NH, NV, NE, MT, MO, MS, MN, MI, MA, MD, ME, , KY, KS, IA, IN, IL, ID, HI, GA, FL, DC, DE, CT, CO, CA, AR, AZ, AK, AL

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
.   7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	<b>.</b>	(
111	•	_	• •		,
art I	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
<b>b</b> If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

DLN: 93493314007082

Open to Public Inspection

Employer identification number

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 the selection criteria used to award the grants or assistance?	ce, and	▽ Yes □
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization of Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received Part IV and Schedule I-1 (Form 990) if additional space is needed	more than \$5,000.	. Use
	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		0

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
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to students	613	1,538,140			

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Scholarships are granted to deserving students based on the terms of the grant establishing the particular scholarship fund For example, some scholarships are available only to students in the Missions Department, or Music majors, etc , while some scholarships funds can be given to any student who can show a need

Schedule I (Form 990) 2011

DLN: 93493314007082

OMB No 1545-0047

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

The Moody Bible Institute of Chicago

**Employer identification number** 

36-2167792

Pa	Ttll Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	▼ Travel for companions F Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee  Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Stephen A Oakley	(I) (II)	120,044			6,302	13,208	139,554	
(2) Lloyd R Dodson	(I) (II)	147,090			11,040	19,669	177,799	
(3) Kenneth D Heulitt	(I) (II)	168,403			12,129	3,062	183,594	
(4) Junias V Venugopal	(ı) (ıı)	133,069		30,000	12,229	26,131	201,429	
(5) J Paul Nyquist	(ı) (ıı)	183,397		81,600	19,018	22,643	306,658	
(6) Edward W Cannon	(ı) (ıı)	30,950		154,255		733	185,938	

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Line 1a	1a Relevant Information in	Housing Allowance is included on the individuals W-2 in box 5 Medicare wages and tips since it is Federal tax exempt Only ordained ministers receive the housing allowance J Paul Nyquist has housing allowance which is Federal, State, and FICA exempt as he requested to be exempted from paying self-employment tax on his earnings under section 1402(e) of the IRC The Institute has covered some spousal travel for officers to donor events. The Institute has requested that President J Paul Nyquist's wife travel with him. This is not considered taxable compensation Severance was paid out on the following officer Edward W Cannon \$154,255.00

Schedule J (Form 990) 2011

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DLN: 93493314007082

OMB No 1545-0047

#### 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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2011

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Name of the organization The Moody Bible Institute of Chicago 36-216779						oyer identification number					
Part I Excess Benefit Trai	nsacti	i <b>ons</b> (se	ection 501(c)(3) a	and section 501	(c)(4)						
Complete If the organizat									ne 40b		
<b>1</b> (a) Name of disq	ualıfıed	l person		<b>(b)</b> Desc	rintion	of trans	action		(c) Corrected?		
		•		(2) 5 6 5 6		or crams	4001011		Yes	No	
2 Enter the amount of tax impos section 4958							ear under	r · •			
3 Enter the amount of tax, If any				e organization				→ —— · \$			
		•		e organization i				<u> </u>			
Part II Loans to and/or				D+ IV I 26		000 [		l 20	_		
Complete if the organiz			Yes on Form 990	, Part IV, line 26	, or Fori	m 990-E	(f)	, iine 38	<u>а</u>		
(a) Name of interested person and	(b) Loan to or from the organization?		(c)O riginal	(d)Balance due	(e)		Approved		1	(g)Written	
purpose			principal amount		defau	ılt?			agreement?		
					Yes	No	Yes	No	Yes	No	
(1) Junias Venugopal											
Bridge Loan		X	20,000			No		No	Yes		
(2) J Paul Nyquist To obtain a home		l x	500,000			No	Yes		Yes		
			222/222			1	1				
			<u> </u>						_		
Total		nofitti	🕨 \$	Persons							
Complete if the orga					, line 2	27.					
(a) Name of interested pers			Relationship betwe				ount of a	rant or ty	pe of assı	stance	
(a) Name of interested pers	011		and the or	ganızatıon		(C)		- ancor cy	- pe oi assi		
					-+						
					-+						
					+						

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete ii the organizati	(b) Relationship	,	200, 200, 01 200.	(e) Sharing of organization's revenues?		
(a) Name of interested person	between interested person and the	(c) A mount of transaction	(d) Description of transaction			
	organization			Yes	No	

#### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		Loans to OfficersTo assist the president in obtaining a home adjacent to the Institute, the trustees approved a loan from the Institute in the amount of \$500,000. This note has a rate of 4.0% per annum and is held as part of the Institute notes in the Operating fund. The president is currently paying interest only A bridge loan was made to the Provost until his former home sells.

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493314007082

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization The Moody Bible Institute of Chicago

**Employer identification number** 

De	Tunes of Property				36-2167792			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contributio	etermı	_	
		applicable		1g				
1	Art—Works of art			j				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .		48	216,764	Quoted prices			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
	Qualified conservation							
	contribution—Historic structures							
4	Q ualified conservation contribution—O ther							
5	Real estate—Residential .							
6	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
9	Food inventory							
:0	Drugs and medical supplies .							
1	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other►( <u>Miscellaneous</u> )		11	13,141	Misc			
26	O ther ►()							
	O ther ►()							
28	O ther ► ()				1			
29	Number of Forms 8283 received				29			
	for which the organization comp	leted Form	8283, Part IV, Donee Ackr	nowledgement	25			
20-	During the year did the organiza	ation receiv	a by contribution any propa	erty rapartad in Dart I. lines	1 20 +65+ +		Yes	No
ova	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be used			N
_	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem	ent in Part i	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
h	If "Yes," describe in Part II					JZa		110
33 33	If the organization did not repor	t revenues i	in column (c) for a type of n	roperty for which column (a	) is checked			
	describe in Part II	c revenues i	column (c) for a type of p	Toperty for wineli column (a	, is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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Form 990, Part VI, Line 12c Explanation

of Monitoring and Enforcement of

Form 990, Part VI, Line 11 Form 990

Form 990, Part III, Line 4d Other Program

Conflicts

Review Process

Services Description

As Filed Data -

DLN: 93493314007082

**Employer identification number** 

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Form 990, Part

Form 990, Part

Form 990. Part

VI, Line 11

III, Line 4d

VI, Line 12c

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

36-2167792						
ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Audited Financial Statements and 990s and 990Ts are available on our website as well as through the mail by request. We also make available upon request our Bylaws and Conflict of Interest Policy				
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	See note under compensation for CEO and top executives				

All officers, trustees and key employees complete a conflict of interest

Counsel and action is taken if conflicts need to be resolved

and various programs that support our mission

questionnaire each year. These questionnaires are reviewed by our General

The Audit Committee reports to the board its findings. The entire board is also presented with a copy. This happens prior to the return being filed with the IRS.

The 990 and 990T are reviewed by the Audit Committee of the Board of Trustees

OTHER PROGRAM SERVICES 4 Other Programs include our Conference Ministries

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DLN: 93493314007082

## **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. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization				Employer ide	ntification number	1.1.1.1.1	
The Moody Bible Institute of Chicago				36-2167792			
Part I Identification of Disregarded Entities (Comp	ete ıf the organızatı	on answered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to		ıf the organizatioi	n answered "Yes"	on Form 990, Par	t IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	<b>g)</b> 12(b)(13 rolled nization
(1) Michigan Theological Seminary					+	Yes	No
41550 E Ann Arbor Trail  Plymouth, MI 48170 38-2812695	Seminary and graduate school	MI	501(c)3	2	The Moody Bible Institute of Chicago	Yes	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 5	0135Y		Schedule R (F	orm 990)	2011

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No			
												i		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Schedule K (Form 990) 2011						Pag	је <b>э</b>
Part V Transactions With Related Organizations (Complete if the organizations)	tion answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV						Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one	or more related org	anızatıons lısted ın Part	s II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				[:	La		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				[:	Lb		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				[:	1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				[:	Ld	Yes	
e Loans or loan guarantees by related organization(s)				[	Le		No
				-			
f Sale of assets to related organization(s)				L	Lf		No No
g Purchase of assets from related organization(s)	<del>lt</del>						
h Exchange of assets with related organization(s)							No
i Lease of facilities, equipment, or other assets to related organization(s)					1i		No
j Lease of facilities, equipment, or other assets from related organization(s)					1j		No
k Performance of services or membership or fundraising solicitations for related organization	n(s)			[:	Lk		No
I Performance of services or membership or fundraising solicitations by related organization	(s)				11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u> </u>	1m		No
n Sharing of paid employees with related organization(s)				[	Ln	Yes	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>					Lo		No
p Reimbursement paid by related organization(s) for expenses				[:	Lp		No
<b>q</b> Other transfer of cash or property to related organization(s)					Lq		No
r Other transfer of cash or property from related organization(s)					1r		No
				L			
2 If the answer to any of the above is "Yes," see the instructions for information on who mus	t complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds			
<b>(a)</b> Name of other organization		<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d Method of deter Invol	mınır	ng amo	unt
(1) Michigan Theological Seminary		n	96,528	Service Charges			
(2) Michigan Theological Seminary		d	349,582	Due to/Due From			

Name of other organization	Transaction type(a-r)	Amount involved	Method of determining amount involved
(1) Michigan Theological Seminary	n	96,528	Service Charges
(2) Michigan Theological Seminary	d	349,582	Due to/Due From
(3)			
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

#### Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation
Related Organization		Michigan Theological Seminary was acquired for zero dollars by The Moody Bible Institute as of January 1, 2010

Schedule R (Form 990) 2011