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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

ĀF	or th	e 201	3 calendar year, or tax year begin	ning	, 2013	, and end	ing			, 20	
_			C Name of organization		D Employer id:	entificat	on number				
R c	heck of ap	plicable	THE FUND FOR THEOLOGIC	CAL EDUCATION,	INC.			21-072	5643		
	Addre		Doing Business As FORUM FOR T	HEOLOGICAL EXF	LORATION	V					
	7 -	change	Number and street (or P O box if mail is i	not delivered to street addre	ess)	Room/suite	,	E Telephone n	umber		
	Initial	return	160 CLAIREMONT AVENUE			300		(678) 36	9 – 67	55	
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal co	de						
	Amen		DECATUR, GA 30030					G Gross receip	ts \$	18,196	, 855.
	Application pending F Name and address of principal officer STEPHEN LEWIS							H(a) is this a grou	ıp retum i	for Yes	X No
	- •		160 CLAIREMONT AVENUE,	STE 300 DECA	TUR, GA	30030		H(b) Are all subord		ded ⁷ Yes	□ No
ī	Tax-ex	empt st) ◀ (insert no)	4947(a)(1)		527	If "No," attach a list (see instructions)			
J	Websi	te 🕨	WWW.FTELEADERS.ORG					H(c) Group exem	ption num	ıber 🕨	
K	Form o	of organ	nization X Corporation Trust .	Association Other	>	L Year	of format	tion 1954 M	State of	legal domicile	NY
Pa	art I	Sui	mmary		•						
	1	Briefly	y describe the organization's mission or	most significant activiti	es THE F	UND FOR	THEO	LOGICAL E	DUCA:	TION	
Ge		COT.	TIVATES DIVERSE, YOUNG P	EOPLE TO BE FA	AITHFUL,	WISE A	ND CO	URAGEOUS			
nan		LEA	DERS FOR THE CHURCH AND	ACADEMY.							
Governance	2	Check	k this box 🕨 🔙 if the organization di	scontinued its operation	ns or dispos	ed of more t	than 25%	of its net assets	s .		
ၓ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		12.
Activities &	4	Numb	er of independent voting members of the	ne governing body (Par	t VI, line 1b) .				4		12.
ij	5	Total	number of individuals employed in cale	ndar year 2013 (Part V,	line 2a)				5		21.
Ę	6	Total	number of volunteers (estimate if necess	ary)					6		50.
∢	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a		0
	b	Net ur	nrelated business taxable income from F	Form 990-T, line 34 .	<u></u>				7b		0
			DECENTED					Prior Year		Current Y	
ē	8		ibutions and grants (Part VIII, line Ih)					4,244,29		7,459	
Revenue	9		am service revenue (Part VIII, line 2g)					7,55	-		537.
Re.	10	Inves	mentanceme (Part VIII / golund (14), line	s 3, 4, and 7d)				687,59		630	, 696.
	11	Other	revenue (Part VIII, column (A), nes 5,	6d, 8c, 9c, 10c, and 11	∍)		·	 	0		
			revenue - add lines 8 through [14] (must					4,939,44	-	8,092	
	ı		s and man ampunts pard (Part IX, colu					1,141,82	9.	/14	,053.
	14		Its paid to or for members (Part IX, colu		1 707 06	0	1 206				
ses	15		es, other compensation, employee bene	•							,521.
Expens			ssional fundraising fees (Part IX, column					·	0		,232.
EX			fundraising expenses (Part IX, column (I					2,009,756. 1,485,34			
			expenses (Part IX, column (A), lines 11:					2,009,75 4,859,55		3,616	
	18		expenses Add lines 13-17 (must equal					79,89	_	4,476	
- S	19_	Rever	nue less expenses Subtract line 18 from	iline 12	<u></u>	· · · · ·		ning of Current \	-	End of Ye	
ets or	20	Tatal	essete (Port V. ken 16)				509	17,105,34		21,794	
Asse	21		assets (Part X, line 16)			• • • • •	•	536,58	_		,557.
Net Ass Fund Bal	22		liabilities (Part X, line 26)				•	16,568,75		21,402	
	rill		gnature Block	mont line 20			•	10,000,70		21,102	, 510.
			of perjury, I declare that I have examined thi	s return, including accom	panying sched	lules and star	tements, a	and to the best of	f my kno	owledge and b	elief, it is
true	e, corre	ect, and	complete Declaration of preparer (other than	officer) is based on all inf	ormátion of wh	ich preparer	has any ki	nowledge			
			to the second					R	1191	7 m 14	
Sig			Stgneture of officer					Date			
He	re		STEPHEN LEWIS								
			Type or print name and title								
_		Print/	Type preparer's name	Preparer a attinature		Date	0.004	Check	ıf PTI	N	
Paid		MAR	C AZAR	11/2	~	AUG 1	2 201	self-employ	ed	P0074680	04
	parer	h	s name ▶SMITH & HOWARD, P	.C.	1			Firm's EIN ▶ 5	8-12	50486	
_ 56	Only		s address ▶271 17TH STREET,		ANTA, G	A 30363		1		74-6244	
May	the I		cuss this return with the preparer showi				<u> </u>		<u> </u>	X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions						Form 99	0 (2013)

JSA 3E1010 1 000

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THE F	מאנוק	FOR	THEOLOGICAL	EDUCATION.	TNC

For	m 990 (2013) Page 2
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, it any, for each program service reported
_	(O-1012000)/F
4a	(Code 813000) (Expenses \$
	FELLOWS' PROGRAMS: STIPENDS AND FELLOWSHIPS WERE AWARDED TO
	SEVERAL GROUPS OF CANDIDATES. FELLOWS PARTICIPATED IN MENTORING
	CONFERENCES AND WERE GIVEN OPPORTUNITIES FOR PROFESSIONAL
	DEVELOPMENT.
4b	(Code 813000) (Expenses \$ 913,918 including grants of \$) (Revenue \$ 2,537)
	COMMUNITIES OF CALL: THE COMMUNITIES OF CALL PROGRAM EQUIPS
	CONGREGATIONS TO NURTURE CALLS TO MINISTRY THROUGH CONFERENCES AND
	WORKSHOPS, A RESOURCE LIBRARY, MINI-GRANTS AND FELLOWSHIPS.
	<u> </u>
4c	(Code 813000) (Expenses \$ 891,336 including grants of \$ 473,353) (Revenue \$)
	VOLUNTEERS EXPLORING VOCATION: VOLUNTEERS EXPLORING VOCATION
	SUPPORTED THE THEOLOGICAL EXPLORATION OF VOCATION BY YOUNG
	VOLUNTEERS PARTICIPATING IN A YEAR OF SERVICE THROUGH NATIONAL
	FAITH-BASED ORGANIZATIONS.
	· · · · · · · · · · · · · · · · · · ·
4-4	Other program services (Describe in Schedule O) ATTACHMENT 2
40	
_	(Expenses \$ 177,864 including grants of \$ 90,500)(Revenue \$)
4e JSA	Total program service expenses ► 3,302,079.
000	Form 99U (2013)

Page 3

Part	V Checklist of Required Schedules			-3
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۲		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• • •	VII, VIII, IX, or X as applicable	10	7,50	15
_	• •	<u> </u>	<u> </u>	لــــــــــــــــــــــــــــــــــــــ
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
JSA			990	2013)
557		•	- '	

Part	Checklist of Required Schedules (continued)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28¢		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2013

Page 5

Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 87		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		321	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
٥.	reportable gaming (gambling) winnings to prize winners?	1c	# (25
Za	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.			,
h	citation and, must be the described year ending with or within the year develop by the retain.	2b	-2-3-% X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	احتبست	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
ь	If "Yes," enter the name of the foreign country ▶		,	
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	3.5	,	,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Α.
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	* 1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	~,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	990 (2013) THE FUND FOR THEOLOGICAL EDUCATION, INC. 21-072	5643		Page 6					
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			$\overline{}$					
<u>Can</u>	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	· · ·	X					
Seci	tion A. Governing Body and Management		Yes	No					
4-	Enter the number of voting members of the governing body at the end of the tay year	7	162	NO					
па	Enter the humber of voting members of the governing body at the end of the tax year	1							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1							
	any other officer, director, trustee, or key employee?	2		Х					
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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6 Did the organization have members or stockholders?									
7a	g								
one or more members of the governing body?									
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		X					
8	the year by the following								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)						
			Yes	No					
				⊢—					
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			⊢—					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		⊢—					
b 11 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		X	⊢—					
11 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b 11a	X	⊢—					
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b		⊢—					
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a	X	Х					
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	X	⊢—					
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	X	Х					
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a	X	Х					
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b	X X	Х					
11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	X X X	Х					
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13	x x x x	Х					
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	Х					
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	x x x x	Х					
11 a b 12 a b c c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	Х					
11 a b 12 a b c c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	x					
11 a b 12 a c c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	Х					
11 a b 12 a c c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	x					
11 a b 12 a c c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	x					
11 a b 12 a c 13 14 15 a b 16 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14	X X X X	x					
11 a b 12 a b c c 13 14 15 a b Sect	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	x					
11 a b 12 a c 13 14 15 a b 16 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	x					
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	x					
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x x x x x x x x x x x x x x	x x					

State the name, physical address, and telephone number of the person who possesses the books and records of the

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organization ▶ JAN FISHBECK 160 CLAIREMONT AVENUE, STE 300 DECATUR, GA 30030

financial statements available to the public during the tax year.

678-369-6755

1 01111 330 (2010	<u> </u>			20110 2011	THEOREGIE		7000111 10117		21 0,	23013	rayer
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors										

Check if Schedule O contains a response or note to any line in this Part VII..........

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
		(C)										
(A)	(B)	Position	(D)	(E)	(F)							
Name and Title	Average	(do not check more than one	Reportable	Reportable	Estimated							
	hours per	box, unless person is both an	compensation	compensation from	amount of							

Name and Title	Average hours per week (list any	box,	unle	ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)REVEREND SARA HAYDEN BOARD MEMBER	1.00	Х						0	0	0
(2)MR. MARK CONSTANTINE BOARD MEMBER	1.00	Х						0	0	0
(3)FLORIDA SMITH ELLIS BOARD MEMBER	1.00	Х						0	0	0
(4)REVEREND WENDY FLETCHER BOARD MEMBER	1.00	Х						0	0	0
(5)REVEREND LEE HINSON-HASTY BOARD MEMBER	1.00	Х						0	_0	0
(6)DR. DAN ALESHIRE BOARD MEMBER	1.00	Х						0	0	0
(7)DR. KITA MCVAY BOARD MEMEBER	1.00	Х						0	0	0
(8)MR. FRANK SIMS BOARD MEMBER	1.00	Х						0	0	0
(9)REVEREND DONNA CLAYCOMB SOKOL BOARD MEMEBER	1.00	х						0	0	0
(10)DR. BYRON KLAUS BOARD MEMEBER	1.00	х						0	0	0
(11)DR. JUAN MARTINEZ BOARD MEMBER	1.00	Х						0	0	0
(12)DR. EMILIE TOWNES BOARD MEMEBER	1.00	х						0	0	0
(13)REVEREND STEPHEN LEWIS PRESIDENT	40.00			x_				94,808.	0	87 <u>,978</u> .
VP OF HR & ADMIN	40.00			X				109,741.	0	28,083.

Form 990 (2013)

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Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees	(contin	ıed)	
(A) Name and title	hours per (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	on from amo		of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	o	from the rganizati nd relate ganizatio	on ed
15) JANICE R. FISHBECK	16.00											
DIRECTOR		ļ	ļ	<u> </u>	Х			53,500.		0		0
		-										
					-							
				ļ 								
	 -											
											·· · · - · · · · · ·	
				L.			<u> </u>	204 540		0	116	0.61
1b Sub-total			٠.	• •			>	204,549. 53,500.		0	116,	061.
d Total (add lines 1b and 1c)								258,049.		0	116,	061.
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 2	ed a	bove	e) wh	o re	eceived more than	\$100,000 of			
reportable compensation from the organization									· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key (emp	oloyee, or highes	t compensated			1
employee on line 1a? If "Yes," complete Sched										3	:	X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	007	? If	"Yes	s, "	complete Schedu	le J for such		X	-
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısatı	on	fron	n any	un un	related organization	on or individual			X
Section B. Independent Contractors	00, 00111010	10 00,	1000	410 0	, , , , ,	000//	μυ.					
Complete this table for your five highest com- compensation from the organization. Report of year											x	
(A) Name and business add	dress							(B) Description of se	ervices) nsation	
							Ŧ					
							+					
				•								
2 Total number of independent contractors (iii							se i	isted above) who	received			

Part VIII	Statement	of Revenue

A Related or exemptor Contracted basement Contracted basem	للتكم		Check if Schedule O contains a respo	nse or note to a	ny line in this Part	VIII		X
Pusiness Code 900099 2,5377 2,537 2,			·		(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Purpose Purp	outions, Gifts, Grants her Similar Amounts	b c d e	Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)		, ;			
Purpose Purp	ontrik nd Ot	g	and annual annual contains and added above .			* * *	,	
Page Color Color		h	Total. Add lines 1a-1f	<u></u>	7,459,005			
Factor All other program service revenue Factor All other program service revenue Factor All other program service revenue Factor F	ž			Business Code			* <	755
Page Color Color	ě	2a	CONFERENCES	900099	2,537			2,537
Factor All other program service revenue Factor All other program service revenue Factor All other program service revenue Factor F	& ∣							
Factor All other program service revenue Factor All other program service revenue Factor All other program service revenue Factor F	ice							
Factor All other program service revenue Factor All other program service revenue Factor All other program service revenue Factor F	ē							
3 Investment income (including dividends, interest, and other similar amounts). ATTRCHIMENT 3 516,016 516,01	S n	d						<u> </u>
3 Investment income (including dividends, interest, and other similar amounts). ATTRCHIMENT 3 516,016 516,01	- E	е						
3 Investment income (including dividends, interest, and other similar amounts). ATTRCHIMENT 3 516,016 516,01	go.	f	All other program service revenue	L				
Other similar amounts ATTACHMENT 3 546,016 546,016		g	Total. Add lines 2a-2f	<u></u> ▶	2,537			
Second S			other similar amounts)ATTACHMENT .3		546,016			546,016
(i) Personal (ii) Personal (iii) Personal (iii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			·		9			
Table Tabl		5			0			1
b Less rental expenses			(i) Real	(II) Fersonal				
b Less rental expenses		6a	Gross rents		Line All of	18 Jahr . Ja	.A	1 2 1
Net rental income or (loss)		b	Less rental expenses				***	1
Net rental income or (loss)		С	Rental income or (loss)					
Ta Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses 10,104,617 84,680			• • • • • • • • • • • • • • • • • • • •		1 0	1		1
assets other than inventory b Less cost or other basis and sales expenses		_	(ı) Securities			** ¥		-1
Description		7a		<u> </u>	1			
and sales expenses			account with which the same of		-			
C Gain or (loss)		b	Less cost or other basis		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	`	14° 4
Net gain or (loss)			and sales expenses <u>10,104,617</u>		-	l'	,	1
Net gain or (loss)		С	Gain or (loss)					ļl
of contributions reported on line 1c) See Part IV, line 18		d		<u> </u>	84,680			84,680
of contributions reported on line 1c) See Part IV, line 18	<u>م</u> ا	8a	Gross income from fundraising					
of contributions reported on line 1c) See Part IV, line 18	2		•					
See Part IV, line 18	> 1		,		\$ * ¹ ,	*		
9a Gross income from gaming activities See Part IV, line 19	Re							
9a Gross income from gaming activities See Part IV, line 19	-			1	1			
9a Gross income from gaming activities See Part IV, line 19	ŧ						·	
See Part IV, line 19	0			<u></u>	0			
b Less direct expenses b		9a		1				
c Net income or (loss) from gaming activities			See Part IV, line 19 a					
c Net income or (loss) from gaming activities		b	Less direct expenses b					
10a Gross sales of inventory, less returns and allowances		С	Net income or (loss) from gaming activities	<u></u> ▶				
returns and allowances		10a						
b Less cost of goods sold b								
C Net income or (loss) from sales of inventory		_			1			
Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d 0		ر 10	Net income or (loss) from sales of inventory				The same of the sa	l
11a b c d All other revenue		_ `				l		
b				225555 5546		 		l
c d All other revenue		11a						
d All other revenue		b						
e Total. Add lines 11a-11d · · · · · · · · · • 0		С						ļ
		d	All other revenue					
		е	Total. Add lines 11a-11d		0			
								633, 233

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and 456,353. 456,353. organizations in the United States See Part IV, line 21. 2 Grants and other assistance to individuals in 257,700. 257,700. the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 376,571. 376,571 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 769,475. 755,975. 13,500 8 Pension plan accruals and contributions (include section 79,285. 79,285. 401(k) and 403(b) employer contributions) 101,095 101,095. 70,095 70,095. 11 Fees for services (non-employees) a Management 15,681. 15,681 30,000. 30,000 d Lobbying 20,232. 20,232 e Professional fundraising services. See Part IV, line 17. 51,862. 51,862 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 253,226 148,479 104,747 (A) amount, list line 11g expenses on Schedule O). 45,843. 108,108 -62,265 13 Office expenses 48,274. 47,727 96,001. 14 Information technology..... 172,117. 166,683. 5,434. 125,347. 115,278. 10,069. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 526,854. 515,860. 10,994 19 Conferences, conventions, and meetings 21 Payments to affiliates........ 13,981. 13,981. 22 Depreciation, depletion, and amortization 17,649. 17,649. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 39,832 39,832. aCOMMITTEES 17,342. **b**DEVELOPMENT 17,342 22,105. 2,175. 24,280. cCONTRACTED_SERVICES 22,293. 22,293. dEVALUATION 14,940. 33,033. 18,093. e All other expenses 3,616,147. 3,302,079. 276,494 37,574. 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720).

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Page 11

Pa	rt X		_		
		Check if Schedule O contains a response or note to any line in this Pa		 ,	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	35,261.	1	20,807.
	2	Savings and temporary cash investments	11,371.	2	86,546
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	3,555.	4	9,528
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0		(
ets	7	Notes and loans receivable, net		7	(
Assets	8	Inventories for sale or use	0	-	(
⋖	9	Prepaid expenses and deferred charges ATCH. 4	16,221.		16,221.
	_	Land, buildings, and equipment cost or		-	
		other basis Complete Part VI of Schedule D 10a 407, 363.			
	h	Less accumulated depreciation	73,662.	10c	59,461.
	11	Investments - publicly traded securities ATCH 5	16,965,272.		21,602,304.
	12	Investments - other securities See Part IV, line 11		12	(
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	(
	15	Other assets See Part IV, line 11		15	(
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,105,342.		21,794,867.
	17	Accounts payable and accrued expenses	100,588.	-	281,307.
	18	Grants payable	436,000.	\rightarrow	111,250.
	19	Deferred revenue	0	19	(
	20	Tax-exempt bond liabilities	0	20	(
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	(
Liabilities	22	Loans and other payables to current and former officers, directors,			
abi		trustees, key employees, highest compensated employees, and			
Ξ		disqualified persons Complete Part II of Schedule L	0	22	(
	23	Secured mortgages and notes payable to unrelated third parties	0	23	(
	24	Unsecured notes and loans payable to unrelated third parties	O	24	(
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	C
	26	Total liabilities. Add lines 17 through 25	536,588.	26	392,557.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	5,145,843.	27	5,603,568.
Bal	28	Temporarily restricted net assets	10,611,734.	28	14,985,565.
ᅙ	29	Permanently restricted net assets	811,177.	29	813,177.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34	,		
ţ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	16,568,754.	33	21,402,310.
	34	Total liabilities and net assets/fund balances	17,105,342.	34	21,794,867.
		· · · · · · · · · · · · · · · · · · ·			Form 990 (2013)

Form 99	0 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,0	92,2	238.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	16,1	47.
3	Revenue less expenses Subtract line 2 from line 1	3		4,4	76,0	91.
4						
5						
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
10	33, column (B))	10	2	1.4	02,3	310.
Part		1.0			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Г			
•	If the organization changed its method of accounting from a prior year or checked "Other," e	xolaın	in			
	Schedule O	присти				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	nuled o	• • -	2a		 -
	reviewed on a separate basis, consolidated basis, or both.	ipiica (,			
	Separate basis Consolidated basis Both consolidated and separate basis			a L	x	
b	Were the organization's financial statements audited by an independent accountant?		• • ⊢	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a			
	separate basis, consolidated basis, or both		}			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight		_	٠,,	
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	-	2c	Χ_	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	ın			
	the Single Audit Act and OMB Circular A-133?		· · Ի	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of t	he organization	•						Employ	yer iden	tıficatıo	n numbe	er
THE FU	ND FOR THEOLOG	GICAL EDUCATI	ON, INC.						21-	-0725	643	
Part I	Reason for Pub	lic Charity Status	(All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions			
The orga	inization is not a priv	ate foundation bed	cause it is (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1 📙	A church, convention	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)				
2	A school described	l in section 170(b)((1)(A)(ii). (Attach Schedul	e E.)								
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).				
4	A medical researc	h organization ope	erated in conjunction wi	th a h	iospita	I descr	ibed in	sectio	n 170(t)(1)(A)(iii). E	nter the
	hospital's name, cit											
5	section 170(b)(1)(/	A)(iv). (Complete P							vernme	ntal u	nıt desc	cribed in
6	A federal, state, or	local government	or governmental unit des	cribed	ın sect	ion 170	(b)(1)(<i>i</i>	4)(v).				
7 📙	An organization the described in section	•	es a substantial part of it (Complete Part II)	s supp	ort fro	m a go	vernme	ental un	ut or fro	om the	genera	al public
8 📙	A community trust	described in secti o	on 170(b)(1)(A)(vi). (Com	plete F	Part II)							
9 🔛	An organization that	at normally receive	es (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	memb	ership	fees, ar	nd gross
			exempt functions - subj									
	•		ome and unrelated busi						n 511	tax) fr	om bu	sinesses
			e 30, 1975 See section	•		•		•				
10			ted exclusively to test for									
11 X	-	•	ated exclusively for the		-					-	•	
			pported organizations de									section
			es the type of supporting	-						-		
e X	a X Type I	b Type II	c Type III-Function		-			• •			ally inte	-
e 🔼	-		e organization is not cont other than one or more p			-		-				-
	or section 509(a)(2	-	other than one or more p	יטווטווטי	y supp	ortea o	ryaniza	uois u	escribe	u III Şt	schon 5	09(a)(1)
f	, ,,	•	n determination from the	e IRS	that it	ıs a Tı	me I T	vne II	or Type	اا ء	unnortir	na
•	-								0, 190	C 111 3	арроги	" 🖳
g	Since August 17 2	006 has the organ	nization accepted any gift	or cor	 ntribiiti	on from	 I anv of	the				. \square
9	following persons?	oco, nac are organ	meation accopioa any gint	. 0. 00.			. a.i., o.					
	- ·	directly or indirec	tly controls, either alone	or toge	ether v	vith per	sons d	escribed	d in (ii)	and	٦	Yes No
			the supported organization	-					(,		11g(ı)	X
			scribed in (i) above?								11g(ii)	X
			on described in (i) or (ii) a	bove?	• • •						11g(ni)	X
h			ut the supported organiza)							
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	col (I) your go	Is the zation in listed in overning ment?	the orga	ou notify anization of your	organiz col (i) o	s the cation in rganized US?	(viı) A	mount of support	monetary t
				Yes	No	Yes	No	Yes	No			
(A) _{ATTA}	CHMENT 1						•					
(B)												
(C)												
(D)												
(E)					-							
-				 								
Total	<u> </u>										212	2,500.
	rwork Reduction Act N □ or 990-EZ	Notice, see the Instru	ctions for					Scl	hedule A	(Form S	990 or 990	0-EZ) 2013

Page 2

Par	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	. 3		<u> </u>			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	32		,			
	line 1 that exceeds 2% of the amount			, ,	, ,	,	
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	**;					
Sec	tion B. Total Support	<u> </u>	l	Į.	1 .	l	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			\-, · · ·	(-,	(-,	(.,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				100 L ×	3.40	
11	Total support. Add lines 7 through 10				Al' sil '		
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup					11	
14	Public support percentage for 2013 (li					14	<u>%</u>
15	Public support percentage from 2012						<u>%</u>
16a	331/3% support test - 2013. If the c						
L	this box and stop here. The organizati 331/3% support test - 2012. If the o						
b	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization	_					
	Part IV how the organization meets					•	•
	organization			-	· · · · · · · · · · · · · · · · · · ·		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						
	supported organization						▶ □
18	Private foundation. If the organization instructions	did not check a	a box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and see	e
_							990 or 990-EZ) 2013

		- : ::		0 11 500/	1/01
2art	Support Schedule for	Organizations	Described if	n Section Suy(a	I)(Z)

(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							
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		i				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				·		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						1
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						1
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						-
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
-	activities not included in line 10b,						
	whether or not the business is regularly carried on					_	
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11,	n]				
	and 12)			J	<u> </u>		1
14	First five years If the Form 990 is for	-					
<u> </u>	organization, check this box and stop here tion C. Computation of Public Sup					<u> </u>	
<u> 15</u>	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	
	tion D. Computation of Investmen					, , , ,	
17	Investment income percentage for 2013 (li			13 column (f))		17	%
18	Investment income percentage for 2013 (iii					18	<u>/</u> %
	331/3% support tests - 2013. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga			*	•		·
-	line 18 is not more than 331/3%, check						
20	Private foundation If the organization			•			. —
IC A							

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

SCHEDULE A, PART I - INFORMATION ABOUT SU	JPPORTED C	RGANIZATIO	NS	ATTACE	MENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
THE FUND FOR THEOLOGICAL EDUCATION, INC IS A SUPPORTING	56-2476876	501(C)(3)	x	x	x	212,500
ORGANIZATION OF THE 270+ THEOLOGICAL SCHOOLS THAT ARE						0
MEMBERS OF THE ASSOCIATION OF THEOLOGICAL SCHOOLS FOR A						0
COMPLETE LIST OF THE 270+ SUPPORTED ORGANIZATIONS, PLEASE						0
SEE THE ATS WEBSITE AT WWW ATS EDU						0
TOTAL AMOUNT OF SUPPORT						212,500

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete If the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE	FUND FOR THEOLOGICAL EDUCATION, INC.	21-0725643
Par		accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	(b) Condo and other accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
_	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Dar	conferring impermissible private benefit?	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	in 990, Fait IV, line I
•		of an historically important land area
		of a certified historic structure
	Preservation of open space	a dertined filetorie structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
-	easement on the last day of the tax year	
	, ,	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	- 1 1 1 1
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	ements during the year
_	>	ata di san Hara san
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	nts during the year
0	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170/bV/AVR)
8	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	· ·
	organization's accounting for conservation easements	
Par		r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu-	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cation, or research in furtherance of cribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
_	works of art, historical treasures, or other similar assets held for public exhibition, edu	
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a b	Revenues included in Form 990, Part VIII, line 1	
_	Assets included in Form 990, Part X	\$ Schedule D (Form 990) 2013
. 3, 1	eparation and a contract of the management of the state o	2022 die D (1 01111 230) 2013

Pa	Land, Buildings, and Equipment. Complete if the organization ans	wered "Yes" to Forn	n 990, Part IV, line	11a. See Form 99	90, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings		,		
С	Leasehold improvements				
d	Equipment	, , , ,	252,029.	228,832.	23,197
е	Other		155,334.	119,070.	36,264
Tota	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10)(c)) >	59,461

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2013

3b

Describe in Part XIII the intended uses of the organization's endowment funds

_	4
Page	٠,

Part VII	Investments - Other Securities.	I "Vos" to Form 000	Part IV line 11h See Form 900	Part V. lino 12
	Complete if the organization answered		1	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(3) Other				
<u>(A)</u>				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)			1	
<u>(G)</u>		<u> </u>		
(H)				
	(b) must equal Form 990, Part X, col (B) line 12)]	
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" to Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			•	· · · · · · ·
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	ımn (b) must equal Form 990, Part X, col (B) l	mo 15)		
Part X	Other Liabilities.	<i>me 13)</i>	· · · · · · · · · · · · · · · · · · ·	
PartA	Complete if the organization answered	t "Yes" to Form 990	Part IV line 11e or 11f See Forr	n 990 Part X
	line 25.	. 100 101 01111 000	, 1 41(10, 1110)	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	(a) Description of liability	(b) Book valu	te .	
	al income taxes	(,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	>		
2 Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to th	ie organization's financial statements that re	ports the

JSA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

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

SCHEDULE D, PART X, QUESTION 2

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED FTE AS BEING EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. FTE IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS BEING OTHER THAN A PRIVATE FOUNDATION. FTE ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS FTE TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. FTE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013. IN GENERAL, FTE IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2010.

SCHEDULE G

(Form 990 or 990-EZ)

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

\$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization THE FUND FOR THEOLOGICAL EDUCATION, INC. 21-0725643 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants е b Internet and email solicitations Solicitation of government grants Special fundraising events С Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b 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 (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (IV) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (ı) Yes STRATEGIC 1 PLANNING 20,232 COXE CURRY & ASSOCIATES Х 6 10 20,232 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

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Schedule G (Form 990 or 990-EZ) 2013

70804

		e G (Form 990 or 990-EZ) 2013				Page 2
Рa	irt l	Fundraising Events. Complete than \$15,000 of fundraising even				
		gross receipts greater than \$5,00	-	s income on Form 990	-EZ, lines i and ob L	ist events with
		groot rossipte greater than ¢o,oc	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
e			(======================================	(0.00.0,p=)	((0.00, 70.0000)	
Revenue	1	Gross receipts				
æ						
		Less Contributions				
	3	Gross income (line 1 minus				
	_	line 2)				
	4	Cash prizes				
	1				_	
	5	Noncash prizes				
S						_
nse	6	Rent/facility costs				
xpe	_	Food and houses				
Direct Expenses	′	Food and beverages			<u>.</u>	
ĕ	8	Entertainment				
_	_		·			
	9	Other direct expenses				
	10	Direct expense summary Add lines 4	through 9 in column (d)			
Pa	11 rt l	Net income summary Subtract line 1 Gaming. Complete if the organical subtract line 1				rtod moro
		than \$15,000 on Form 990-E	Z, line 6a.	es (01 01111 550, Fair	tiv, inte 15, or tepo	itea more
e U			· · · · · · · · · · · · · · · · · · ·	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun		ļ	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	١.					
	1	Gross revenue		1		
	ļ				•	
S	2	Cash prizes				
ses	2	Cash prizes				
xbeuses		Cash prizes				
*	3	Noncash prizes				
*	3					
*	3	Noncash prizes				
*	3	Noncash prizes				
*	3 4 5	Noncash prizes	Yes%	I — I		
*	3 4 5	Noncash prizes		Yes% No	Yes%	
*	3 4 5	Noncash prizes	Yes%	No	No	
*	3 4 5 6 7	Noncash prizes	Yes% No through 5 in column (d)	No	No	
*	3 4 5 6 7	Noncash prizes	Yes% No through 5 in column (d)	No	No	
Direct	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary Subtra	Yes% No through 5 in column (d)	No umn (d)	No	
o Direct	3 4 5 6 7 8 Eu	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary Subtra	Yes% No through 5 in column (d) ct line 7 from line 1, column	umn (d)	No	Yos No
a	3 4 5 6 7 8 EI	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary Subtra	Yes% No through 5 in column (d) ct line 7 from line 1, column	umn (d)	No	. Yes No
Direct Orect	3 4 5 6 7 8 EI	Noncash prizes	Yes% No through 5 in column (d) ct line 7 from line 1, column	umn (d)	No	. Yes No
Direct	3 4 5 6 7 8 Ei sa Is	Noncash prizes	Yes% No through 5 in column (d) ct line 7 from line 1, column operates gaming activities in each of	umn (d)	No	. Yes No

b If "Yes," explain

THE FUND FOR THEOLOGICAL EDUCATION, INC. 21-0725643

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in
a	The organization's facility
b	An outside facility
14	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
h	revenue?
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party
	Name ►
	Address >
16	Gaming manager information
. •	
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
47	Mandatan, distributions
17	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2013

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

		١
DUCATION, INC.	General Information on Grants and Assistance	
OLOGICAL E	ormation on (
THE FUND FOR THEOLOGICAL EDUCATION,	General Info	
THE FU	Part	:

× the selection criteria used to award the grants or assistance? 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) EPISCOPAL_SERVICE_CORPS							
CHICAGO, IL 60611		501(C)(3)	15,000		CASH		FELLOWSHIPS AND AWAR
(2) LUTHERAN VOLUNTEER CORPS							
WASHINGTON, DC 20005		501(C)(3)	30,250		CASH		FELLOWSHIPS AND AWAR
(3) JESUIT VOLUNTEER CORPS NW							
PORTLAND, OR 97208		501(C)(3)	17,250		CASH		FELLOWSHIPS AND AWAR
(4) SAINT JAMES' CHURCH							
NEW YORK, NY 10021		501 (C) (3)	9,500		саѕн		FELLOWSHIPS AND AWAR
(5) GRANTS PAID <854 000		501 (C) (3)	85.603		HSE		FELL OWSHIPS AND AWAR
(6) MISSION YEAR							
30316		501(C)(3)	14,500		CASH		FELLOWSHIPS AND AWAR
(7) CHRISTIAN BROTHERS CONFERENCE							
WASHINGTON, DC 20017		501(C)(3)	7,500		CASH		FELLOWSHIPS AND AWAR
_(8) <u>boor</u>							
DENVER, CO 80204		501 (C) (3)	28,000		САЅН		FELLOWSHIPS AND AWAR
(9) MISSIONAL WISDOM FOUNDATION							
SOUTHLAKE, TX 76093		501(C)(3)	61,075		CASH		FELLOWSHIPS AND AWAR
(10) REDEEMER LUTHERAN CHURCH							
MINNEAPOLIS, MN 55405		501 (C) (3)	55,000		CASH		FELLOWSHIPS AND AWAR
(11) CHRIST CHURCH							
NEW HAVEN, CT 06511		501(C)(3)	15,000		САЅН		FELLOWSHIPS AND AWAR
(12) FOOTHILLS CHRISTIAN CHURCH							
GLENDALE, AZ 85310		501(C)(3)	6,000		CASH		FELLOWSHIPS AND AWAR
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	overnment or	ent organizations list	ed in the line 1 tabl	σ			
5	structions for	ns for Form 990.				Schedi	Schedule I (Form 990) (2013)

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SCHEDULE I (Form 990)

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.

OMB No 1545-0047	2013	Open to Public
OMB	69	Ope

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

21-0725643

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ON, INC.	nd Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility
EDUCATION	Grants and	ecords to su
THE FUND FOR THEOLOGICAL EDUCATION, INC.	Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the
FOR	eneral	e orga
FUND	ŭ	oes th
THE	Part	-

for the grants or assistance, and

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

G. 30.000	(ס) בווא	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash essistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JESUIT VOLUNTEER CORPS.			:				
BALTIMORE, MD 21202		501(C)(3)	47,500		CASH		FELLOWSHIPS AND AWAR
(2) MENNONITE MISSION NETWORK							
NEWTON, KS 67114		501(C)(3)	31,675		CASH		FELLOWSHIPS AND AWAR
(3) NATIONAL BENEVOLENT ASSOCIATION		_					
MARYLAND HEIGHTS, MD 63043		501 (C) (3)	10,000		CASH		FELLOWSHIPS AND AWAR
(4) NORTHWEST LEADERSHIP FOUNDATION							
TACOMA, WA 98402		501 (C) (3)	15,000		CASH		FELLOWSHIP AND AWARD
(5) UCC VOLUNTEER MINISTRIES							
CLEVELAND, OH 44115		501 (C) (3)	7, 500		CASH		FELLOWSHIP AND AWARD
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
			and the last 4 to be				
 Enter total number of section 50 ((c)(3) and government Enter total number of other organizations listed in the line 	overnment of d in the line 1	nt organizations liste	or organizations listed in the line I table	<u> </u>		
۱'n		for Form 990.				Schedi	Schedule I (Form 990) (2013)

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3E12881000 1TYRAC 9242 7/30/2014 Page 2

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Schedule I (Form 990) (2013)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FELLOW	FELLOWSHIPS AND AWARDS	7.1	257,700		сазн	
7						
ო						
4						
S						
9						
7						
Part IV	Part IV Supplemental Information. Complete this information	s part to prov	ide the informat	ion required in	bart I, line 2, Part III,	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

SCHEDULE I, PART I, QUESTION 2

FTE PROVIDES FELLOWSHIPS TO PROMOTE AND SUPPORT PASTORAL MINISTRY AS A

VOCATIONAL CHOICE AMONG GIFTED YOUNG PEOPLE FROM DIVERSE BACKGROUNDS.

THEY ALSO PROVIDE FELLOWSHIPS TO YOUNG SCHOLARS FROM UNDERREPRESENTED

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

THEOLOGY OR BIBLICAL STUDIES.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Employer identification number

21-0725643 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Х 1b explain ______ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line Х 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 a Receive a severance payment or change-of-control payment? Х 4a Χ b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement?..... Χ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 Х a The organization? 5a b Any related organization? Х 5b 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 a The organization? 6a Х 6b If "Yes" to line 6a or 6b, describe in Part III 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 67 lf "Yes," describe in Part III Χ 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 8 Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

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, applicable column (D) and (E) amounts for that individual

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported as deferred in prior Form 990
REVEREND STEPHEN LEWIS	Ξ						183,974.	
1 PRESIDENT	Ξ	0	1	0	 	1	0	
	ε							
2	(II)			i I				
	7 (c)							
3	(ii)			1				
	ε							
4	Ξ				 		 	
	ε							
5	(ii)					 	 	
	Ξ			1				
9	Œ							
	Ξ							
7	(ii)							
	Ξ							
8	(ii)							
	ε							
6	Ξ						 	
	ε							
10	Ξ							
	(E)							
11	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
12	3							
	Ξ	1						
13	Ξ						i I	
	ε							
14	Ξ						i	
	ε							
15	Ξ							
	€							
16	(II)	١.						
							Sch	Schedule J (Form 990) 2013

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Schedule J (Form 990) 2013

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 1A

STEPHEN LEWIS, PRESIDENT, RECEIVED A HOUSING ALLOWANCE OF \$45,250 DURING

2013.

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2013
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

21-0725643

THE FUND FOR THEOLOGICAL EDUCATION, INC.

PART III, QUESTION 4D

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

PART VI, QUESTION 6

THE ASSOCIATION OF THEOLOGICAL SCHOOLS (ATS) IS THE SOLE MEMBER OF THE FUND FOR THEOLOGICAL EDUCATION, INC. (FTE). HOWEVER, 270 THEOLOGICAL SCHOOLS ARE CURRENT ACTIVE MEMBERS OF ATS, AND IN EFFECT, ARE MEMBERS OF FTE. SEE ATS' WEBSITE FOR A COMPLETE LIST OF 501(C)(3) SCHOOL MEMBERS.

PART VI, QUESTION 7A

CURRENTLY 270 THEOLOGICAL SCHOOLS CONTROL THE ASSOCIATION OF THEOLOGICAL SCHOOLS (ATS) DIRECTLY BY ELECTING THE MEMBERS OF THE BOARD OF TRUSTEES OF ATS. THE 270 SCHOOLS ALSO CONTROL THE FUND FOR THEOLOGICAL EDUCATION (FTE) INDIRECTLY THROUGH THEIR CONTROL OF ATS, THE SOLE MEMBER OF FTE, WHICH ELECTS FTE'S BOARD OF TRUSTEE.

PART VI, QUESTION 11

ELECTRONIC COPIES OF THE 2013 FORM 990 WERE DISTRIBUTED TO ALL BOARD

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

Employer identification number

21-0725643

BY THE PRESIDENT, VP OF ADMINISTRATION AND DIRECTOR OF FINANCE. UPON APPROVAL A FINAL COPY WAS FILED WITH THE IRS.

PART VI, QUESTION 12C

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

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

A POTENTIAL CONFLICT OF INTEREST AS DISALLOWED BY POLICY.

PART VI, QUESTION 15

CRABAPPLE CONSULTING, AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMED A COMPENSATION COMPARABILITY ANALYSIS FOR ALL EMPLOYEES IN DETERMINING SALARIES BEGINNING IN 2012. THE RESULTS OF THE STUDY WERE PRESENTED TO THE BOARD FOR THEIR CONSIDERATION IN DETERMINING COMPENSATION FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT AND OTHER PAID OFFICERS. IN 2013 AND 2014, UPON REVIEW OF SALARIES BY THE BOARD OF DIRECTORS, THERE WAS A 3% SALARY INCREASE FOR ALL EMPLOYEES THAT WERE NOT AT THE TOP OF THEIR APPROPRIATE WAGE BAND.

PART VI, OUESTION 19

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

Name of the organization

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Employer identification number

21-0725643

ATTACHMENT 2

ATTACHMENT 1

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

THE FUND FOR THEOLOGICAL EDUCATION CULTIVATES DIVERSE, YOUNG PEOPLE TO BE FAITHFUL, WISE AND COURAGEOUS LEADERS FOR THE CHURCH AND ACADEMY. THROUGH OUR INITIATIVES, WE ENABLE GIFTED YOUNG PEOPLE THROUGHOUT THE CHRISTIAN COMMUNITY TO EXPLORE AND RESPOND TO GOD'S CALLING IN THEIR LIVES. WE SEEK TO BE A CREATIVE, INFORMED CATALYST FOR EDUCATIONAL AND FAITH COMMUNITIES IN DEVELOPING THEIR OWN CAPACITIES TO NURTURE MEN AND WOMEN FOR VOCATIONS IN MINISTRY AND TEACHING. WE ALSO AIM TO AWAKEN THE LARGER COMMUNITY TO THE CONTRIBUTIONS OF PASTORAL LEADERS AND EDUCATORS WHO ACT WITH FAITH, IMAGINATION AND COURAGE TO SERVE THE COMMON GOOD.

FORM 990, PART III, LINE 4D - OTHER PROG	RAM SERVI	CES		·
DESCRIPTION		GRANTS	EXPENSES	REVENUE
TRANSITION INTO MINISTRY		90,500.	177,864.	
TOTALS		90,500.	177,864.	
FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 3	X
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL REVENUE	RELATED OR EXEMPT REVENUE	UNRELATED BUSINESS REV.	EXCLUDED REVENUE
INTEREST	362,07	6.		362,076.
DIVIDENDS	183,94	0.		183,940.
TOTALS =	546,01	<u>6.</u>	=	546,016.

Name of the organization THE FUND FOR THEOLOGICAL EDUCATION, INC. Employer identification number

21-0725643

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

ENDING BOOK VALUE

PREPAID EXPENSES

16,221.

TOTALS

16,221.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS		4,193,759.	FMV
MONEY MARKET FUNDS		8,486,656.	FMV
MUTUAL FUNDS		203,044.	FMV
FIXED INCOME		8,718,845.	FMV
	TOTALS	21,602,304.	

THE FUND FOR THEOLOGICAL EDUCATION, INC.

21-0725643

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047	2013	Open to Public

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 ▼ See separate instructions

Employer identification number

21-0725643

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE FUND FOR THEOLOGICAL EDUCATION, INC. Internal Revenue Service Name of the organization Part I

(1) Direct controlling entity (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity

4 (5) 티 3 ව 9

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. e Part II

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ŝ × Yes (f) Direct controlling entity CAATS N/A Public chanty status (if section 501(c)(3)) 509(A)(3) (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) PA FIN. SUPPORT Primary activity -----PITTSBURGH, PA 15275 (a) Name, address, and EIN of related organization (1) 270 THEOLOGICAL SCHOOLS THAT ARE MEMBERS
OF ATS & INDIVIDUAL RECIPIENTS (2) 10 SUMMIT PARK DRIVE (S) (4) [2] (5) ම

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

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Schedule R (Form 990) 2013

Page 2

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (k) Percentage ownership Yes No ownership (h) Percen-tage (J) General or managing partner? Yes No 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 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Olsproportorate elbeators? ŝ псоте Yes (g) Share of end-of-year assets (e)
Type of entity
(C copp. S corp. or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign
country) (b) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization JSA 3E1308 1 000 Part IV Part III 듼 <u>ල</u> 4 9 \mathbf{E} Ξ 2 <u>(S)</u> <u></u> (5) 9 3 9

Page 3

Schedule R (Form 990) 2013 Method of determining Yes amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 9 19 <u>1</u> Ε ٦ 9 1р 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Exchange of assets with related organization(s)................................. Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 500. Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity................... Amount involved 212, During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Θ ф Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Name of related organization Gift, grant, or capital contribution to related organization(s) Dividends from related organization(s). ATS OF SCHOOLS MEMBER JSA 3E1309 1 000 Part V Ε b **=** 0 $\widehat{\Xi}$ 2 3 4 3 9 7

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21-0725643

Page 4

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocalions?	i i	UBI box 20 le K-1	(J) General or managing partner?		(k) Percentage ownership
,,,			from tax under section 512-514)	Yes No			Yes	No (Form 1065)		Yes	2	
_(1)												
(2)				<u> </u>								
(3)				-								[
(4)												
(5)												
(9)												
(7)												
<u></u>												
(6)												
(10)											_	
(11)												
(12)										_		
(13)												
(14)												
(15)												
(16)												
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Schedule R (Form 990) 2013

Page 5

Part VII Supplemental Information

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

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

2013

T	HE FUND FOR THEOLOGICAL EDUCATION, IN	c.		21-07256	43	
	: Form 5227 filers need to complete only Parts I and II			•		
Par	Short-Term Capital Gains and Losses - Ass	ets Held One Year	or Less			<u> </u>
See i the li This	nstructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents tole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62		4			
5 6	Net short-term gain or (loss) from partnerships, S cor Short-term capital loss carryover Enter the amour Carryover Worksheet	Capital Loss	5 6	()		
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back Long-Term Capital Gains and Losses - Ass				7	
Par	Long-Term Capital Gains and Losses - Ass	ets Held More Tha	in One Year	1		
the I	nstructions for how to figure the amounts to enter on nes below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fi Form(s) 8949, Pa	rom	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	form may be easier to complete if you round off cents to dollars	(sales price)	(or other basis)	line 2 column		column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked	10,189,297.	10,104,617.			84,680.
	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	1 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	orations, and other e	states or trusts		12	
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I Long-term capital loss carryover Enter the amoun Carryover Worksheet	t, if any, from line	14 of the 2012	Capital Loss	14	()
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h) Enter	here and on	16	84,680.

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

Schedule D (Form 1041) 2013

Sche	dule D (Form 1041) 2013				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this pa	art.	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			84,680.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			<u> </u>
С	28% rate gain	18c			
19		19			84,680.
Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T, Part I, line	4a) If lines 18a and	19, column (2), are net
gains neces	, go to Part V, and do not complete Part IV. If line 19, column (3), is a n ssarv	et loss	s, complete Part IV ar	nd the Capital Loss	Carryover vvorksneet, as
Par					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I. II	ne 4c. if a trust), the si	maller of	
а	The loss on line 19, column (3) or h \$3,000			20 ()
Note	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99	0-T, line 34), is a lo	ss, complete the Capital
Par			2) 010 0010 01 00	amount to ontored	in Dort Los Dort II and
	n 1041 filers. Complete this part only if both lines 18a and 19 in colle is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			amount is entered	in Part I or Part II and
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i				
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forn	990-T trusts. Complete this part only if both lines 18a and 19 a	re ga	ıns, or qualified divi	dends are include	ed in income in Part I
of Fo	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Schedu	ule D Tax Worksh	eet in the instructions
ıf eıt	her line 18b, col (2) or line 18c, col (2) is more than zero				
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)	,			
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24 If zero or less, enter -0-		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		`		
28	Enter the smaller of the amount on line 21 or \$2,450				
29	Enter the smaller of the amount on line 27 or line 28		29		
30	Subtract line 29 from line 28 If zero or less, enter -0 This amount is			▶ 30	
31	Enter the smaller of line 21 or line 26		1 1		
32	Subtract line 30 from line 26		32		
33	Enter the smaller of line 21 or \$11,950		33		
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0-				
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38 If zero or less, enter -0-				
41	Multiply line 40 by 20%		-	▶ 41	
42	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for		1 1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
43	Add lines 37, 41, and 42		·		
44	Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for		•		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 li		• — — — — — — — — — — — — — — — — — — —	Schedule	
	G, line 1a (or Form 990-T, line 36)			. 1 1	

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Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

THE FUND FOR THEOLOGICAL EDUCATION, INC.

Social security number or taxpayer identification number

21-0725643

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

ļ	X (E) Long-term transactions i				was not report	ted to the IRS	;	
	(F) Long-term transactions in the control of transactions in t	(b) Date acquired	(c) Date sold or	m 1099-B (d) Proceeds (sales price)	(e) Cost or other bass See the Note below and	If you enter an a	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e) from column (d) an combine the result
	(Example 100 sh XYZ Ćo)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
_	ONG TERM SALE OF VARIOUS SECURITIES	VAR	VAR	10189297.	10104617.			84,680
_								
_								
_								
_								
_								

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

10189297. 10104617

84,680.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10

(if Box F above is checked) ▶

Signature and Verification must be completed for Part II only.

8ь

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Director of Finance Date \$ 15/14
Form 8868 (R

estimated tax payments made. Include any prior year overpayment allowed as a credit and any

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS

amount paid previously with Form 8868.

(Electronic Federal Tax Payment System). See instructions.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you a	re filing for an A	utomatic 3-Month Extension, o	omplete o	nly Part I and chec	k this box			. ▶ 🗹
• If you a	re filing for an A	dditional (Not Automatic) 3-Mo	nth Exten	sion, complete only	y Part II (on page 2 of	f this i	form).	
Do not c	omplete Part li	unless you have already been g	ranted an	automatic 3-month	extension on a previou	usly fi	led Forn	n 8868
a corpore 8868 to Return for	ation required to request an exte or Transfers As	You can electronically file Form of file Form 990-T), or an additionation of time to file any of the footiated With Certain Personal etails on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month ext In Part I or Part II Contracts, which mi	ension of time. You ca with the exception o ust be sent to the II	an ele f Forr 3S in	ctronica n 8870, paper	Illy file Form Information format (see
Part I		3-Month Extension of Time						
A corpo	ration required	to file Form 990-T and reques						
Part I on	, .							
	corporations (in come tax returns	cluding 1120-C filers), partnersh	ips, REMIC	s, and trusts must t	use Form 7004 to req	uest a	an exten	sion of time
					Enter filer's identifyin	_		
Type or Name of exempt organization or other filer, see instructions Employer Identification number (EIN) or								אר
print The Fund for Theological Education, Inc. 21-0/25643								
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN))		
due date for filling your		ont Avenue, Suite 300		J. J				
return. See	la as	post office, state, and ZIP code For 30030	a toreign a	adress, see instruction	s.			
Enter the	Return code fo	r the return that this application is	s for (file a	separate application	n for each return)			. 01
Applica	Application Return Application Return Is For Code Is For Code							
Form 99	90 or Form 990-	EZ	01	Form 990-T (corpo	(corporation)			07
Form 99	90-BL		02	Form 1041-A				08
Form 4	720 (individual)		03	Form 4720 (other than individual)				09
Form 99	90-PF		04	Form 5227				10
Form 99	30-T (sec. 401 (a	or 408(a) trust)	05	Form 6069				11
Form 99	90-T (trust other	than above)	06	Form 8870				12
Teleph • If the o • If this is	one No. ► rganization doe: s for a Group Re thole group, che	678-369-6108 s not have an office or place of buturn, enter the organization's fouck this box	usiness in t r digit Grot t is for part	up Exemption Numb	er (GEN)		If th	
1 1	request an autor	natic 3-month (6 months for a co	rporation r	equired to file Form	990-T) extension of ti	me		
u	ntil August	15 , 20 14 , to file the exen	npt organiz	ation return for the	organization named a	bov e .	The ext	ension is
	or the organization							
•	calendar ye:	ar 20 <u>13</u> or						
_	O		00				20	ı
	tax year beg	inning ered in line 1 is for less than 12 n	, 20	, and ending	l return	~	, 20	•
	the tax year ent] Change in acc		ionins, ch	SCK (Bason, L. milla	ii retutti 🗀 Fillal tetut	"		
		is for Forms 990-BL, 990-PF, 99	n-T 4720	or 6069, enter the te	entative tax, less any		Γ	
		edits. See Instructions.	0 1, 1120,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	\$	
		is for Forms 990-PF, 990-T,	4720, or 6	069, enter any refu	undable credits and			
		ments made. Include any prior y				3b	\$	
		tract line 3b from line 3a. Includ Federal Tax Payment System).			n required, by using	3с	\$	
Caution.	If you are going to	make an electronic funds withdrawa	l (direct deb	it) with this Form 8868	, see Form 8453-EO and	Form	8879-EC) for payment