

Form **990**  
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)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **06-01-2018**, and ending **05-31-2019**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
BRITE DIVINITY SCHOOL

% MICHELE SMITH  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
TCU BOX 298130

City or town, state or province, country, and ZIP or foreign postal code  
FORT WORTH, TX 76129

**D** Employer identification number  
23-7121060

**E** Telephone number  
(817) 257-7575

**G** Gross receipts \$ 14,248,158

**F** Name and address of principal officer:  
DR D NEWELL WILLIAMS  
TCU BOX 298130  
FORT WORTH, TX 76129

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.BRITE.TCU.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1914

**M** State of legal domicile: TX

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
BRITE DIVINITY SCHOOL EDUCATES AND INSPIRES PEOPLE TO SERVE GOD'S DIVERSE WORLD AS LEADERS IN CHURCHES, THE ACADEMY AND PUBLIC LIFE.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |        |
|--|--------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 29     |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 28     |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | 84     |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 78     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 200    |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | -2,550 |

|   | Prior Year   | Current Year |             |
|---|--|--------------|-------------|
|   | <b>8</b> Contributions and grants (Part VIII, line 1h) | 2,924,659    | 1,931,449   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 4,350,536  | 3,976,740    |             |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 5,167,161  | 3,887,124    |             |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 289,457  | 814,889      |             |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 12,731,813   | 10,610,202   |             |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 2,638,010  | 2,410,772    |             |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0  | 0            |             |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,388,160  | 5,141,377    |             |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0  | 0            |             |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 659,514                |  |              |             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 2,743,642  | 2,891,002    |             |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 9,769,812  | 10,443,151   |             |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 2,962,001  | 167,051      |             |
|   | Beginning of Current Year                              | End of Year  |             |
|   | <b>20</b> Total assets (Part X, line 16)               | 109,193,403  | 112,319,744 |
|   | <b>21</b> Total liabilities (Part X, line 26)          | 2,686,329    | 3,081,842   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | 106,507,074  | 109,237,902  |             |

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-04-09

DR D NEWELL WILLIAMS President  
Type or print name and title

**Paid Preparer Use Only**

|   |                      |      |   |                |
|---|----------------------|------|---|----------------|
| Print/Type preparer's name  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00847851 |
| Firm's name ▶ Grant Thornton LLP                                    |                      |      | Firm's EIN ▶                                    |                |
| Firm's address ▶ 1000 WILSON BLVD SUITE 1400<br>ARLINGTON, VA 22209 |                      |      | Phone no. (703) 847-7500                        |                |

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

**Part 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:

BRITE DIVINITY SCHOOL EDUCATES AND INSPIRES PEOPLE TO SERVE GOD'S DIVERSE WORLD AS LEADERS IN CHURCHES, THE ACADEMY, AND PUBLIC LIFE.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 5,257,999 including grants of \$ 2,410,772 ) (Revenue \$ 3,195,519 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 682,978 including grants of \$ 0 ) (Revenue \$ 765,418 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 264,785 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 2,076,394 including grants of \$ ) (Revenue \$ 15,803 )

**4e** Total program service expenses ▶ 8,282,156

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [x] Another's website [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHELE SMITH TCU BOX 298130 FORT WORTH, TX 76129 (817) 257-7575





Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f (Program Service Revenue) and 2g (Total).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Other Revenue) and 12 Total revenue.

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0                     |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 2,410,772             | 2,410,772                       |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 760,847               | 165,648                         | 439,996                                | 155,203                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 2,810,790             | 2,452,594                       | 160,411                                | 197,785                     |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 252,564               | 225,612                         | 9,753                                  | 17,199                      |
| <b>9</b> Other employee benefits . . . . .  | 1,080,775             | 833,073                         | 142,268                                | 105,434                     |
| <b>10</b> Payroll taxes . . . . .   | 236,401               | 175,539                         | 37,279                                 | 23,583                      |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 0                     |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 22,659                |                                 | 22,659                                 |                             |
| <b>c</b> Accounting . . . . .   | 69,321                |                                 | 69,321                                 |                             |
| <b>d</b> Lobbying . . . . .   | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 204,764               |                                 | 204,764                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 86,094                | 76,124                          | 7,470                                  | 2,500                       |
| <b>12</b> Advertising and promotion . . . . .   | 700                   | 300                             | 100                                    | 300                         |
| <b>13</b> Office expenses . . . . .   | 91,659                | 25,516                          | 37,460                                 | 28,683                      |
| <b>14</b> Information technology . . . . .  | 23,828                | 23,828                          |  |                             |
| <b>15</b> Royalties . . . . .   | 0                     |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 91,383                | 62,730                          | 21,566                                 | 7,087                       |
| <b>17</b> Travel . . . . .  | 205,458               | 154,526                         | 31,695                                 | 19,237                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 9,221                 | 7,066                           | 2,105                                  | 50                          |
| <b>20</b> Interest . . . . .  | 0                     |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 349,061               | 292,879                         | 32,321                                 | 23,861                      |
| <b>23</b> Insurance . . . . .   | 2,083                 |                                 | 2,083                                  |                             |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> TCU ADMIN FEE  | 852,186               | 563,651                         | 218,654                                | 69,881                      |
| <b>b</b> AUXILIARY  | 682,978               | 682,978                         | 0                                      | 0                           |
| <b>c</b> DUES & SUBSCRIPTIONS   | 72,431                | 62,237                          | 10,094                                 | 100                         |
| <b>d</b> FOOD SERVICES  | 15,054                | 0                               | 8,367                                  | 6,687                       |
| <b>e</b> All other expenses   | 112,122               | 67,083                          | 43,115                                 | 1,924                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 10,443,151            | 8,282,156                       | 1,501,481                              | 659,514                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 766,427                  | <b>1</b>    | 618,588            |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 0                        | <b>2</b>    | 0                  |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>    | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .   | 145,521                  | <b>4</b>    | 70,144             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> 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                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>    | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>    | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 5,354                    | <b>9</b>    | 5,308              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 24,901,848               |             |                    |
|   | <b>b</b> Less: accumulated depreciation   | 9,044,458                |             |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 59,371,956               | <b>11</b>   | 55,387,703         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 31,060,002               | <b>12</b>   | 34,035,610         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | 0                        | <b>13</b>   | 0                  |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>   | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 1,807,633                | <b>15</b>   | 6,345,001          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 109,193,403   | <b>16</b>                | 112,319,744 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 2,406,099                | <b>17</b>   | 2,867,491          |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>   | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 136,056                  | <b>19</b>   | 138,414            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>   | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   | 0                        | <b>21</b>   | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>   | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .   | 144,174                  | <b>25</b>   | 75,937             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 2,686,329                | <b>26</b>   | 3,081,842          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets   | 22,946,047               | <b>27</b>   | 24,095,120         |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 23,542,914               | <b>28</b>   | 20,667,375         |
|   | <b>29</b> Permanently restricted net assets   | 60,018,113               | <b>29</b>   | 64,475,407         |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 106,507,074   | <b>33</b>                | 109,237,902 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 109,193,403   | <b>34</b>                | 112,319,744 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 10,610,202  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,443,151  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 167,051     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 106,507,074 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 2,577,967   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -14,190     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 109,237,902 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7121060

**Name:** BRITE DIVINITY SCHOOL

Form 990 (2018)

---

### **Form 990, Part III, Line 4a:**

BRITE DIVINITY SCHOOL EDUCATES AND INSPIRES PEOPLE TO SERVE GOD'S DIVERSE WORLD AS LEADERS IN CHURCHES, THE ACADEMY AND PUBLIC LIFE. APPROXIMATELY 200 INDIVIDUALS FROM MORE THAN 25 DIFFERENT DENOMINATIONS AND COUNTRIES ACROSS THE GLOBE ATTEND BRITE. DEGREES OFFERED INCLUDE MASTER OF DIVINITY (M.DIV.), MASTER OF ARTS IN THEOLOGY AND MINISTRY (M.A.T.M.), MASTER OF THEOLOGICAL STUDIES (M.T.S.), MASTER OF THEOLOGY (TH.M.), DOCTOR OF MINISTRY (D.MIN.), DOCTOR OF PHILOSOPHY (PH.D.), AS WELL AS COLLABORATIVE DEGREES WITH THE NEELEY SCHOOL OF BUSINESS AT TCU (M.DIV./M.B.A., M.A.T.M./M.B.A. AND M.T.S./M.B.A.) AND THE TCU DEPARTMENT OF SOCIAL WORK (M.DIV./M.S.W., M.A.T.M./M.S.W., AND M.T.S./M.S.W.). BRITE ALSO OFFERS SEVEN CERTIFICATE PROGRAMS FOR NON-DEGREE SEEKING STUDENTS. ESSENTIAL TO AND IN SUPPORT OF THE DEGREE PROGRAMS AND FACULTY RESEARCH IS OUR LIBRARY WITH OVER 176,000 PRINTED VOLUMES AND 49,000 BOUND PERIODICALS, PLUS E-BOOKS, JOURNALS AND RELATED INDICES. ALL FACULTY MEMBERS HAVE A TERMINAL DEGREE IN THEIR FIELD. A LONG-TERM GOAL OF THE SCHOOL HAS BEEN TO MAKE THEOLOGICAL EDUCATION AFFORDABLE AND ACCESSIBLE, AND AS A RESULT, APPROXIMATELY 90% OF BRITE'S STUDENTS RECEIVE FINANCIAL AID FUNDED BY BRITE.

---

**Form 990, Part III, Line 4b:**

BRITE'S LEIBROCK VILLAGE APARTMENTS PROVIDE CONVENIENTLY LOCATED AFFORDABLE HOUSING FOR STUDENTS AND THEIR FAMILIES. THE VILLAGE CONSISTS OF 56 UNITS IN THREE SEPARATE BUILDINGS ARRANGED TO PROMOTE COMMUNITY TO THE FULLEST. ONE FULL-TIME MANAGER AND PART-TIME STAFF ARE EMPLOYED FOR THE BENEFIT OF THE FACILITY.

---

**Form 990, Part III, Line 4c:**

RESEARCH AND RELATED PROGRAMS ENHANCE THE LIFE OF BRITE AND ITS CONSTITUENTS. THE RESEARCH AND RELATED PROGRAM SERVICES ARE PROJECTS ORGANIZED SPECIFICALLY TO ENHANCE THE MISSION OF THE DIVINITY SCHOOL. WORK IS INTERNALLY AND EXTERNALLY FUNDED, OFTEN BY MULTI-YEAR GRANTS. FACULTY RECEIVE REGULAR RESEARCH LEAVES AND TRAVEL SUPPORT THAT ASSISTS IN THE PRESENTATION AND PUBLICATION OF PAPERS AND BOOKS.

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DR D NEWELL WILLIAMS<br>.....<br>PRESIDENT                    | 40.0<br>.....<br>0.0   | X   |                       | X       |              |                              |        | 229,701   | 0  | 60,271  |
| MR PAUL R RAY JR<br>.....<br>CHAIR OF THE BOARD               | 2.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| MS ELAINE V KELLAM<br>.....<br>IMMEDIATE PAST CH OF THE BOARD | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR TIMOTHY CAP DIEBEL<br>.....<br>VICE-CHAIR OF THE BOARD     | 2.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| MS JO CAROLYN MCVEIGH<br>.....<br>SECRETARY OF THE BOARD      | 2.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| DR KEITH E ARGENBRIGHT<br>.....<br>TRUSTEE                    | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR VICTOR J BOSCHINI JR<br>.....<br>TRUSTEE                   | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MS LINDA H BROOKSHIRE<br>.....<br>TRUSTEE                     | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR CHAD E CLINE<br>.....<br>TRUSTEE                           | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MS MICHAELA J CROMAR<br>.....<br>TRUSTEE                      | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DR TAHITA N FULKERSON<br>.....<br>TRUSTEE     | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR DANIEL J RED GOLDSTEIN<br>.....<br>TRUSTEE | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR BENARD C HENDRICK VII<br>.....<br>TRUSTEE  | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR WILLIAM HENDRIX<br>.....<br>TRUSTEE        | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR ROBERT W HOLLOWAY<br>.....<br>TRUSTEE      | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR CLAYTON J HOOVER<br>.....<br>TRUSTEE       | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR ALLAN HOWETH<br>.....<br>TRUSTEE           | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REV CHARLES F JOHNSON<br>.....<br>TRUSTEE     | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR ROBERT E JOHNSON JR<br>.....<br>TRUSTEE    | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REV VIRZOLA LAW<br>.....<br>TRUSTEE           | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| REV DR JANET A LONG<br>.....<br>TRUSTEE             | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REV DR ANDY MANGUM<br>.....<br>TRUSTEE              | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR STUART D MCDONALD<br>.....<br>TRUSTEE            | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR STEFFEN PALKO<br>.....<br>TRUSTEE                | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REV DR RUSS PETERMAN<br>.....<br>TRUSTEE            | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR MARTHA HACKLEY SALMON<br>.....<br>TRUSTEE        | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MR ROY C SNODGRASS III<br>.....<br>TRUSTEE          | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR TIMOTHY STEVENS<br>.....<br>TRUSTEE              | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REV REUBEN THOMPSON<br>.....<br>TRUSTEE             | 2.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DR JORETTA L MARSHALL<br>.....<br>EXECUTIVE VP/DEAN | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 156,308   | 0  | 27,861  |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MS MARY BROUILLETTE<br>.....<br>VP FOR ADVANCEMENT     | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 128,713   | 0  | 23,814  |
| MS MICHELE G SMITH<br>.....<br>VP BUSINESS AND FINANCE | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 110,326   | 0  | 36,210  |
| DR WARREN C CARTER<br>.....<br>PROFESSOR               | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 116,243   | 0  | 24,786  |
| DR JAMES O DUKE<br>.....<br>PROFESSOR                  | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 124,188   | 0  | 26,210  |
| DR NANCY J RAMSAY<br>.....<br>PROFESSOR                | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 124,600   | 0  | 26,266  |
| REV DR TIMOTHY H ROBINSON<br>.....<br>PROFESSOR        | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 106,565   | 0  | 31,581  |
| DR STEPHEN V SPRINKLE<br>.....<br>PROFESSOR            | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 100,943   | 0  | 24,478  |

**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.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRITE DIVINITY SCHOOL

Employer identification number

23-7121060

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

|          | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total  |
|----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 3,130,918 | 2,885,571 | 1,942,648 | 2,924,659 | 1,931,449 | 12,815,245 |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |           |           |           |           |           | 0          |
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge..   |           |           |           |           |           | 0          |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3   | 3,130,918 | 2,885,571 | 1,942,648 | 2,924,659 | 1,931,449 | 12,815,245 |
| <b>5</b> | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . |           |           |           |           |           | 2,682,717  |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4.   |           |           |           |           |           | 10,132,528 |

**Section B. Total Support**

|           | Calendar year<br>(or fiscal year beginning in) ▶  | (a)2014   | (b)2015   | (c)2016   | (d)2017   | (e)2018   | (f)Total   |
|-----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b>  | Amounts from line 4. . .  | 3,130,918 | 2,885,571 | 1,942,648 | 2,924,659 | 1,931,449 | 12,815,245 |
| <b>8</b>  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 804,657   | 1,116,505 | 1,869,347 | 2,187,451 | 3,074,841 | 9,052,801  |
| <b>9</b>  | Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |           |           |           |           |           | 0          |
| <b>10</b> | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                  | 0         | 0         | 9,417     | 12,398    | 10,722    | 32,537     |
| <b>11</b> | <b>Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 21,900,583 |
| <b>12</b> | Gross receipts from related activities, etc. (see instructions) . . . . .   |           |           |           |           | <b>12</b> | 20,896,860 |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 46.266 % |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 48.163 % |

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .   |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge . . .  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5 . . .  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons . . .   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.) . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b. . .  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .                               |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
|            | <b>1</b>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
|            | <b>2</b>   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
|            | <b>3a</b>  |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
|            | <b>3b</b>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
|            | <b>3c</b>  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
|            | <b>4a</b>  |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
|            | <b>4b</b>  |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
|            | <b>4c</b>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
|            | <b>5a</b>  |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
|            | <b>5b</b>  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
|            | <b>5c</b>  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>6</b>   |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
|            | <b>7</b>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
|            | <b>8</b>   |     |    |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9a</b>  |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>9b</b>  |     |    |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9c</b>  |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
|            | <b>10b</b>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |  |  |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018:  |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7:  |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

| Return Reference    | Explanation   |
|---------------------|---|
| PUBLIC SUPPORT TEST | SCHEDULE A, PART I, LINE 2 BRITE DIVINITY SCHOOL HAS BEEN RECOGNIZED AS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II), AND AS SUCH, BRITE HAS CHECKED BOX 2 ON SCHEDULE A, PART I AND COMPLETED SCHEDULE E. BRITE DIVINITY SCHOOL ALSO SATISFIES THE PUBLIC SUPPORT TEST AS DESCRIBED UNDER BOX 7 ON SCHEDULE A, PART I. BRITE HAS ELECTED TO COMPLETE SCHEDULE A, PART II IN ORDER TO QUALIFY FOR THE SPECIAL RULE FOR REPORTING CONTRIBUTIONS ON SCHEDULE B. |

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
BRITE DIVINITY SCHOOL

**Employer identification number**  
23-7121060

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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 Year |
|--|-----------------------------|
| a Total number of conservation easements . . . . .   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 88,221,369       | 84,129,444     | 80,653,635         | 84,993,511           | 82,610,000          |
| <b>b</b> Contributions . . . . .                                  | 894,822          | 597,191        | 506,872            | 1,841,000            | 1,522,517           |
| <b>c</b> Net investment earnings, gains, and losses               | 5,494,502        | 6,868,835      | 6,303,620          | -2,972,616           | 4,108,951           |
| <b>d</b> Grants or scholarships . . . . .                         | 1,727,018        | 1,800,140      | 1,735,791          | 1,696,714            | 1,755,921           |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 1,697,647        | 1,573,961      | 1,598,892          | 1,511,546            | 1,492,036           |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 91,186,028       | 88,221,369     | 84,129,444         | 80,653,635           | 84,993,511          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 10.010 %
  - b** Permanent endowment ▶ 70.660 %
  - c** Temporarily restricted endowment ▶ 19.330 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes               | No |
|--|-------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> Yes     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 239,893                         |                              | 239,893        |
| <b>b</b> Buildings . . . . .   |                                      | 18,789,512                      | 4,958,392                    | 13,831,120     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 1,768,159                       | 1,512,062                    | 256,097        |
| <b>e</b> Other . . . . .   |                                      | 4,104,284                       | 2,574,004                    | 1,530,280      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 15,857,390     |

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) INVESTMENTS HELD IN TRUST   | 17,915,321     | F  |
| (B) LTD. PARTNERSHIP INVESTMENTS  | 8,278,933      | F  |
| (C) ALTERNATIVE INVESTMENTS   | 7,841,356      | F  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 34,035,610     |  |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) MINERAL INTEREST & REAL ESTATE                                       | 6,093,933      |
| (2) ACCRUED INVESTMENT INCOME  | 251,068        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 6,345,001      |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 0              |
| DUE TO ACADEMIC AFFILIATE  | 75,937         |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 75,937         |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |                     |
|----------|--|-----------|-----------|---------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 9,913,420           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |                     |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 2,577,967 |                     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |                     |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | -14,190   |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |           | <b>2e</b> 2,563,777 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |           | <b>3</b> 7,349,643  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 204,764   |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 3,055,795 |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |           | <b>4c</b> 3,260,559 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |           | <b>5</b> 10,610,202 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |                     |
|----------|---|-----------|-----------|---------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 7,182,592           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |                     |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |                     |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |                     |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |           | <b>2e</b>           |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |           | <b>3</b> 7,182,592  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 204,764   |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 3,055,795 |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |           | <b>4c</b> 3,260,559 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |           | <b>5</b> 10,443,151 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7121060

**Name:** BRITE DIVINITY SCHOOL

## Supplemental Information

| Return Reference                 | Explanation  |
|----------------------------------|--|
| Intended Uses of Endowment Funds | SCHEDULE D, PART V, LINE 4 THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE FUNDS IN PERPETUITY GENERALLY IN SUPPORT OF BRITE'S MISSION TO EDUCATE AND INSPIRE PEOPLE TO SERVE GOD'S DIVERSE WORLD AS LEADERS IN CHURCHES, THE ACADEMY, AND PUBLIC LIFE. INCLUDED IN, BUT NOT LIMITED TO THIS SUPPORT, ARE SCHOLARSHIPS, CHAIRS, PROFESSORSHIPS, AND PROGRAM SUPPORT. |

**Supplemental Information**

| Return Reference          | Explanation  |
|---------------------------|--|
| FIN 48 (ASC 740) FOOTNOTE | SCHEDULE D, PART X, LINE 2 THE SCHOOL IS A TAX-EXEMPT INSTITUTION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS AN ORGANIZATION DESCRIBED IN SECTION 501 (C)(3) OF THE IRC. THE SCHOOL HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM CURRENT OR PRIOR PERIOD TAX POSITIONS. ACCORDINGLY, NO ADDITIONAL DISCLOSURES HAVE BEEN MADE ON THE FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX POSITIONS. THE SCHOOL DOES NOT HAVE ANY OUTSTANDING INTEREST OR PENALTIES, AND NONE HAVE BEEN RECORDED IN THE STATEMENT OF ACTIVITIES FOR THE YEARS ENDED MAY 31, 2019 and 2018. AS OF MAY 31, 2019, THE SCHOOL'S TAX YEARS ENDED MAY 31, 2015 THROUGH 2019, GENERALLY REMAIN SUBJECT TO EXAMINATION. |

## Supplemental Information

| Return Reference          | Explanation  |
|---------------------------|--|
| RECONCILIATION OF REVENUE | SCHEDULE D, PART XI, LINE 2D Net change in charitable gift ANNUITies (\$ 14,190) |

# Supplemental Information

| Return Reference             | Explanation   |
|------------------------------|---|
| SCHEDULE D, PART XI, LINE 4B | STUDENT FINANCIAL AID \$ 2,410,772 POST RETIREMENT HEALTH BENEFIT \$ 645,023 ----- TOTAL<br>\$3,055,795 ===== |

# Supplemental Information

| Return Reference           | Explanation  |
|----------------------------|--|
| RECONCILIATION OF EXPENSES | SCHEDULE D, PART XII, LINE 4B STUDENT FINANCIAL AID \$ 2,410,772 POST RETIREMENT HEALTH BENEFIT \$ 645,023 ----- TOTAL \$3,055,795 ===== |

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

# Schools

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury  
Name of the organization  
BRITE DIVINITY SCHOOL

**Employer identification number**  
23-7121060

**Part I**

|  | YES | NO |
|--|-----|----|
| <b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .   | Yes |    |
| <b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .  | Yes |    |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . . | Yes |    |
| <b>4</b> Does the organization maintain the following?   |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .   | Yes |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .   | Yes |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .   | Yes |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | Yes |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to:  |     |    |
| <b>a</b> Students' rights or privileges? . . . . .   |     | No |
| <b>b</b> Admissions policies? . . . . .  |     | No |
| <b>c</b> Employment of faculty or administrative staff? . . . . .  |     | No |
| <b>d</b> Scholarships or other financial assistance? . . . . .   |     | No |
| <b>e</b> Educational policies? . . . . .   |     | No |
| <b>f</b> Use of facilities? . . . . .  |     | No |
| <b>g</b> Athletic programs? . . . . .  |     | No |
| <b>h</b> Other extracurricular activities? . . . . .<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |     | No |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  |     | No |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either line 6a or line 6b, explain on Part II.   |     | No |
| <b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .   | Yes |    |

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

| Return Reference                                 | Explanation  |
|--|--|
| PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY | SCHEDULE E, PART I, LINE 3 BRITE DIVINITY SCHOOL'S NONDISCRIMINATION POLICY STATEMENT IS INCLUDED IN ALL OF THE SCHOOL'S PROGRAM HANDBOOKS AND RECRUITMENT MATERIALS. IT IS ALSO INCLUDED ON THE SCHOOL'S WEBSITE. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

Name of the organization  
BRITE DIVINITY SCHOOL

**Employer identification number**  
23-7121060

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data  |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               |                                     |  |   |  | 14,392,812   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |   |  | 14,392,812   |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                            |  |            |                      |                          |                                 |                                   |  |   |
|                            |  |            |                      |                          |                                 |                                   |  |   |
|                            |  |            |                      |                          |                                 |                                   |  |   |
|                            |  |            |                      |                          |                                 |                                   |  |   |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7121060

**Name:** BRITE DIVINITY SCHOOL

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America |                                     |   | Send agents to seminar   |  | 2,544                             |
| South America |                                     |   | Send agents to seminar   |  | 6,379                             |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) |                                     |   | Send agents to seminar   |  | 14,654                            |
| East Asia and the Pacific                |                                     |   | Program Services   | RESEARCH & EDUCATION   | 15,622                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                        | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean |                                     |   | Investments  |  | 14,349,000                        |
| South America                     |                                     |   | Program Services   | INTL CONFERENCE  | 4,613                             |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization BRITE DIVINITY SCHOOL

Employer identification number 23-7121060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) TUITION GRANTS AND STIPENDS | 183                      | 2,410,772                |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference  | Explanation   |
|---|---|
| PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE U.S. | SCHEDULE I, PART I, LINE 2 GRANT APPLICATIONS ARE REVIEWED AND APPROVED BY THE APPROPRIATE FINANCIAL AID PROFESSIONALS. UPON APPROVAL, FUNDS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT AS AN OFFSET AGAINST CHARGES SUCH AS TUITION AND FEES. GRANTS CANNOT EXCEED THE STUDENT'S COST OF ATTENDANCE (COA). IN THE EVENT THAT THE COA IS REDUCED DUE TO A DECREASE IN THE STUDENT'S COURSE LOAD OR OTHER CIRCUMSTANCES IMPACTING SCHOOL CHARGES, THE RELATED GRANT IS ACCORDINGLY REDUCED. |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRITE DIVINITY SCHOOL

Employer identification number  
23-7121060

**Part I Questions Regarding Compensation**

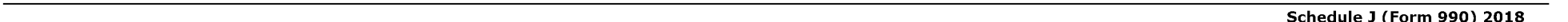
|   | Yes    | No    |
|---|--------|-------|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input type="checkbox"/> Tax idemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p> |        |       |
| <p><b>b</b> If any of the boxes in 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 explain</p>  | 1b Yes |       |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>  | 2 Yes  |       |
| <p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>  |        |       |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | 4a No  | 4b No |
|   | 4c No  |       |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | 5a No  | 5b No |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | 6a No  | 6b No |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>  | 7 No   |       |
| <p><b>8</b> Were any amounts reported on 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 in Part III.</p>  | 8 No   |       |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>  | 9      |       |



**Part III Supplemental Information**

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.

| Return Reference                                | Explanation   |
|---|---|
| HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | SCHEDULE J, PART I, LINE 1A BOTH THE PRESIDENT AND DEAN ARE ORDAINED MINISTERS ENTITLED TO A MINISTERIAL HOUSING ALLOWANCE. THE PRESIDENT'S TOTAL COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE BOARD OF TRUSTEES ALSO APPROVES ANNUALLY THE DESIGNATION OF A PORTION OF OTHER ORDAINED MINISTERS' COMPENSATION AS A HOUSING ALLOWANCE, INCLUDING THE DEAN'S, SUBJECT TO THE PROVISIONS OF THE INTERNAL REVENUE CODE. |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRITE DIVINITY SCHOOL

Employer identification number  
23-7121060

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 3   | 40,286   | COST OR SALE PRICE  |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  | Yes |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | No |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference           | Explanation  |
|----------------------------|--|
| CONTRIBUTION OF SECURITIES | SCHEDULE M, PART I, LINE 9, COLUMN (B) THE NUMBER REFLECTED IN COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED. |

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
BRITE DIVINITY SCHOOL

Employer identification number

23-7121060

**990 Schedule O, Supplemental Information**

| Return Reference                | Explanation  |
|---------------------------------|--|
| PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4D IN ADDITION TO AND IN SUPPORT OF GRANTING DEGREES, BRITE PROVIDES FIELD EDUCATION TRAINING THROUGH ITS SUPERVISED MINISTRY PROGRAM. STUDENTS ARE PLACED IN A VARIETY OF CHURCHES AND AGENCIES THROUGHOUT THE AREA TO ENHANCE THE INTEGRATION OF CLASSROOM LEARNING AND MINISTERIAL PRACTICE. CONTINUING EDUCATION OPPORTUNITIES ARE PROVIDED FOR AREA MINISTERS AND LAY LEADERS, INCLUDING MINISTERS WEEK AND STALCUP SCHOOL FOR THE LAY LEADERS. FURTHER ENRICHING THE EXPERIENCE OF STUDENTS ARE RELEVANT SPEAKERS AT WEEKLY CHAPEL SERVICES AND OTHER FOCUSED EVENTS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| FORM 990 REVIEW PROCESS | FORM 990, PART VI, SECTION B, LINE 11B THE AUDIT COMMITTEE OF THE SCHOOL MET AND REVIEWED THE FORM 990 AND RELATED SCHEDULES WITH THE VICE PRESIDENT OF BUSINESS AND FINANCE AND THE RETURN PREPARER. THE AUDIT COMMITTEE APPROVED THE FORM 990 AND RELATED SCHEDULES AS PRESENTED. FINALLY, A PDF FILE OF THE FORM 990 AND RELATED SCHEDULES WAS MADE AVAILABLE TO EACH TRUSTEE ELECTRONICALLY FOR THEIR REVIEW PRIOR TO THE FILING. TRUSTEES WERE ENCOURAGED TO CONTACT THE FINANCE DEPARTMENT WITH ANY QUESTIONS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>     | <b>Explanation</b>  |
|-----------------------------|---|
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, LINE 12C BRITE HAS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED AND REVISED ANNUALLY TO COMPLY WITH CURRENT REGULATIONS. THIS POLICY NOTES RELATIONSHIPS AND TRANSACTIONS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE THEREOF. IT DESCRIBES THE MEANS FOR NOTIFYING THE SCHOOL'S ADMINISTRATION OR BOARD OF TRUSTEES OF KNOWN POTENTIAL CONFLICTS, WHICH IS DONE IN WRITING ON AN ANNUAL BASIS. THESE WRITTEN NOTIFICATIONS, ALONG WITH ANY OTHER POTENTIAL CONFLICTS THAT ARISE, ARE REVIEWED BY MANAGEMENT, AND ADJUSTMENTS ARE MADE TO COMMITTEE ASSIGNMENTS AS NEEDED. ADDITIONALLY, VOTING PRIVILEGES ARE DISCUSSED WITH TRUSTEES, AS NECESSARY, TO COMPLY WITH THE POLICY AND AVOID ANY APPEARANCE OF CONFLICT. WHEN A CONFLICT OR POTENTIAL CONFLICT EXISTS, THE AFFECTED PERSON SHALL ABSTAIN FROM VOTING OR ACTING UPON THE PERTINENT ITEM, WITHDRAW FROM THE MEETING, AND ABSTAIN FROM PARTICIPATING IN OR INFORMALLY INFLUENCING THE DECISION-MAKING PROCESS EXCEPT TO PROVIDE FACTUAL INFORMATION UPON REQUEST. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| EXECUTIVE COMPENSATION  | FORM 990, PART VI, SECTION B, LINE 15A THE PROCESS FOR DETERMINING THE PRESIDENT'S ANNUAL COMPENSATION REVIEW AND APPROVAL IS PERFORMED BY THE BOARD OF TRUSTEES. THE BOARD OF TRUSTEES IS INDEPENDENT FROM THE PRESIDENT AND USES COMPARABILITY DATA FROM SURVEYS PROVIDED BY THE ASSOCIATION OF THEOLOGICAL SCHOOLS TO HELP DETERMINE REASONABLE COMPENSATION. THE EXECUTIVE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS THE DELIBERATIONS AND DECISIONS OF THE REVIEW AND APPROVAL OF THE PRESIDENT'S COMPENSATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| OFFICER<br>COMPENSATION | FORM 990, PART VI, SECTION B, LINE 15B THE PRESIDENT CONDUCTS ANNUAL PERFORMANCE EVALUATIONS OF THE EXECUTIVE VICE PRESIDENT AND DEAN, THE VICE PRESIDENT FOR BUSINESS AND FINANCE, AND THE VICE PRESIDENT FOR ADVANCEMENT. COMPENSATION OF THESE OFFICERS IS COMPARED TO INDUSTRY DATA PUBLISHED BY THE ASSOCIATION OF THEOLOGICAL SCHOOLS AND IS DETERMINED BY THE PRESIDENT ON THE BASIS OF THE PERFORMANCE EVALUATIONS AND BUDGETARY CONSTRAINTS. THE PRESIDENT MAINTAINS PERSONNEL FILES FOR THE PAID OFFICERS OF THE CORPORATION. THESE FILES INCLUDE ANNUAL REVIEWS AS DISCUSSED WITH AND SIGNED BY THE EMPLOYEE. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC | FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS ARE AVAILABLE FROM THE TEXAS SECRETARY OF STATE WEBSITE. AUDITED FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| OTHER CHANGES IN NET ASSETS AND FUND BALANCES | FORM 990, PART XI, LINE 9 Net change in charitable gift ANNUITies (\$14,190) |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRITE DIVINITY SCHOOL

**Employer identification number**

23-7121060

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**Part III 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.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
| (1) CHARITABLE REMAINDER TRUST                           | SUPPORT                 | TX  | NA                                  |  |                                 |   |                                |   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> 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? |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |