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 black lung benefit trust or private foundation)

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

2008

Open to Public Inspection

			idar yea	r, or tax year beginning 07-01-200	8 and ending 06-30-200)9	D Employer ide	ntification number
_			ease	C Name of organization ANDOVER NEWTON THEOLOGICAL SCH	IOOL			
_	dress cha	lal	e IRS bel or	Doing Business As			04-210477! E Telephone nu	
_	me char	ty	int or pe. See				(617) 964-1	100
Inii —	tıal retur		ecific struc-	Number and street (or P O box if mai 210 HERRICK ROAD	I is not delivered to street addre	ess) Room/suite	G Gross receipts	
Te	mınatıoı	n tic	ons.	210 HERRICK ROAD				
Am	ended r	return		City or town, state or country, and ZIP NEWTON CENTRE, MA 02459	P + 4			
Ap	plication	pending		, , , , , , , , , , , , , , , , , , , ,				
				ne and address of Principal Officei	r		s a group return	
			nick ca 210 HE	rter ERRICK ROAD		affilia	tes?	ΓYes Γ Nο
				ON CENTRE, MA 02459	_	H(b) Are all	l affiliates include	d?
Та	x-exem	pt status 🔽	5 01(c)) (3) ◀ (Insert no)	527			See instructions)
W	eb site	e: 🟲 www ar	nts edu			H(c) Grou	p Exemption Nur	nber 🗠
(Тур	e of org	anization 🔽	Corporat	on		L Year of Fo	rmation 1807 M S	State of legal domicile MA
							•	
Pa	rt I	Summa	ıry					
	1			e organization's mission or most s	_			
צ		Graduate T	heologi	cal School training and preparing	men and women for Christ	tian ministry ir	the church and	the world
Ē								
Ę	2	Check this	box \sqsubset	ıf the organization discontinued its	s operations or disposed (of more than 2	5% of its assets	
auvellidilice			•	nembers of the governing body (Pa				28
			_	ident voting members of the gover				28
<u>g</u>				nployees (Part V, line 2a)				140
ACUMINES &				plunteers (estimate if necessary)		_	0	
ŧ				ted business revenue from Part VI			_	0
	ь	Net unrelat	ted busi	ness taxable income from Form 99		 7b	0	
					Prio	or Year	Current Year	
	8	Contribut	ions and	d grants (Part VIII, line 1h)			2,018,186	823,452
哥	9	Program s	service	revenue (Part VIII, line 2g)			3,227,839	2,697,432
Ravenue	10	Investme	nt incor	me (Part VIII, column (A), lines 3,	, 4, and 7d)		1,236,558	-4,185,532
ď	11	O ther rev	enue (P	art VIII, column (A), lines 5, 6d,		-2,310,665	1,431,205	
	12		enue—a	dd lines 8 through 11 (must equal	Part VIII, column (A), lır	ne	4,171,918	766,557
	13	12) Grants an	nd simila	ar amounts paid (Part IX, column (A) lines 1 – 3)		575,059	601,299
	14			or for members (Part IX, column (A	.,		373,033	001,233
	15	•		ompensation, employee benefits (F		5-		
Expenses		10)			, , , , , ,		4,128,322	3,940,353
₹	16a	Professio	nal fund	raising fees (Part IX, column (A),		136,759	0	
ਡੌ	ь	(Total fundr	raising ex	penses, Part IX, column (D), line 25 $\frac{452,0}{1}$)			
	17	Otherexp	oenses ((Part IX, column (A), lines 11a-11	ld, 11f-24f)		3,858,946	3,353,198
	18			add lines 13–17 (must equal Part			8,699,086	7,894,850
. 07	19	Revenue	less exp	penses Subtract line 18 from line	12		-4,527,168	-7,128,293
5 4 3 5						Beginni	ng of Year	End of Year
34	20			rt X, line 16)			34,670,536	26,610,612
net Assets or Fund Balances	21		,	Part X, line 26)			1,847,636	2,221,013
	22			d balances Subtract line 21 from	line 20		32,822,900	24,389,599
Pa	rt II	Signati						
				erjury, I declare that I have examined this correct, and complete Declaration of prep				
Plea		lk .				1	-05-17	·
Sigr		Signature	e of office	er		Date		
ler	e		er preside					
		Type or	print nam	e and title				
		Preparer's				Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	7			empolyed •		
-	arer's	Firm's name		RSM MCGLADREY INC		· ·	EIN Þ	
Jse (Only	ıf self-emplo address, and		7 NEW ENGLAND EXECUTIVE PARK S	SUITE		LIIV F	
				BURLINGTON, MA 018033485			Phone no 🕨 (78	31) 685-3500
/ av	tha IDS	s discuss t	hic retu	rn with the preparer shown above?	(See instructions)		1	Vas I No

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission Graduate Theological School training and prep	aring men and women for	Christian ministry in the chu	urch and the world	
2	Did the organization undertake any s		rvices during the year v	which were not listed on	Yes ✓ No
	the prior Form 990 or 990-EZ? . If "Yes," describe these new service				res / No
3	Did the organization cease conducti		changes in how it cond	ducts any program	Yes ✓ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and reve	ions and 4947(a)(1) ti	rusts are required to re	port the amount of grants and	
4a	(Code) (Expenses	\$ 3,627,251	including grants of \$	601,299) (Revenue \$	2,711,313)
4 b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	ın Schedule O) including grants of	\$) (Revenue \$)
4e	Total program service expenses \$	3,627,251	L Must equal Part IX, L	Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		[
		5. Information Returns. Enter -0- if not applicable					
			1a	53			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	14	0			
	Б		1b	0			
С		he organization comply with backup withholding rules for reportable payments tong (gambling) winnings to prize winners?	oveno	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Stater	ments filed for the calendar year ending with or within the year covered by this	2-	1.40			
	retur		2a	140			
D		least one is reported in 2a, did the organization file all required federal employm :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during		ľ			
		n ⁷			3a		Νο
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>		ľ	3b		
4a		ly time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other illumeral	4a		Νο
b	If "Ye	es," enter the name of the foreign country					
	See t	he instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
		cial Accounts.					
5a		the organization a party to a prohibited tax shelter transaction at any time durir			5a		No
Ь	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		N o
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	y Regarding Prohibited			
c -		helter Transaction?	•		5c		N1 -
6a 		he organization solicit any contributions that were not tax deductible?		•	6a		No
b		es," did the organization include with every solicitation an express statement th not tax deductible?	iat suo 	contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo con	trıbutı	on of \$75 or	7a	Yes	
L		? es," did the organization notify the donor of the value of the goods or services pi	rovida	_{d2}	7b	Yes	
		he organization sell, exchange, or otherwise dispose of tangible personal propei		ł	70	162	
·		orm 8282?		•	7c		Νo
d	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
е		he organization, during the year, receive any funds, directly or indirectly, to pay fit contract?			7e		Νο
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g		ll contributions of qualified intellectual property, did the organization file Form 8			7g		
_		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi		·			
	requii	red?			7h		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	, 20112	ormy organization, nave	8		
		·		l ')		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a		he organization make any taxable distributions under section 4966?		ľ	9a		
Ь		he organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10		on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
11	Cact.	on FO1/cV12) organizations. Enter					
		on 501(c)(12) organizations Enter s income from members or shareholders					
а	Gross	s income nom members of shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	agaın	st amounts due or received from them)...........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu d	of Form 1041?	12a		
b	If "Ye	es," enter the amount of tax-exempt interest received or accrued during the	4.0.				
	year		12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section A. Governi</u>	ing Body and Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 28							
Ь	Enter the number of voting members that are independent 1b 28							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ┌ own website ┌ another's website ┌ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization susan hunt

210 HERRICK ROAD NEWTON CENTRE, MA 02459 (617) 964-1100

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did r	not compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		Posit tl	(C non (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				-						

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	ge Indian Reportable compensation from the organizations		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations					
							\vdash				
							\vdash				
1b Total							▶	249,492	2 0	56,167	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	moi	re thar	1 \$ 1	00,000 ın reportabl	e		

compensation from the organization►1

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο		

Section	В.	Inde	pendent	Contractors
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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
abm janitorial services 59 inner belt rd somerville, MA 02143	janitorial services	118,364
2 Total number of independent contractors (including those in 1) who received more tha	n \$100.000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a				
nts nts	ь	Membership dues					
g Doug	с	fundraising events	b				
ت عرق		1					
<u>2</u>	d	Related organizations 16 Government grants (contributions)					
Sin Sin	e f	All other contributions, gifts, grants, and	823,452				
bet Ber	•	similar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included i					
Co an		lines 1a-1f \$ Total (Add lines 1a-1f)		823,452			
	h	Total (Add lines 1a-11)	<u>►</u>				
ë	2a	tuition & fees	Business Code 611,600	2,610,105	2,610,105		
ven	b	program income	611,710	2,610,103 87,327	87,327		+
<u>8</u>	c	program meanic	- 011,710	07,327	07,327		+
¥.	d						
33	e						
Ea	f	All other program service revenue	e				
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 2,697,432 Investment income (including div	udends interest				+
	_	other similar amounts)	· · · · · · · · · · · · · · · · · · ·	494,684			494,684
	4	Income from investment of tax-exempt	▶- bond proceeds				
	5	Royalties	▶				
	5	(i) Real	(II) Personal				+
	6a	Gross Rents 1,264,500					
	ь	Less rental expenses					
	c	Rental income 1,264,500 or (loss)					
	d	Net rental income or (loss)		1,264,500			1,264,500
		(ı) Securities	(II) O ther				
	7a	Gross amount 9,329,207 from sales of					
		assets other than inventory					
	ь	Less cost or 14,009,423 other basis and					
	С	sales expenses Gain or (loss) -4,680,216	+				
	d	Net gain or (loss)		-4,680,216			-4,680,216
	8a	Gross income from fundraising	· •				
		events (not including					
ne		\$of contributions reported on line					
٧en		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Re		\$15,000	a				
Other Revenue	ь	Less direct expenses					
Ot	С	Net income or (loss) from fundrais	sing events				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
	ь	Less direct expenses					
	С	Net income or (loss) from gaming	activities •				
	10a	Gross sales of inventory, less returns and allowances					
		returns and anowances .	213,557				
	ь	Less cost of goods sold I					
	С	Net income or (loss) from sales o		-4,425			-4,425
	11a	Miscellaneous Revenue	Business Code 722,210	151,512			151,512
	b	food services library fees	611,710	7,529	7,529		131,312
	С	copier income	900,099	5,737	<u> </u>		5,737
	d	All other revenue		6,352	6,352		
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g,	\$ 171,130	766,557	2,711,313	C	-2,768,208
		8c,		, 00, 337	2,711,313		2,733,200
]	9c, 10c, and 11e	· · • • [Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	601,299	601,299								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	108,044		108,044							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	3,091,916	2,069,559		260,524						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits	595,260	387,070	174,596	33,594						
10	Payroll taxes	145,133	73,823	52,595	18,715						
11	Fees for services (non-employees)										
а	Management										
b	Legal	4,798	2,000	2,798							
c	Accounting	52,550		52,550							
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees	77,607		77,607							
g	Other	1,039,486	114,814	885,546	39,126						
12	Advertising and promotion	16,496	16,321	150	25						
13	Office expenses	66,905	39,654	26,423	828						
14	Information technology										
15	Royalties										
16	Occupancy	655,805		584,890	70,915						
17	Travel	72,081	50,796	12,286	8,999						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials										
19	Conferences, conventions and meetings										
20	Interest	40,636		40,636							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	556,678		556,678							
23	Insurance	82,402		82,402							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	Licenses & Fees	153,934		147,929	6,005						
Ь	Other Wages - students	118,667	85,109	33,558							
c	dues & Subscriptions	116,698	65,126	51,572							
d	Equipment Rental & Main	80,692	26,299	54,393							
e	Telephone & Web	53,657		53,657							
f	All other expenses	164,106	95,381	55,387	13,338						
25	Total functional expenses. Add lines 1 through 24f	7,894,850	3,627,251	3,815,530	452,069						
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			155,434	1		66,894
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net	706,054	3		335,497		
	4	Accounts receivable, net			370,434	4		345,143
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sopersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use		64,276	8		76,944	
2	9	Prepaid expenses and deferred charges			111,802	9		105,237
Assets	10a	Land, buildings, and equipment cost basis	10a	13,639,360				
•	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	2,791,146		10c	1	0,848,214
	11	Investments—publicly traded securities			21,356,708	11	1	4,182,928
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	rt VII	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$	art VII	I		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			753,279	15		649,755
	16	Total assets. Add lines 1 through 15 (must equal line 34)			34,670,536	16	2	6,610,612
	17	Accounts payable and accrued expenses .			207,243	17		265,681
	18	Grants payable		18				
	19	Deferred revenue		493,120	19		659,046	
_	20	Tax-exempt bond liabilities				20		
- Š	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			1,147,273	25		1,296,286
	26	Total liabilities. Add lines 17 through 25			1,847,636	26		2,221,013
sea		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	lete lii	nes 27				
an an	27	Unrestricted net assets			10,082,947	27		7,544,257
Balance	28	Temporarily restricted net assets			8,348,963	28		2,346,395
귤	29	Permanently restricted net assets			14,390,990	29	1	4,498,947
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete				
ŏ		lines 30 through 34.				L		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances			32,822,900	33		4,389,599
	34	Total liabilities and net assets/fund balances			34,670,536	34	2	6,610,612
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI		I Dama autima
Part XI	Financial Statements and	1 Reportina

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

DLN: 93493137026030

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ANDO		WTON THEOLO	GICAL SCHOOL						proyer rac			
									-210477			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:		-	ation because it is (Please		-						
1	 	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	고			tion 170(b)(1)(A)(ii). (Attac								
3		•	·	e hospital service organizati			-		- '		•	
4	l	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	J	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	_			(Complete Part II)								
6	<u> </u>	•	-	overnment or governmental								
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	init or fror	n the gene	eral public	
_	_		-	(Complete Par	•							
8	<u> </u>		•	ped in Section 170(b)(1)(A)		•	•					
9	ı			ally receives (1) more than								
		•		lated to its exempt functions	-		•		•			
				estment income and unrelate						x) from bu	sinesses	
10	_			on after June 30, 1975 See and operated exclusively to						aa inatriia	tions \	
11	<u>'</u>	_	-	and operated exclusively to	•		•				•	
	'	_	=	orted organizations describe					•	•	· ·	
				type of supporting organiza				•			()()	
	_	a ⊤	• •				nally Integ	•	d		III - Other	
e	ı			rtify that the organization is							•	
		section 50		agers and other than one or	more publ	licly supp	ortea orga	nizations (aescribea	in section	1509(a)(1) or	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
		check this									Γ	
g		Since Augu following pe		as the organization accepte	d any gift	or contrib	utıon from	any of the	!			
				r indirectly controls, either a	alone or to	aether wi	th persons	describe	d ın (ıı)		Yes No	
				ng body of the the supported						11g		
			· -	erson described in (i) above	_					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	s the	(vii) A mount of	
		orted		(described on lines 1 - 9		ation in		inization		ation in	support?	
	Orgar	nization		above or IRC section (See Instructions))		listed in verning	In col (I	i) of your		rganized US?		
				(See Instructions)		ment?	3401	, o i c ·	"" ""	5 5 .		
					Yes	No	Yes	No	Yes	No	1	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf					-		
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3							
	The portion of total contribution by each							
Э	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support				ı	1		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
•	sources Net income from unrelated business							
9	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instruction	ns)			12		
13	First Five Years. If the Form 990 is for the	organization's fi	ırst, second, thır	d, fourth, or fifth	ntax year as a 5	01(c)(3)	
	organization, check this box and stop here	-	, ,	, ,	,	. , ,	,	▶ □
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvı	ded by line 11 co	olumn (f))		14		
15	Public Support Percentage for 2007 Sched	lule A , Part IV - A	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13,	and line 14 is 3	3 1/3% or more,	check	this box	
	and stop here. The organization qualifies as							► □
b	33 1/3% Test - 2007. If the organization di			•	15 is 33 1/3% c	r more,	check th	
	box and stop here. The organization qualifi							▶□
17a	10% Facts and Circumstances Test - 2008.	•			, ,			
	more, and if the organization meets the "factoring		· ·					. —
L	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							►
D	more, and if the organization meets the "fa-							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							
	instructions		,	•	,			▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support	keu tile box o	ii iiile 9,01,Pai	(1.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	(4) 2007	(e) 2000	(I) I Otal
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
_	section 513 Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						
т.	tal Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2004	(6) 2003	(6) 2000	(4) 2007	(6) 2000	(i) i otai
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
13	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						► □
	munication of Dublic Comment Des						
15	Public Support Percentage for 2008 (line		dad by line 12 a	olumn (fi)		145	
		• •	•	Ordinii (1))		15	
16	Public Support Percentage for 2007 Sche	aule A, Part IV -	A, line 2/g			16	
		D					
	mputation of Investment Income			40 1 20		 	
17	Investment Income Percentage for 2008 ())	17	
18	Investment Income Percentage from 2007	'Schedule A, Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

▶□

Part II Supplemental Information. Complete this part to provide the information required by Pa	art II, line 10;
Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (s	see instructions)
Facts and Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 04-2104775

Name: ANDOVER NEWTON THEOLOGICAL SCHOOL

Form 990, Part VII - Section Aaa

Pormi 990, Part VII - Section Ada		(C) Position (check all that apply)						(5)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
nancy s taylor , Chair	1 00	X		Х				0	0	0	
Judith L Swahnberg , Vice Chair	1 00	X		Х				0	0	0	
Rowland Bates , Secretary	1 00	Х		Х				0	0	0	
Diane M Nicholls , Treasurer	1 00	Х		Х				0	0	0	
Rose L Costas , Assistant Secretary	1 00	Х		Х				48,172	0	0	
Davida Foy Crabtree , Trustee	1 00	Х						0	0	0	
Russell B MacPherson , trustee	1 00	Х						0	0	0	
Erwin H Miller , trustee	1 00	Х						0	0	0	
Richard B Osterberg , trustee	1 00	Х						0	0	0	
Thomas D Wintle , trustee	1 00	Х						0	0	0	
Liliana DA VALLE , trustee	1 00	Х						0	0	0	
N LYNN ECKHERT , Trustee	1 00	Х						0	0	0	
LOWELL H FEWSTER , Trustee	1 00	Х						0	0	0	
WILLIAM S HOYT , Trustee	1 00	Х						0	0	0	
ROBERT M SARLY , trustee	1 00	Х						0	0	0	
DAVID E SMITH , trustee	1 00	Х						0	0	0	
C WILLIAM STEELMAN , trustee	1 00	Х						0	0	0	
LIZ WALKER , trustee	1 00	Х						0	0	0	
MARTIN B COPENHAVER , trustee	1 00	Х						0	0	0	
SYLVIA G FERRELL-JONES , trustee	1 00	Х						0	0	0	
CRAIG LINDELL , trustee	1 00	Х						0	0	0	
JEAN M MULLER , trustee	1 00	Х						0	0	0	
GEORGE e PETERS , trustee	1 00	Х						0	0	0	
ALBERT O WILSON , Trustee	1 00	Х						0	0	0	
EDWARD R BEDROSIAN , trustee	1 00	Х						0	0	0	
JOHN H FOSTER , trustee	1 00	Х						0	0	0	
WADE M KORNEGAY , trustee	1 00	Х						0	0	0	
JAMES P SHERBLOM , trustee	1 00	Х						0	0	0	
Nick Carter , President	35 00			Х				108,044	0	42,492	
robert macdonald , vp of finance	35 00			Х				80,776	0	13,675	

Form 990, Part VII - Section Aaa

Olin 330, Falt VII Section Aut	-								
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on a Institutional Trustee	ched	Highest compensatedemployee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
susan hunt , vp of finance	35 00			Х			12,500	0	0

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ANDOVER NEWTON THEOLOGICAL SCHOOL 04-2104775 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

Part III Organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

· **\$**

(ii) Assets included in Form 990, Part X

- \$

► \$

- 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 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

. .

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part		Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Oth	<u>er Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3		g the organization's accession and others s (check all that apply)	r records, check any	of th	e foll	owing that a	re a sıgnıfıcant	use of its c	ollection	ı	
а	Γ	Public exhibition		d	Γ	Loan or exc	change program	S			
b	F :	Scholarly research		e	Γ	Other					
С	\Box	Preservation for future generations									
4	Prov Part	ide a description of the organization's co	ollections and explair	how	v the y	further the	organization's e	exempt purp	ose in		
5		ng the year, did the organization solicit o its to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial / Part IV line 9 or reg orted an an					anızatıon ans	wered "Ye	s" to Fo	orm 99	90,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table					_			
									A mou	nt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete									
1a	Bogu	nning of year balance	(a)Current Year 27,311,582	(b) Prior	Year (c)	wo Years Back (1)Three Years	Back (e)Four Ye	ears Back
ь		tributions	229,325								
c		estment earnings or losses	-5,556,117								
d		nts or scholarships	, ,								
e		er expenditures for facilities	1,936,910								
		programs									
f	Adm	ninistrative expenses									
g	End	of year balance	20,047,880								
2	Prov	ide the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	21 310 %								
b	Perm	nanent endowment 🕨 72 320 %									
c	Term	n endowment 🕨 6 370 %									
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held and	admınıstered fo	r the			
	_	nization by nrelated organizations							3a(i)	Yes	No No
		related organizations			•				3a(ii)		No
ь		es" to 3a(II), are the related organization			ched	ule R?			3b	<u> </u>	
4		cribe in Part XIV the intended uses of th	·							I	
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, F	Part X, line 10				
		Description of investment				Cost or other (Investment)	(b)Cost or other basis (other)	(c) Depred	ciation	(d) Boo	ok value
1a	and						147,21	2			147,212
Ь	Buildii	ngs					12,720,39	9 2,3	66,557	10	0,353,842
c l	ease	hold improvements							1		
d E	Equipi	ment					771,74	9 4	24,589		347,160
е (Other										

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			_
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
future annuity payments	1,340		
line of credit	1,294,946		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,296,286		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	766,557
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,894,850
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,128,293
4	Net unrealized gains (losses) on investments	4	-1,201,908
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-103,100
9	Total adjustments (net) Add lines 4 - 8	9	-1,305,008
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,433,301
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,985,849
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-678,906
3	Subtract line 2e from line 1	3	5,664,755
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-4,898,198
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	766,557
-	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	13,419,150
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,203,206
3	Subtract line 2e from line 1	3	7,215,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ات	7,213,511
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 678,906		
c	Add lines 4a and 4b	4c	678,906
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,894,850
	t XIV Supplemental Information		. /== ://

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	the intended use of the school's endowment funds is to provide funding to scholarships, support of programs and school's infrastructure
Part XI, Line 8 - O ther Adjustments		losses on perpetual trusts -94259 changes in the value of split-interest agreements -8841
Part XII, Line 2d - Other Adjustments		financial aid reported in form 990, part ix, line 2 -601299 investment expense netted with investment income -77607
Part XII, Line 4b - Other Adjustments		net realized loss on investments reported in form 990, part viii, line 7d -4680216 cost of goods sold reported in form 990, part viii, line 10b -217982
Part XIII, Line 2d - Other A djustments		net unrealized loss on investments 1201908 net realized loss on investments reported in form 990, part viii, line 7d 4680216 cost of goods sold reported in form 990, part viii, line 10b 217982 losses on perpetual trusts 94259 changes in the value of split-interest agreements 8841
Part XIII, Line 4b - Other Adjustments		financial aid reported in form 990, part ix, line 2 601299 investment expense netted with investment income 77607

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

	e of the organization E /ER NEWTON THEOLOGICAL SCHOOL	mployer identification	on nun	nber	
		4-2104775			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadca the period of solicitation for students, or during the registration period if it has no solicitation progrethat makes the policy known to all parts of the general community it serves? If "Yes," please describes explain	am, in a way	3	Yes	
	andover newton includes its policy on nondiscrimination in all of its school catalogues. All perspecentering students and interested persons are given catalogues, the policies are also posted on our				
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially no basis?	ondiscriminatory	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	lic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separa	ate statement)			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
ь	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5с		Νο
d	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a sepa	rate statement)	5h		Νο
	Does the organization receive any financial aid or assistance from a governmental agency?		6a		Νo
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement		6b		Νo
7	Does the organization certify that it has complied with the applicable requirements of sections 4 0	1 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an expla		7	Yes	

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DLN: 93493137026030

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public Inspect ion

Department of the Treasury

ANDOVER NEWTON THEOLOGICAL SCHOOL

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

Internal Revenue Service Name of the organization

Employer identification number

04-2104775

Part I General Infor	mation on Gra	nts and Assistance	2				
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?					✓ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	served more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		_			•	•	
3 Enter total number of oth							
For Paperwork Reduction Act Not	tice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sci	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
financial aid	136	601,299			

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 the school's employee who is responsible for grant notifies the business office of cash receipt and copy of grant agreement business office is notified of expenses related to grant all students who apply for scholarship or financial aid must complete federal student aid application (FAFSA) to determine eligibility

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DLN: 93493137026030

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public **Inspection**

ANI	DOVER NEWTON THEOLOGICAL SCHOOL			,,			
				04-2104775			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p		, ,				
	First class or charter travel	Γ	Housing allowance or residence for	personal use			
	Travel for companions	\Box	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a writter provision of all the expenses described above? If "No," o			ment or	1b		
2	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Dire		· · · · · · · · · · · · · · · · · · ·		2		
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a		У	e			
	Compensation committee Independent compensation consultant	<u>'</u>	Written employment contract Compensation survey or study				
	Form 990 of other organizations	<u>'</u>	Approval by the board or compensa	ation committee			
	1 of the 990 of other organizations	'	Approval by the board of compense	ition committee			
4	During the year, did any person listed in Form 990, Part	VI	I, Section A, line 1a				
а	Receive a severance payment or change of control paym	nen	t?		4a		Νo
ь	Participate in, or receive payment from, a supplemental	nor	nqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-based	d co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e tł	he applicable amounts for each item	n Part III			
	501(c)(3) and 501(c)(4) organizations only must comple	ete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue a	ny			
а	The organization?				6a	_	Νo
b	b Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6?			n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid						

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Nick Carter (i				13,506	28,986	150,536		
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation

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SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization ANDOVER NEWTON THEOLOGICAL SO	Employer identification number		
			04-2104775

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the form 990 is emailed to the board for review. Once reviewed and questions were addressed, the form 990 is filed with the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		all board members annually sign the conflict of interest policy noting compliance

Identifier Reference Explanation		Explanation
Form 990, Part VI, Section B, line 15		the board committee reviews and approves the president's compensation annually the committee uses comparability data obtained from other peer independent school public irs form 990 filings. The president reviews the performance evaluations of officers to make determination of the officers' compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the organization makes its governing documents, conflict of interest policy, form 990 and financial statements available to the public upon request. In addition, the form 990 is available via guidestar and the massachusetts attorney general's website.

ldentifier	Return Reference	Explanation
form 990, part xı, lıne 2c		The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed from prior year.