

Return of Organization Exempt From Income Tax (Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2019

Open to Public ► Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning , 2019, and ending 7/01 6/30 2020 Check if applicable D Employer identification number Address change Andover Newton Theological School 04-2104775 Box 5289 Telephone number Name change Waylnd, MA 01778 initial return (617) 974-6211 Final return/terminated Amended return G Gross receipts \$ 396,462 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates Brian D. Boyce H(b) Are all subordinates included?
If "No," attach a list (see instructions) Yes Same As C Above Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) (insert no) Website: ► H(c) Group exemption number X Corporation Form of organization Other > 1807 M State of legal domicile MA Part 中華 Summary Briefly describe the organization's mission or most significant activities. See Schedule 0 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 24 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 14,580 Program service revenue (Part VIII, line 2g) 53,156. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 336,8<u>5</u>6. 463,226 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 933,236 27,117 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 431,709 12 396,462 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 37,924 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 485,714 109,661. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,817,717 3,249,489. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,359,150. 22,341,355. Revenue less expenses Subtract line 18 from line 12 -21,909,646 19 -1,962,688. End of Year Beginning of Current Year Total assets (Part X, line 16) 20 12,013,196. 9,963,223. Total liabilities (Part X, line 26) 21 87,285. 0. 22 Net assets or fund balances Subtract line 21 from line 20 11,925,911. 9,963,223. Part II 致 Signature Block ed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and basse on all information of which preparer has any knowledge Under penalties of perjury complete Declaration of p Sign Here Brian D. Boyce CFO Type or print name and title Print/Type preparer's name Preparer's signature **2** if THE PROPERTY OF THE PROPERTY OF THE PARTY OF |Self-Prepared self-employed Paid Preparer Use Only Firm's address Firm's EIN ► STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE SECTION OF THE PROPERTY.

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

No

	m 990 (2019) Andover Newton Theological School	04-2104775	Page 2
Par	art III: Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	III	X
ĭ			
	See Schedule O		. -
	Did the expension undertake any configuration and approximately	and leaded and the areas	
2	Did the organization undertake any significant program services during the year which Form 990 or 990-EZ?		. V No
	If "Yes," describe these new services on Schedule O	U ''	es X No
3		nducts, any program services? X Y	es No
3	If "Yes," describe these changes on Schedule O	inducts, any program services.	es 140
4		ee largest program services, as measured	hv eynenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others, the total	el expenses,
	and revenue, if any, for each program service reported.		
	, (a)		
4 a	a (Code) (Expenses \$31,075. including grants of \$)
	Academic aid and program sponsorship at Yale Divir	nity_School	
		- 	
		-	-
			-
41	b (Code) (Expenses \$ including grants of \$) (Revenue \$)
			-
			
			-
			-
			-
		-	-
			
			
4 (c (Code) (Expenses \$ including grants of \$) (Revenue \$)
			-
		 	-
			-
			- -
		- 	- -
			-
			-
		- 	-
		-	
	14 Other program corpuses (Describe on Schedule O.)		
40	d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$,
	le Total program service expenses ► 31,075.) (ivenetine 5	
BAA		F	orm 990 (2019)

Partily Checklist of Required Schedules

- .1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII
 - c Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII
 - **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
 - b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

		Yes	No
	1	Х	
	2		X
	3		X
	4		X
	5		Х
,	6		х
	7		Х
	8		Х
	9		X
	10		х
İ	11 a		Х
	11 b		X
	11 c		<u>x</u>
	11 d	Х	
	11 e		X
	11 f	Х	
	12a		X
	12 b		X
	13	Х	
	14a		X
	14b		Х
′	15		Х
	16		х
	17		Х
	18		X
	19		х
	20a		Х
	20b		
	21		х
	Form	1 990	(2019)

Form 990 (2019) Andover Newton Theological School Partiv Checklist of Required Schedules (continued)

4			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х			
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х				
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х			
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
(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					
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d					
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х			
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)						
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х			
l	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х			
•	: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34					
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule Q						
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			Щ.			
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 2	محني	Yes	No			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	*		12.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payment	2		7.2			
BAA	(gambling) winnings to prize winners? TEEA0104L 07/31/19	1 c	X 990 (2019)			
		TOTAL	33U (ムひょつし			

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) : 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\overline{\mathbf{x}}$ 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5.0 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d ų, X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring . 5' 4 organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 92 **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O BAA Form 990 (2019) TEEA0105L 07/31/19

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management		•	
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		Yes	No
2	b Enter the number of voting members included on line 1a, above, who are independent 1 b 1 b 2 b 2 c 2 c 2 c 3 c 3 c 4 c 5 c 6 c 6 c 7 c 8 c 9 c 1 b 2 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c			X
9		2		
	 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	5 Did the organization have members or stockholders?	6		X
7	a 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?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Χ	
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 on Schedule O	9		Х
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re		ie Co	
	The decitor of the decitor of the manner about penetro het required by the mornary	1	Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12	2a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O	12 c	X_	
	3 Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	Х	
15	5 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?			
	a The organization's CEO, Executive Director, or top management official See Schedule 0	15 a	X	
	b Other officers or key employees of the organization See Schedule 0	15 b	X	
16	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) Sa Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16.0		X
	taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	16 a		^
_	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?	16 b		
	rection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed MA			
17		01(0)(
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Own website Another's website X Upon request Other (explain on Schedule O)	υ I (C)(ojs or	ııy <i>)</i>
•		ahla ta		
19	 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records 	anie (O		
20	Brian D. Boyce Box 5289 Wayland MA 01778 617-974-6211			

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

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

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

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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any relati	ed organiz	ation	con	npen	ısate	ed an	y cu	irrent officer, direct	or, or trustee.	
				(C))					_
(A) Name and title	(B) Average hours per	erage is both an officer and a ours director/trustee)					on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Martin Copenhaver	0									
Former President	0						Х	72,000.	0.	0.
(2) Brian D. Boyce CFO	2			Х				29,813.	0.	0.
(3) Reverend Davida Foy Crabtree	1									
Trustee	0	Х				ŀ		l o.	0.	0.
(4) John Canning	1									
Trustee	0	Х						l o.	0.	0.
(5) Linda S. Campanella	1									
Chairman	0	Х		Х				l o.	0.	0.
(6) David J. Blair	1					İ				
Treasurer	0	Х		Х		l		l o.	0.	0.
(7) Bradley Bauer	1									
Trustee	0	Х				1		0.	0.	0.
(8) Rev. Jeffrey Haggray	1								-	
Secretary	0	Х		Х				l o.	0.	_ 0.
(9) Reverend Dr. Willard W. Ashley	1									
Trustee	0	X						0.	0.	0.
(10) Wiliam Mackay-Heckles	1									
Trustee	0 -	X						0.	0.	0.
(11) Rev. Charles Howard	1									
Trustee	0	X						0.	0.	0.
(12) James Dana	1									
Trustee	0 -	X						0.	0.	0.
(13) Reverend Kaji Dousa	1									
Trustee	0	Х		L				0.	0.	0.
(14) Abner Cotto-Bonilla	1									
Trustee	0 -	x						0.	0.	0.

	(B)			(C	;)					
` (A)	Average	Position (do not check more than one		(D)	(E)	(F)				
Name and title	hours per	box	box, unless person is both an officer and a director/trustee)		Reportable Reportable		Estimated amount			
	week (list any	-			_		,	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	of other compensation from
	hours	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest co employee	Ĭ	(10-2-10-5-111130)	(***2/1033 WII3C)	the organization and related
	related organiza	rector	影	~	mplo	yee Yee	4			organizations
	- tions below	l st	ਤੋਂ)yee	mpe	Ι,			
	dotted line)	é	stee			nsat	Former			
		1	"			8				
(15) Rev. Linda Harper Smith	_ 1				·					
Trustee	0	<u> </u>						0.	0.	0.
(16) David Smith	1									
Trustee	0	X						0.	0.	0.
(17) Reverend Gregory G. Groover	1									
Trustee	0	X				[[0.	0.	0.
(18) Rev. Richard Huleatt	1									
Trustee	0	<u> </u>						0.	0.	0.
(19) Rev. Susan Page Townsley	11									
Trustee		X				<u>'</u>	\	0.	0.	0.
(20) Hannah Kane	1	ļ —								
Vice Chair	0	X		Х				0.	0.	0.
(21) Reverend Judith L. Swahnberg	1									
Trustee		X						0.	0.	0.
(22) Reverend Bernard Wilson	_ 1									
Trustee	0	X						0.	<u> </u>	0.
(23) Michael Kellogg	1									
Trustee	_0	X						0.	0.	0.
(24) David Mehl	1]								
Trustee	0	<u>X</u>						0.	0.	0.
(25) Reverend Brent Newberry]1									
Trustee	0	X						0.	_0.	0.
1 b Subtotal							>	101,813.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						•	<u> </u>	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	101,813.	0.	0.
2 Total number of individuals (including but not limited	to those I	isted	abov	e) v	vho i	receiv	ved	more than \$100,00	0 of reportable comp	pensation
from the organization 0										
										Yes No
3 Did the organization list any former officer, direc	tor, truste	e, ke	y en	nplo	yee	e, or l	high	nest compensated	employee	
on line 1a ⁷ If 'Yes,' complete Schedule J for suc	h individu	al								3 X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpei	nsa	tion	and	oţh	er compensation	from	
the organization and related organizations greate such individual	er than \$1	50,0	00 / 1	It 'Y	es,	com	iple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accru-	o comper	satio	n fro	m	2014	unro	lata	d organization or	individual	
for services rendered to the organization? If 'Yes	s,' comple	te So	chedi	ule	J fo	r suc	h p	erson	Individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compen	sated ind	epen	dent	cor	ntrac	ctors	tha	t received more t	nan \$100,000 of	
compensation from the organization Report compen	_	the C	aleno	iar y	/ear	enair	ng v			
(A) Name and business add	ress							(B) Description (of services	(C) Compensation
								· · · · · · · · · · · · · · · · · · ·		
Remserv 35 Winthrop St Winchester, MA 01890 Environmental Remediatio 108,889.										
	_							-		
	_									
2 Total number of independent contractors (including b	nut not limi	ited to	n thai	را م	sted	laho	رو۱ ا	who received more	than	4 5
\$100,000 of compensation from the organization			J (1 10)	JU 11		. 200	٠٠)	o received more		
BAA		TEEAC	1081	07/3	1/19		_			Form 990 (2019)

1 01111 330 (Incorogram	SCII
Part VIII	State	ement of Re	evenue		-

Total revenue Related or exempt Unrelated business evenue and to the control of t			Check if Schedule O contains	a response or note to any	y line in this Part VI	III		
Membership dues c Fundrasing events d Related organizations 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 0 wernment grafts (contributions) 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d	•				(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code Part	nts Its			1 a				
Business Code Part	irar oun	b	Membership dues	1 b				i
Business Code Part	s, C Am	С	Fundraising events	1 c				· †
Business Code Part	Sift lar /	d	Related organizations	1 d				
Business Code Part	is, (1 e				
Business Code Part	ion S	f		1.	Ì			
Business Code Part	ibr The	a		11	i			
Business Code Part	d C	Ĭ	lines 1a-1f	_1 g				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 5 Royalties 6 Gross rents 6 Less rental expenses 6 C Rental income or (loss) 6 C d Net rental income or (loss) 6 C d Net rental income or (loss) 7 a Gross amount from sales of sasets other than inventory 1 Less cost or other basis 2 d Royal and sales expenses 3 d Royal sincome from fundraising events 4 (not including 5 of contributions reported on line 1c) 8 a Gross income from garning activities 9 a Gross income from garning activities 9 a Gross income from garning activities 9 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales of inventory less returns and allowances 10 a Gross sales control of the sale of the		h	Total. Add lines 1a-1f	•				
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A lincome from investment of tax-exempt bond proceeds. 5 Royaltes 6 a Gross rents		د	other similar amounts)	Files, interest, and ▶	463.226.	463,226.		
Company Comp		4	Income from investment of tax-e.	xempt bond proceeds.				
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Be a Gross rental expenses c Rental uncome or (loss) Ta Cross amount from sales of assets other than inventory bess cost or other basis and sales expenses c Gain or (loss) Ta Gross amount from sales of assets other than inventory bess cost or other basis and sales expenses c Gain or (loss) Ta Cross amount from sales of assets other than inventory bess cost or other basis and sales expenses c Gain or (loss) Ta Cross amount from sales of inventory in the sale of			(i) Re	eal (II) Personal				. }
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Page 10		d		▶			· · · · · · · · · · · · · · · · · · ·	
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Business Code 11a Insurance Proceeds 900099 933,236. 933,236.				<u> </u>				<u> </u>
11a Insurance Proceeds 900099 933,236. 933,236.		<u>-</u> -	. Net income of (1055) from sales (
955, 250.		11 a	Insurance Proceeds		933 236	923 236		
955, 250.	\$ 3	b) -		933,230.			
955, 250.	용물	c			-			
955, 250.	<u>5</u> 8	d	All other revenue		-			
	Σ	е	Total. Add lines 11a-11d	•	933,236			
		12	Total revenue. See instructions	•		1,396,462.	0.	0.

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 i	response or note to any	Ine in this Part IX		
	not include amounts reported on lines 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 domestic organizations and domestic governments See Part IV, line 21	· · · · · · · · · · · · · · · · · · ·		.,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			•	,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	29,813.	0.	29,813.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	72,000.		72,000.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			, = , 000.	
9	Other employee benefits				
10	Payroll taxes	7,848.		7,848.	
11	Fees for services (nonemployees)				
a	Management				
t	Legal	280.		280.	
C	: Accounting	47,440.		47,440.	
C	Lobbying				
•	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0). Advertising and promotion	114,828.		114,828.	
13	- ·	4,109.		4,109.	
14	Information technology	., 203.		1,103.	
15	Royalties			·····	
16	Occupancy	1,734.		1,734.	
17	Travel	1,101.		1,101.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings.				
20	Interest				
21	Payments to affiliates				
22	, , , , , , , , , , , , , , , , , , , ,				
23	Insurance Other expenses Itemize expenses not	17,042.		17,042.	
24	covered above (List miscellaneous expenses	, , ,			
	on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Contributions to Yale Divinity	3,025,000.	-	3,025,000.	
	Release from temp. restriction	31,075.	31,075.		
	Payroll Processing Fees	3,419.		3,419.	
	Taxes and Licenses	1,480.		1,480.	
	All other expenses	1,981.		1,981.	
25	Total functional expenses. Add lines 1 through 24e	3,359,150.	31,075.	3,328,075.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ 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 X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 703,448 255,148. 2 Savings and temporary cash investments 1,001,247. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 10,314,111 735,681 Inventories for sale or use 8 Prepaid expenses and deferred charges. 9 19,417 18,730 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b **b** Less accumulated depreciation 10 c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV. line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 976,220 952,417. 16 16 Total assets. Add lines 1 through 15 (must equal line 33). 12,013,196. 9,963,223. Accounts payable and accrued expenses 17 87,285 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 87,285 0 Organizations that follow FASB ASC 958, check here X or Fund Balances and complete lines 27, 28, 32, and 33. 792,283 27 Net assets without donor restrictions 10 ,884,474 Net assets with donor restrictions 28 133,628 1,078,749 Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 11,925,911 9,963,223

TEEA0111L 07/31/19

9,963,223.

12,013,196.

33

2 33

Total liabilities and net assets/fund balances

Forr	n 990 (2019) Andover Newton Theological School	04-210477	5	Pa	age 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.3	96,4	462.		
2	Total expenses (must equal Part IX, column (A), line 25).	2		59,1			
3	Revenue less expenses Subtract line 2 from line 1	3	-1,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,9		_		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))						
Pa	rt XII Financial Statements and Reporting			63,2			
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		الموس والم	4	*		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	viewed on a	100	1.0	1.00		
	b Were the organization's financial statements audited by an independent accountant?		2 b		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	enarate	مو ٠٠				
	basis, consolidated basis, or both	cparate	2	3.56	H.		
	Separate basis Consolidated basis Both consolidated and separate basis		1.00	· \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c				

3 a

3 b

Form **990** (2019)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O

3 a 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?

BAA

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 on Schedule O and describe any steps taken to undergo such audits

TEEA0112L 01/21/20

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047 **2019**

Open to Public Inspection

Name o	r the organization					Employer identifica	uon number	
And	over Newton Theologic	cal School				04-2104775		
Part							ions. /	
The o	rganization is not a private found	dation because it is (I	or lines 1 through 12,	check on	ly one	box)	1	
1	A church, convention of church	ies, or association of ch	ourches described in sect	ion 170(b	χ1χΑχί).	$\bigcap \mathcal{O}$	
2	X A school described in section 1	1 70(b)(1)(A)(ii). (Attach :	Schedule E (Form 990 or	990-EZ))		110	
3	A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170((b)(1)(A)(iii).		
4	A medical research organiza name, city, and state.	tion operated in conju	•	described	ın sec	tion 170(b)(1)(A)(iii) E	nter the hospital's	
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle		or opera	ted by	a governmental unit de	scribed in	
6	A federal, state, or local gov	•	ntal unit described in s	ection 17	/0(b)(1)	(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II)	art of its support from a	governme	ntal uni	t or from the general pub	lic described	
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	I)				
9	An agricultural research organi or university or a non-land-grai university							
10	An organization that normally refrom activities related to its convestment income and unregular 30, 1975. See section 1975.	exempt functions—sub lated business taxable	oject to certain exception income (less section)	ns, and ((2) no n	nore than 33-1/3% of it	s support from gross	
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety See s	section	509(a)(4).		
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	d in section 509(a)(1) c	r section	i 509(a)	(2). See section 509(a)	it the purposes of one (3). Check the box in	
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised equiarly appoint or elect	d, or controlled by its suc	ported or	ganızatı	on(s), typically by giving	the supported on You must	
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	zation supervised or c organization vested in	ontrolled in connection the same persons that c	with its s ontrol or n	support manage	ed organization(s), by the supported organization	naving control or on(s) You	
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizations) You must come	ion operated in connection	n with, and	d functio	onally integrated with, its	supported	
d		rated. A supporting org	anization operated in cor	nection w	uth its s	unported organization(s)	that is not	
е		ation received a writte	en determination from t	the IRS th				
f	Enter the number of supported	, ,	supporting organization	•'				
g	Provide the following information	n about the supported	d organization(s)					
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 10 above (see instructions))	(iv) Is organization in your go docume	on listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
<u>(A)</u>				-				
(B)								
(C)								
(D)								
(E)								
Total			ar a said a said a said a said a said a said a said a said a said a said a said a said a said a said a said a					

	dule A (Form 990 or 990-EZ) 201					04-210477	
Par	t II Support Schedule for)(vi) /
	(Complete only if you checked organization fails to qualify	under the tests lis	ted below, please	complete Part III	failed to qualify un	ger Part III IT the	
Sec	tion A. Public Support	T:				, .	
begi	ndar year (or fiscal year nning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)		,				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	MANUAL AT A STATE OF A MANUAL AND A MANUAL A	The Lateral Comp. No. 1	Print College of Target Street, 1982	4 7 1 1 1 1 1 1 1 1 1 1 1 1 1	San management of the Association	
5	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	14.4.1.4.1.4.1.4.1.4.1.1.1.1.1.1.1.1.1.	F H 4000 PRO	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	10.13 WEL-15 KARA	1,1,2,2,1,2,1,2,1,2,1,2,1,2,1,2,1,2,1,2	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11	Total support. Add lines 7 through 10						11
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	► [
Sec	tion C. Computation of Pu						
14	Public support percentage for 20		•	ne 11, column (f))		14	%
15	Public support percentage/from	2018 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization die i qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a organization	i, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Pai	t VI how
	10%-facts/and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he i a publicly support	re. Explain in Pai ted organization	rt VI how the ►
	- Trivate loundation. If the organi	Zation did not che	a bux on line	13, 104, 100, 174			
BAA	/	•			Scl	nedule A (Form 9	990 or 990-EZ) 2019

-	Jule A (FORM 990 of 990-62) 2019	Alldover	newton inec	orogicar sci	1001	04-21047	75 Page 3
Par	Support Schedule for (Complete only if you chec fails to qualify under the te	ked the box on lir	ne 10 of Part I or	if the organizatio	(a)(2) in failed to qualify	under Part II I	f the organization
Sec	tion A. Public Support	sts listed below,	nease complete	raitii)			
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')	(a) 2013	(6) 2010	(6) 2017	(u) 2018	(e) 2019	(i) Julai
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 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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6)	•	· .	/	·		-
Sec	tion B. Total Support	•					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2018	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth, o	or fifth tax year a	s a section 501(c)(3)
	tion C. Computation of Pu						
15	Public support percentage for 20	019 (line 8, colum	n (f), divided by	ine 13, column (f))	1	<u> </u>
16	Public support percentage from	2018 Schedule A,	Part III, line 15			1	6 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е			
_	Investment income percentage t				lumn (f)).	1	7 %
18	Investment income percentage t	•		=		1	8 %
	33-1/3% support tests—2019. If is not more than 33-1/3%, check	the organization of	lid not check the	box on line 14, a	nd line 15 is mor	e than 33-1/3%, ported organization	and line 17
b	33-1/3% support tests—2018. If line 18/is not more than 33-1/3%	the organization d	lid not check a be	ox on line 14 or lii	ne 19a, and line	16 is more than	33-1/3%, and
	Private foundation. If the organi						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1	-	,
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below			ائے
ŀ	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)? If 'Yes,' describe in Part VI when and how the organization made the determination	3p ,		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	_ `	لنـ
48	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	 4a		انــــــــــــــــــــــــــــــــــــ
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b	-	
(c 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)? 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	4c	7,	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<u>-:-</u> 5b	- 7	l
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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? If 'Yes,' provide detail in Part VI.	6	: -	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		· · ·
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	4.1	
9a	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))? If 'Yes,' provide detail in Part VI	9a		
t	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? If 'Yes,' provide detail in Part VI	9b		نـــ
(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? If 'Yes,' provide detail in Part VI	9c		لنـــٰ
10a	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)? If 'Yes,' answer 10b below	10a	* * *	
ł	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		لنخس

Pa	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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?	11a		
	o A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
<u> </u>	tion B. Type I Supporting Organizations		Yes	N-
1	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? 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	1	7 de 1	No
	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? 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	2		
Sec	tion C. Type II Supporting Organizations			
1	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)? 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)	1	Yes •	No - 1
Sec	tion D. All Type III Supporting Organizations			
1	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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	No
3	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 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? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		1
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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? 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	2a		
	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? 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	2b		3
3	Parent of Supported Organizations Answer (a) and (b) below.	•	",	
	a 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> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	". 00 F7	2010
RA/	TEEA04051 07/03/19 Schedule A (Form	4411 AF 9	MILLE /	. /1119

Sche	dùle A (Form 990 or 990-EZ) 2019 - Andover Newton Theological School	ol	04-210	14775 Page 6
Par			tions	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov 20, 1970 (explain in st complete Sections A t	Part VI) See hrough E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u>. </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			, F-9 -
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			क्षा हेल्या । विकास
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, ,	
4	Enter greater of line 2 or line 3	4	, , ,	
- 5	Income tax imposed in prior year	5	• • •	

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D — Distributions			Current Year						
1 Amounts paid to supported organizations to accomplish exempt pu	urposes								
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	5,							
3 Administrative expenses paid to accomplish exempt purposes of s									
4 Amounts paid to acquire exempt-use assets									
Qualified set-aside amounts (prior IRS approval required)	<u>. </u>								
6 Other distributions (describe in Part VI) See instructions									
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions	tion is responsive (provide	details							
9 Distributable amount for 2019 from Section C, line 6									
10 Line 8 amount divided by line 9 amount									
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
1 Distributable amount for 2019 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions									
3 Excess distributions carryover, if any, to 2019									
a From 2014 .									
b From 2015									
c From 2016									
d From 2017									
e From 2018	1								
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2019 distributable amount									
i Carryover from 2014 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
Distributions for 2019 from Section D, line 7 \$	1								
a Applied to underdistributions of prior years	<u> </u>								
b Applied to 2019 distributable amount									
c Remainder Subtract lines 4a and 4b from 4			,						
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions									
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.									
7 Excess distributions carryover to 2020. Add lines 3j and 4c									
8 Breakdown of line 7									
a Excess from 2015									
b Excess from 2016.									
c Excess from 2017	ı								
d Excess from 2018.									
e Excess from 2019									

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part VI; Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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 for instructions and the latest information.

OMB No 1545 0047

Open to Rublic Inspection Employer identification number

	Andover Newton Theological	School		04-2104775	
Pai	til Organizations Maintaining Dono		r Similar Fur		
1.14.	Complete if the organization ans	wered 'Yes' on Form 990,	Part IV, line	6.	
		(a) Donor advised fu	nds	(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 do are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal co	ssets held in do ontrol?	onor advised funds	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ers, and donor advisors in writing t of the donor or donor advisor, i	that grant fund or for any other	ds can be used only purpose conferring Yes	No
Pai	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990,	Part IV, line	7.	
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for exam	ple, recreation or education)	Preservati	on of a historically important land are	а
	Protection of natural habitat		Preservati	on of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization I last day of the tax year	neld a qualified conservation contri	bution in the fori	m of a conservation easement on the	
				Held at the End of the Tax	Year
i	Total number of conservation easements			2 a	
ı	Total acreage restricted by conservation ease	ments		2 b	
	Number of conservation easements on a certi	fied historic structure included in	n (a)	2 c	
	Number of conservation easements included i	n (c) acquired after 7/25/06, and	l not on a histo	ric	
	structure listed in the National Register	,		2 d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, oi	r terminated by t	he organization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re		inspection, ha		
-	and enforcement of the conservation easemen			∐Yes ∐	No
6	Staff and volunteer hours devoted to monitoring,	,	J	,	
7	Amount of expenses incurred in monitoring, inspenses	ecting, handling of violations, and e	enforcing conser	vation easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	uirements of se	ction 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote conservation easements	ports conservation easements in to the organization's financial st	its revenue and atements that o	d expense statement and balance she lescribes the organization's accounting	et, and g for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical T wered 'Yes' on Form 990,	reasures, or Part IV, line	Other Similar Assets. 8.	
1:	If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	n, or research i	atement and balance sheet works of a n furtherance of public service, provide	art, de in
I	D If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r FASB ASC 958, to report in its or public exhibition, education, or r	revenue stater esearch in furthe	ment and balance sheet works of art, crance of public service, provide the	
	(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, I amounts required to be reported under FASB	nistorical treasures, or other similal ASC 958 relating to these items	r assets for finar	cial gain, provide the following	
	Revenue included on Form 990, Part VIII, line	_		►\$	
ı	Assets included in Form 990, Part X			► \$	-

Schodale B (Form 1990) 2019 MIQO	AET MEMCOIL	Ineciogical	SCHOOL	04-21	.04/15 rage 2
Partill Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	or Other Similar As	ssets (continued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and c	ther records, check a	ny of the following that	make significant use of	ts collection
a Public exhibition		d Loan	or exchange program		
b Scholarly research		e 🗌 Other			
c Preservation for future gener					
4 Provide a description of the organiz Part XIII	zation's collections	and explain how the	y further the organization	n's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or rec han to be maintai	eive donations of ai	t, historical treasures, organization's collectio	or other similar assets n?	Yes No
Partilva Escrow and Custodia line 9, or reported an	I Arrangemen amount on Fo	ts. Complete if rm 990, Part X,	the organization at line 21.	nswered 'Yes' on F	orm 990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian o	other intermediary	for contributions or ot	her assets not included	Yes No
b If 'Yes,' explain the arrangement	t in Part XIII and	complete the follow	ing table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2 a Did the organization include an a				•	∐ Yes ☐ No
b If 'Yes,' explain the arrangement	t in Part XIII Che	ck here if the expla	nation has been provid	ded on Part XIII	
D-4 VE E-1 C			10/ 1 5	000 5 + 11/	. 10
Part₁V Endowment Funds. C					l
1 a Beginning of year balance	(a) Current year	(b) Prior yea	r (c) Two years ba	ck (d) Three years bac	k (e) Four years back
b Contributions		· · · · · · · · · · · · · · · · · · ·			
D Continuations					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag		ear end balance (lii	ne 1g, column (a)) held	d as	
a Board designated or quasi-endown					
b Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c Term endowment >	%				
The percentages on lines 2a, 2b, a	•				
3a Are there endowment funds not in to organization by:	the possession of t	he organization that	are held and administere	ed for the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela	ated organizations	s listed as required	on Schedule R?		3b
4 Describe in Part XIII the intended	d uses of the orga	anızatıon's endowm	ent funds		
Part VII Land, Buildings, and	Equipment.				
Complete if the organ		red 'Yes' on For	m 990, Part IV, lin	e 11a. See Form 9	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
1 a Land		,			4
b Buildings				1	
c Leasehold improvements	 			 	
d Equipment					
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must equal	Form 990, Part X,	column (B), line 10c)	'	0.
BAA				Sch	edule D (Form 990) 2019

Part VII	Investments -	- Other Securities.		N/A	-
<u> </u>), Part IV, line 11b. See Form 9	90, Part X, line 12.
(a) Desci	ription of security or cat	tegory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	f-year market value
	al derivatives				
	held equity intere	sts			
(3) Other	- 	- 			
<u>(A)</u>					
(B)					
<u>(C)</u>		-			· · · · · · · · · · · · · · · · · · ·
(D)					
<u>(E)</u>					
(F)					
(G) (L)					
(H) -(1)					
(I) Tabal (Calum		000 Port V column (P) Inc 10 \			
Dort VIII	Investments	990, Part X, column (B) line 12) Program Related.		N / 7	<u></u>
Part VIII	Complete if th	e organization answered	'Yes' on Form 990	N/A), Part IV, line 11c. See Form 9	90. Part X. line 13.
	(a) Description o		(b) Book value	(c) Method of valuation Cost or end	
(1)					
(2)					
(3)					
(4)					
(5)				·	
(6)					
(7)					
(8)					
(9)					
(10)					
	Other Assets.	990, Part X, column (B) line 13)		,	
Part IX	Complete if the	ne organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 9	90. Part X. line 15.
			scription		(b) Book value
(1) Ben	efical Trust	t			952,417.
(2)					
(3)					
(4) (5)				<u> </u>	
(6)					
(7)					
(8)					
(9)					
(10)					
	<u></u>	ıal Form 990, Part X, column (ı	3) line 15)	<u> </u>	952,417.
Part X	Other Liabiliti	ies.	orm 000 Dort IV line 1	10 or 11f Con Form 000 Port V June 25	
1.	Complete if the of		iption of liability	1e or 11f. See Form 990, Part X, line 25	(b) Book value
	ral income taxes	(a) Desci	iption of hability		(b) Book Value
(2)					"
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					<u>-</u>
(9)				-	
(11)					
	nn (h) must enual Form	990, Part X, column (B) line 25)		-	
			otnote to the organization's fi	nancial statements that reports the organization's	liability for uncertain
		Check here if the text of the footnote has		Se	ee Part XIII 🛛

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4 c 5

RartiXI■ Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2 b b Donated services and use of facilities c Recoveries of prior year grants 2 c d Other (Describe in Part XIII) 2 d 2 e e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 b **b** Other (Describe in Part XIII) 4 c c Add lines 4a and 4b 5 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) PartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a a Donated services and use of facilities 2 b **b** Prior year adjustments 2 c c Other losses. d Other (Describe in Part XIII) 2 d 2 e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) 4 b

PartiXIII Supplemental Information.

c Add lines 4a and 4b

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

Part X - FASB ASC 740 Footnote

The School is qualified under Section 501 (c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes. The School is subject to federal and state income taxes on unrelated business income.

The School follows the FASB guidance, Accounting for Uncertainty in Income Taxes, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in

the financial statements. It also provides quidance on derecognition

Part XIII | Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

classification, interest and penalties, accounting in interim periods, disclosure, and transition. Management believes that the School has no material uncertainties with income taxes. With few exceptions, the School is no longer subject to income tax examinations by the US, federal, state or local tax authorities for fiscal years before 2016.

The School accounts for interest and penalties related to uncertain tax positions as a part of tax expense. There were no interest or penalties accrued at June 30, 2019 and 2020.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public 1 Inspection

Department of the Treasury Internal Revenue Service

Andover Newton Theological School

Employer identification number

04-2104775

|Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 X 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No,' please explain If you need more space, use Part II 3 Andover Newton suspended its academic activities effective June 30, 2019. Prior to the suspension, Andover Newton included its policy on nondiscrimination in all of its school catalogues. All prospective students, entering students and interested persons were given catalogues. The policies were also posted on the School's website 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 a Х b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 4 d Х If you answered 'No' to any of the above, please explain. If you need more space, use Part II 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5 a **b** Admissions policies? 5 b c Employment of faculty or administrative staff? 5 0 d Scholarships or other financial assistance? 5 d Х e Educational policies? 5 e Х f Use of facilities? 5 f Х g Athletic programs? 5 a Х h Other extracurricular activities? 5h If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Х b Has the organization's right to such aid ever been revoked or suspended? 6 b Х If you answered 'Yes' on either line 6a or line 6b, explain on Part II 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

Schedule E (Form 990 or 990-EZ) 2019 Andover Newton Theological School 04-2104775

[Part: III] 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.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

2019

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2013

Open to Public .
Inspection

Employer identification number

And	lover Newton Theological School					
Pai	t I Questions Regarding Compensation					
<u>LE</u>				-	Yes	No
1 :	Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any re	of the	following to or for a person listed on Form 990, Part tinformation regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use	1.		
	Travel for companions	F	Payments for business use of personal residence	7 .	, -	
	Tax indemnification and gross-up payments	F	Health or social club dues or initiation fees			f
	Discretionary spending account	-	Personal services (such as maid, chauffeur, chef)			
		L		نبر	4	
١	olf any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses describ			1 b	Х	-
2	Did the organization require substantiation prior to reimbu trustees, and officers, including the CEO/Executive Direction			2	<u></u>	<u>'.</u> X
3	Indicate which, if any, of the following the organization used to Executive Director Check all that apply Do not check any establish compensation of the CEO/Executive Director, but	estab boxe t expl	lish the compensation of the organization's CEO/ s for methods used by a related organization to ain in Part III	,		, "
	Compensation committee	Γ	Written employment contract	١,		[, {}
	Independent compensation consultant	Ē	Compensation survey or study	•		٠,
	Form 990 of other organizations	Ī	Approval by the board or compensation committee	, . , b		• 5
4	During the year, did any person listed on Form 990, Part vorganization or a related organization	VII, Se	ection A, line 1a, with respect to the filing			-
	Receive a severance payment or change-of-control payment	ent?		4 a	X	
1	Participate in, or receive payment from, a supplemental n	onqua	alified retirement plan?	4 b		Х
	Participate in, or receive payment from, an equity-based of	compe	ensation arrangement?	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide t	he app	plicable amounts for each item in Part III		,	• • •
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	tions r	nust complete lines 5-9.	•	.3	٠,
5	For persons listed on Form 990, Part VII, Section A, line 1a, d contingent on the revenues of	lid the	organization pay or accrue any compensation	,	-	
;	The organization?			5 a		X
	Any related organization?			5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III			1º 4	•	
6	For persons listed on Form 990, Part VII, Section A, line 1a, d contingent on the net earnings of $$	lid the	organization pay or accrue any compensation			
	The organization?			6 a	ļ	Х
	Any related organization?			6 Б	ļ <u>.</u>	Х
	If 'Yes' on line 6a or 6b, describe in Part III			<u> </u>		
7	For persons listed on Form 990, Part VII, Section A, line payments not described on lines 5 and 6° If 'Yes,' describ	1a, did be in F	d the organization provide any nonfixed Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid of the initial contract exception described in Regulations siff 'Yes,' describe in Part III	or accr section	ued pursuant to a contract that was subject s 53 4958-4(a)(3)?	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttabl section 53 4958-6(c)?	e pres	umption procedure described in Regulations	9		

Schedule J (Form 990) 2019 Andover Newton Theological School 04-2104775

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown	of W 2 and/or 1099 MI	SC compensation	(0) D. I	450 Min of a skille		(D.C
		(i) Base compensation	(ii) Bonus & incentive compensation	(II) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Martin Copenhaver	(1)	72,000.	0.	0.	0.	0.	72,000.	0.
1 Former President	(11)	0.		0.	0.		[0.
	(i)	L	L		L			
2	<u>(II)</u>							
	(1)	L	L		I			
3	(iı)							
	(1)	L	l		1		L	
4	(11)							
	(1)	L	L 		I		L	
5	(11)							
	(1)	L			1		L	
6	(11)							
	(1)	_	l _		l 		L _	
7	(11)			<u> </u>				
	(1)	L- 	l _		L 	! _	L	l
8	(11)							
	(1)	L 			l		L 	-
9	(11)							
	(1)		↓		L -		L 	_
10	(11)							
	(1)		 -		L _	l	L- 	
11	(11)							
	(1)		- -		L		L _	l
12	(11)							
	(1)	 	\		↓		L 	
13	(11)							
	(1)				L 	_	L	
14	(11)							
	(1)	L	 		L	_	L 	
15	(n)							
	(1)	L	1		1 -		L	\
16	(u)							
BAA			TEEA4102L 8/2/1	9	·		Schedule	J (Form 990) 2019

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.

BAA

Schedule J (Form 990) 2019

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.

2019

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Andover Newton Theological School

04-2104775

Employer identification number

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Andover Newton was a Graduate Theological School training and preparing men and women for Christian ministry in the church and the world which suspended all academic activities in June 2019. The schools is currently maintaining its legal status per terms of it affilaition Agreement with Yale Divinity until December 2022.

In July 2017, the School and Yale University signed an agreement to establish a Congregational Studies Program within Yale Divinity School with an academic focus that will substantially be similar to Andover Newton's academic program. establish this program the School sought and received approval from the Commonwealrh of Massachusetts to transfer its endowment to Yale. The endowment transfer took place in February 2019 and under ther Agreement the remaining proceeds from the sale of the School's campus (with the final payment to be received in December 2022) and other assets will be transferred to Yale. Once the final payment is received the School will dissolve its status as a legal entity and become known as the Andover Newton Seminary at Yale, a fully discrete fully affiliated enity within Yale Divinity School.

The endowment assets transferred to Yale will be managed as part of the Yale endowment with all funds specifically retained in the name of Andover Newton Seminary.

Form 990, Part III, Line 1 - Organization Mission

Andover Newton was a Graduate Theological School training and preparing men and women for Christian ministry in the church and the world which suspended all academic activities in June 2019. The schools is currently maintaining its legal

Employer identification number

'Andover Newton Theological School

04-2104775

Form 990, Part III, Line 1 - Organization Mission

In July 2017, the School and Yale University signed an agreement to establish a Congregational Studies Program within Yale Divinity School with an academic focus that will substantially be similar to Andover Newton's academic program. To establish this program the School sought and received approval from the Commonwealrh of Massachusetts to transfer its endowment to Yale. The endowment transfer took place in February 2019 and under ther Agreement the remaining proceeds from the sale of the School's campus (with the final payment to be received in December 2022) and other assets will be transferred to Yale. Once the final payment is received the School will dissolve its status as a legal entity and become known as the Andover Newton Seminary at Yale, a fully discrete fully affiliated enity within Yale Divinity School.

The endowment assets transferred to Yale will be managed as part of the Yale endowment with all funds specifically retained in the name of Andover Newton Seminary.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

Under the by-laws of the School, the Executive Committee consists of the Chair, the Vice Chair, the Secretary, the Treasurer and such other Trustees as are elected annually by majority vote of the Board of Trustees. The President of the School is an ex-officio member of the Executive Committee. The Executive Committee's primary function is to discuss and determine the agenda for all regularly scheduled meetings of the Board of Trustees. In addition, the Executive Committee shall have and may exercise all of the powers and authority of the Board of Trustees except that the Executive Committee shall have no power when a meeting of the Board of Trustees is

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee (continued)

in session, provided that the exercise of such powers and authority is not contrary to the charter, bylaws or the instrucions of the Board of Trustees and further provided that the Executive Committee shall not have the power to elect or appoint officers of the Board or to fix the terms of office, to authorize the sale and conveyance of any real property of the School, to fill faculty vacancies beyond the time of the next annual meeting, to award tenure to members of the faculty, or to award academic degrees.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 was emailed to management and Board of Trustees for their review. Once reviewed and questions were addressed the Form 990 is filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Conflict of Interest and Disclosure Policy applies to active members of the Board of Trustees and designated Senior Officers, including the President, the Vice President for Academic Affairs and Dean of the Faculty, the Director of Institutional Advancement, the Dean of Students and the Chief Financial Officer.

Disclosure is required for any condition, situation, or circumstance involving a personal, business, beneficial, or other relationship which creates or could be perceived as creating a conflict with the fiduciary duty owed to the School by a Trustee or designated Senior Officer.

Active Trustees and designated Senior Officers of the School are required to identify annually any personal, familial, or business relationship with any person, organization, or entity having substantial business, beneficial, or other relationship with the School which creates a real or apparent conflict with his or her fiduciary duty to the School.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

Disclosure shall be made annually on a disclosure form which will be held in confidence and reviewed annually by the Executive Committee. Active Trustees and designated Senior Officers are nevertheless expected to disclose any new condition, situation, or circumstance which creates a real or apparent conflict of interest as soon after it arises as practicable.

Active Trustees, or designated Senior Officers, who have declared a real or apparent conflict of interest shall refrain from consideration of and voting on matters related, or reasonably perceived as related, to their disclosed interests. This restriction on participation shall obtain unless the Board requests participation for particular reasons.

The minutes of the Board meeting shall record that the individual did not participate in the discussions, deliberations or decisions of the Board with respect to the contract, relationship, individual or organization in question. If a vote is taken, the Board member shall not vote, and the minutes of the Board meeting shall record this fact.

The Board may follow other or additional procedures as the Board of Trustees or President may deem appropriate in particular circumstances.

Form 990, Part.VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Due to the curtailment/cessation of administrative and academic activites the

President's role was changed to an ex-officio position which does not include any
monetary compensation.

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Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Due to the curtailment/cessation of administrative and academic activites the President with the approval of the Board reviews and approves the School's employee compensation annually. There were no compensation adjustments or bonuses paid in the 2019/20 fiscal year and none are anticipated in the future.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization makes its governing documents, policies, financial statements and a public disclosure copy of Form 990 available to the public upon request for the same period of disclosure as set forth in Section 6104(D). In addition, the Form 990 without Schedule B is available via Guidestar and the Massachusetts Attorney General's Office websites.