

EXTENDED TO NOVEMBER 15, 2016
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2016 or other tax year beginning , and ending

Information about Form 990-T and its instructions is available at www.irs.gov/forms990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number (Employees' trust, see instructions.)

26-1670950

Unrelated business activity codes (See instructions.)

Check box if address changed

Exempt under section 501(C)(03)
408(e) 220(e)
408A 530(a)
529(a)

Book value of all assets at end of year

Group exemption number (See instructions.)

501(c) trust

501(c) trust

401(a) trust

Other trust

Describe the organization's primary unrelated business activity.

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation.

The books are in care of TAMMY DAVIS

Telephone number 404-320-1472

Part I Unrelated Trade or Business Income

(A) Income (B) Expenses (C) Net

Table with 13 rows and 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes items like Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere

(See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 34 rows and 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes items like Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Tax Computation

- 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and:
  - a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 

(1) \$	(2) \$	(3) \$
  - b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 

(2) Additional 3% tax (not more than \$100,000) \$
  - c Income tax on the amount on line 34 **35c** 0.
- 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 

<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<input type="checkbox"/> Proxy tax. See instructions	<b>37</b>
<input type="checkbox"/> Alternative minimum tax	<b>38</b>
<input type="checkbox"/> Tax on Non-Compliant Facility Income. See instructions	<b>39</b>
<input type="checkbox"/> Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>

Part IV Tax and Payments

- 41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41a**
- b Other credits (see instructions) **41b**
- c General business credit. Attach Form 3800 **41c**
- d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**
- e Total credits. Add lines 41a through 41d **41e** 0.
- 42 Subtract line 41e from line 40 **42** 0.
- 43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**
- 44 Total tax. Add lines 42 and 43 **44** 0.
- 45 a Payments: A 2015 overpayment credited to 2016 **45a**
- b 2016 estimated tax payments **45b**
- c Tax deposited with Form 8868 **45c**
- d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**
- e Backup withholding (see instructions) **45e**
- f Credit for small employer health insurance premiums (Attach Form 8941) **45f**
- g Other credits and payments:  Form 2439  Other **45g**
- 46 Total payments. Add lines 45a through 45g **46**
- 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached  **47**
- 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.
- 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.
- 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax  Refunded  **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

- 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  Yes  No
- 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  Yes  No
- 53 Enter the amount of tax-exempt interest received or accrued during the tax year  \$

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

Sign Here

Signature of officer	<i>Richard W. Jones</i>	Date	11/15/17	Title	EXECUTIVE DIRECTOR
Print/Type preparer's name	LAURA H. HELLER	Preparer's signature	<i>Jones to Heller</i>	Date	11-14-2017

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

Paid Preparer Use Only

Firm's name	JONES AND KOLB	Firm's EIN	58-1763570
Firm's address	3475 Piedmont Road NE, Suite 1500	Atlanta, GA	30305
Phone no.	(404) 262-7920		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ N/A**

1	Inventory at beginning of year	1	Inventory at end of year	6
2	Purchases	2	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3	Cost of labor	3		
4a	Additional section 263A costs (attach schedule)	4a		
4b	Other costs (attach schedule)	4b		
5	Total. Add lines 1 through 4b	5		

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes	No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(a)	(b)	
(1)				
(2)				
(3)				
(4)				
Total		0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **▶ 0.**

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	7. Gross income reportable (column 2 X column 6)	8. Allocable deductions (column 6 X total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5		
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Enter here and on page 1, Part I, line 7, column (A) **▶ 0.**

**Totals** Enter here and on page 1, Part I, line 7, column (B) **▶ 0.**

**Total dividends-received deductions included in column 8** **▶ 0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

Exempt Controlled Organizations		Nonexempt Controlled Organizations	
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made
(1)			
(2)			
(3)			
(4)			
<b>Totals</b>		<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute gain, through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

**Schedule J - Advertising Income Reported on a Consolidated Basis**  
(see instructions)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part I, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14.</b>		▲	0.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FOUNDATION FOR CLINICAL PASTORAL EDUCATION, INC.</b>		<b>Employer identification number (EIN) or</b>	<b>26-1670950</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. <b>ONE WEST COURT SQUARE, NO. 325</b>	<b>Social security number (SSN)</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DECATUR, GA 30030</b>			

**Enter filer's identifying number**

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TAMMY DAVIS**

• The books are in the care of ▶ **ONE WEST COURT SQUARE, NO. 325 - DECATUR, GA 30030**

Telephone No. ▶ **404-320-1472** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box  .  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.