Form	990-T	t	xempt Orgai					ax Returr	1 F	OMB No. 1545-0687	
			•	nd proxy tax und			-	20 2017		2016	
		For ca	lendar year 2016 or other tax yea			, and ending			— ·	2016	
Depart	tment of the Treasury		Information about Fo						Open to Public Inspection for		
	Il Revenue Service		Do not enter SSN number					tion is a 50 i(c)(3)	D Emplo	501(c)(3) Organizations Only oyer identification number	
A	Check box if address changed		Name of organization (	Check box if name c	nanged a	and see instruction	15.)		(Employees' trust, see instructions.)		
<u> </u>		D-i-A	Euller Theelesis	1 Cominary						5-1699394	
	kempt under section 501(c )( 3 )	Or	Fuller Theologica Number, street, and room		v coo inc	tructions			E Unrela	ated business activity codes	
	408(e) 220(e)	Туре	135 N. Oakland Av		x, 500 III	di dellons.			(See in	nstructions.)	
-	408A 530(a)		City or town, state or prov		r foreign	nostal code			1		
-	]529(a)		Pasadena, CA 911		1 Torongin	postaroudo			72111	10 531120	
C Boo	ok value of all assets	F Grou	up exemption number (See		<b>&gt;</b>				L		
ate	nd of vear		ck organization type		n L	501(c) trust		401(a) trust		Other trust	
H De			ary unrelated business activ			tement 3					
			poration a subsidiary in an a		nt-subsid	liary controlled gr	oup?	<b>&gt;</b>	Ye	es X No	
If "	Yes," enter the name a	nd iden	tifying number of the paren	t corporation.							
			Denise Rodrigues, (			T	elepho	ne number 🕨 6:			
Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income		(B) Expenses	3	(C) Net	
1 a	Gross receipts or sale	S	669,798.						3.50		
b	Less returns and allow	wances		c Balance	1c	669,	798.				
2	Cost of goods sold (S	chedule	e A, line 7)		2						
	Gross profit. Subtract				3	669,	798.			669,798.	
			h Schedule D)		4a						
			art II, line 17) (attach Form		4b			44.45.54			
			sts		4c						
	, ,		ips and S corporations (atta		5						
					6						
			ne (Schedule E)		7						
			and rents from controlled or		8						
			on 501(c)(7), (9), or (17) or		9						
			me (Schedule I)		11						
			e J) ns; attach schedule)		12						
			gh 12		13	669,	798.			669,798.	
_			ot Taken Elsewher							<u></u>	
	(Except for o	contribu	utions, deductions must	be directly connected	d with th	ne unrelated bus	siness	income.)			
14			rectors, and trustees (Sche						14	4,422.	
15									15	53,917.	
16	Repairs and mainten								16	84,172.	
17	Bad debts								17		
18	Interest (attach sche	dule) .							18		
19	Taxes and licenses								19	92,848.	
20	Charitable contribution	ons (See	e instructions for limitation (	rules)					20		
21			562)					138,068.			
22	·		n Schedule A and elsewhere						22b	138,068.	
23									23		
24			mpensation plans						24		
25	Employee benefit pro	-							25		
26			chedule I)						26		
27	Excess readership co	osts (Scl	hedule J)			Coo Chah	amer+	5	27 28	427,755.	
28			nedule)						29	801,182.	
29 20			14 through 28ncome before net operating						30	-131,384.	
30 31			come before het operating (limited to the amount on l						31	,	
32			ncome before specific dedu						32	-131,384.	
33			y \$1,000, but see line 33 ins						33	1,000.	
34	,	-	income. Subtract line 33 fr								
	" · · · 00					, , , , ,			34	-131 384.	

Organizations Taxable as Corporations. See instructions for lax computation.   Controlled group members sections 15th and 1650; check her   See instructions and:   a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):   (i)   S	Part I	Tax Computation				
a Enter your share of the \$50,000, \$25,000, and \$8,925,000 taxable income trackers (in that order):  (1) S	35	Organizations Taxable as Corporations. See instructions for tax computation.				
Care   Section   Care   Section		Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instruction	ons and:			
Enter organizations share of (1) Additional 5% tax (not more than \$11,750) S    2) Additional 3% tax (not more than \$100,000)   S	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	t order):			
(2) Additional 3% tax (not more than \$100,000) S    Income tax on the amount on line 34 from:   35c		(1) \$ (2) \$ (3) \$				
o Income tax on the amount on line 34  Trust Taxable at Trust Rate. See instructions for tax computation. Income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   36  37 Proxy tax. See instructions   37  38 Alternative minimum tax   38  39 Tax on Non-Compliant Facility Income. See instructions   39    Total. Add lines 37, 38 and 39 to line 35 or 36, whichever applies   40    Part IV   Tax and Payments   40    Part IV   Tax and Payments   41  b Other credits (see instructions)   41b   41b   41b   41b   41b   41b   41b   41b   41c   41	b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
Tax rate schedule or Schedule D(Form 1041)  Tax rate schedule or Schedule D(Form 1041)  38  39  79 Proxy txx. See instructions  38 Alternative minimum tax  38  39  Tax on Non-Compilant Facility Income. See instructions  40  Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies  40  Total Add lines 37, 38 and 39 to line 35c or 38, whichever applies  41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  41 Foreign tax credit (corporations attach Form 3801 or 3827)  41 Foreign tax credit (corporations attach Form 3801 or 3827)  41 Foreign tax credit (corporations attach Form 3801 or 3827)  41 Foreign tax credit (corporations attach Form 3801 or 3827)  41 Foreign tax credits, Add lines 41 through 41d  42 Subtract line 41 form line 40  43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  44 Total tax. Add lines 42 and 43  45 Payments. 2015 overapyment credited to 2016 45 Beach of porting organizations: Tax paid or withheld at source (see instructions)  4 Each of Foreign organizations: Tax paid or withheld at source (see instructions)  4 Credit for small enployer health insurance premiums (Attach Form 8941)  5 Credit for small enployer health insurance premiums (Attach Form 8941)  6 Other credits and payments: Form 4735 Other Total 459  4 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid  5 Inter the amount of line 49 you want. Credited to 2017 estimated tax  Form 4736 Statements Regarding Certain Activities and Other Information (see instructions)  5 Attamy 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 YFS, the organization may have to file  5 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign		(2) Additional 3% tax (not more than \$100,000)				
Tax rate schedule or	С	Income tax on the amount on line 34			➤ 35c	0.
37 Proxy tax. See instructions 38 Alternative minimum tax 38   38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 Deternative treative (see instructions) 41 Deternative treative (see instructions) 41 Deternative treative treative (see instructions) 41 Deternative treative tre	36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the am	ount on line 34	from:		
37 Proxy tax. See instructions 38 Alternative minimum tax 38   38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41 Deternative treative (see instructions) 41 Deternative treative (see instructions) 41 Deternative treative treative (see instructions) 41 Deternative treative tre		Tax rate schedule or Schedule D (Form 1041)			▶ 36	
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Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	38				1 00	
Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	39	Tax on Non-Compliant Facility Income. See instructions			39	
to the credits (see instructions)  b Other credits (see instructions)  c General business credit. Attach Form 3800  d Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits. Add lines 41 a through 41d  2 Subtract line 41 e from line 40  43 Other taxes. Check if from:  Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  43 Other taxes. Check if from:  Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  43 Total tax. Add lines 42 and 43  45 a Payments: A 2015 overpayment credited to 2016				0.		
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e Total credits. Add lines 4 ta through 41d	b	Other credits (see instructions)	41b			
e Total credits. Add lines 4 ta through 41d	С	General business credit. Attach Form 3800	41c			
42 Subtract line 41e from line 40 43 Other taxes. Check if from:						
42 Subtract line 41e from line 40 43 Other taxes. Check if from:	е	Total credits. Add lines 41a through 41d			41e	
43 Other taxes. Check if from:	42	Subtract line 41e from line 40			42	0.
44 Total tax. Add lines 42 and 43  45 a Payments; A 2015 overpayment credited to 2016  b 2016 estimated tax payments:  c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136  45 total payments. Add lines 45a through 45g  45 total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   49 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount overpaid  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2017 estimated tax    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   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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year    Sign Here  Sign 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.  Signature of offlicer Title  Title  Name of the financial Officer Title  Way the Fis discuss this return we the preparer citer shown below (see instructions)?    Yes instructions)?    Yes instructions)?    Yes instructions)?    Yes instructions)?    Yes instructions)?    Yes instructions)?	43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	rm 8866 🔲 (	Other (attach schedul	le) 43	
45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Total payments. Add lines 45a through 45g  46 Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶  50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶  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 ▶  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  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perlury, 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.  57/19/20/8 Chief Financial Officer Title  May the IRS discoust his return we the prepaire has any knowledge.  May the IRS discoust his return we the prepaire has any knowledge.  May the IRS discoust his return we the prepaire has any knowledge.  May the IRS discoust his return we the prepaire has any knowledge.  May the IRS discoust h						0.
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c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 f Total payments. Add lines 45a through 45g  46 f Total payments. Add lines 45a through 45g  47 f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47 f Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 48 governament. If line 46 is less than the total of lines 44 and 47, enter amount overpaid f onter the amount of line 49 you want; Credited to 2017 estimated tax f Refunded f on the definition of the foreign country 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 f Part v Interpretation of tax-exempt interest received or accrued during the tax year see instructions for other forms 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  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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury. I decide 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.  May the IRS discuss this return we the preparer shown below (see instructions)?  In the preparer shown below (see instructions)?  Yes	b	2016 estimated tax payments	45b			
d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 2439  Form 4136  Other  Total ► 45g  46  Total payments Add lines 45a through 45g  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  49  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50  Enter the amount of line 49 you want: Credited to 2017 estimated tax  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  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.  53  Enter the amount of tax-exempt interest received or accrued during the tax year   15  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.  Sign  Here  Chief Financial Officer  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes   15// 4/20/8						
f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:						
f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:	е	Backup withholding (see instructions)	45e			
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Form 4136 Other Total 45g  46 Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  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  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.  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.  Sign  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.  May the IRS discuss this return we the preparer shown below (see instructions)?  X Yes  Signature of officer  Title  Chief Financial Officer  Instructions)?  X Yes	g	Other credits and payments: Form 2439				
46 Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	·	Form 4136 Other Total	▶ 45g		3 6	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed   49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   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    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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year    Sign Here  Signature of officer  Title  May the IRS discuss this return the preparer shown below (see instructions)? X Yes	46				46	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  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  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.  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.  Signature of officer  Date  Chief Financial Officer  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes Instructions?						
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 ▶  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.  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.  Signature of officer  Title  Chief Financial Officer  Intel  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes instructions)? X Yes instructions?	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			▶ 48	0.
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 ▶  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.  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.  Signature of officer  Date  Chief Financial Officer  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes □	49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			▶ 49	0.
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  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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \text{ \text{ \text{ Under penalties of perjury, 1 declare that 1 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.  \$ \text{ \text{ \text{ May the IRS discuss this return w the preparer shown below (see instructions)? \text{ \text{ Yes}} }	50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refunded	▶ 50	
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  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.  Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Here  Onder 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.  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes	Part V	Statements Regarding Certain Activities and Other Inforn	<b>nation</b> (see in	nstructions)		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  here  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.  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.  May the IRS discuss this return we the preparer shown below (see instructions)?  Title	51					Yes No
here  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.  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.  May the IRS discuss this return w the preparer shown below (see instructions)? ▼ Yes □		over a financial account (bank, securities, or other) in a foreign country? If YES, the organiz	zation may have	to file		
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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year   Sign  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.  May the IRS discuss this return w the preparer shown below (see instructions)? X Yes   If YES, see instructions for other forms the organization may have to file.  Chief Financial Officer  Title		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name o	f the foreign cou	ıntry		
If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year   Sign  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.  May the IRS discuss this return w the preparer shown below (see instructions)? X Yes						X
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.  May the IRS discuss this return we the preparer shown below (see instructions)? X Yes	52	During the tax year, did the organization receive a distribution from, or was it the grantor of	, or transferor to	, a foreign trust?		Х
Sign Here  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.  Chief Financial Officer  Signature of officer  Date  Title  May the IRS discuss this return w the preparer shown below (see instructions)? X Yes		If YES, see instructions for other forms the organization may have to file.				
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes	53					
Here    Signature of officer   Date   Chief Financial Officer   May the IRS discuss this return we the preparer shown below (see instructions)?   X   Yes	٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	s and statements, a preparer has any k	and to the best of my l nowledge.	knowledge and be	elief, it is true,
Signature of officer Date Title instructions)? X Yes		1 00			May the IRS dis	cuss this return with
	Here		Financial O	fficer		
Print/Type preparer's pame   Preparer's signature   Nate   Check   if I PTIN						X Yes No
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid David C. Moja Self- employed P00747006	Paid	Mail C mi	5/14/2019	self- employ		45006
Preparer David C. Moja Dunck C. 7/7/4 3/14/2010 P00747006		rer	3/14/2010			
Use Only Firm's name ▶ Capin Crouse LLP Firm's EIN ▶ 36-3990892	-	nly Firm's name ► Capin Crouse LLP		Firm's EIN	▶ 36-35	190892
3050 Saturn Street, Suite 104		3050 Saturn Street, Suite 104			/714\ 555	0.000
Firm's address   Brea, CA 92821  Phone no. (714) 577-0988		Filli S address   Brea , CA 92821		Phone no.		-0988 orm <b>990-T</b> (2016)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	. 1		6	Inventory at end of yea	r		6	
2 Purchases			7	Cost of goods sold. Su	ıbtract li	ine 6		
3 Cost of labor				from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section			Yes No	
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	. 5			the organization?				
Schedule C - Rent Income (I	rom Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	perty)	
(see instructions)		and the second s						
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued				0(-) 5	in	
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of han	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) ar	connected with the income in ad 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2	(a) and 2(b). En	ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column (					0.	Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb			instru	ctions)		<u> </u>		
		(422	T			3. Deductions directly con		
			2	Gross income from or allocable to debt-	7-1	to debt-financ		
<ol> <li>Description of debt-final</li> </ol>	nced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			1	%				
(2)		· · · · · · · · · · · · · · · · · · ·		%				
(3)				%				
(4)				%				
- N. /						nter here and on page 1, lart I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Totals				<b></b>		0		
Totals Total dividends-received deductions incl				_		<u> </u>	0.	
TOTAL DIVIDENDS-TEGETVED DEDUCTIONS INC.	uucu III CUIUIIII	·					5 000 T (0040)	

Schedule F - Interest,	Annuitie	s, noyai	ties, a		Controlled O			Latio	iis (see iiis	truction	15)	
1. Name of controlled organiza	tion	2. Emp	oloyer	3. Net unr	related income	<b>4.</b> Tot	al of specified	<b>5.</b> Pa	rt of column 4	umn 4 that is 6. Deductions directl		
<b>3</b>		identification number		(loss) (see	(loss) (see instructions)		ayments made o		included in the controlling organization's gross income		connected with income in column 5	
(1)					· · · · · · · · · · · · · · · · · · ·							
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified pays made	ments	10. Part of column in the controllingross	mn 9 tha ing orga s income	nization's		ductions directly connected nincome in column 10	
(1)												
(2)												
(3)												
(4)												
	•						Add colun Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals						<b>&gt;</b>			0.		0	
Schedule G - Investme		me of a	Section	1 501(c)(	7), (9), or	(17) Or	ganization	1				
(see instr	ructions)				1		3. Deductio	ne	Т		5. Total deductions	
<b>1.</b> Desc	ription of inco	me			2. Amount of	income	directly conne	ected	4. Set-		and set-asides	
							(attach sched	iule)	(411441111		(col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).	
Totals				<u></u>	<u> </u>	0.					0	
Schedule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income	<del></del>	_			
1. Description of exploited activity	unrelated	e from	directly of with pro of uni	penses connected oduction related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross inco from activity t is not unrelat business inco	ivity that attribut		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)	<u> </u>											
(2)	<u> </u>											
	<u> </u>											
(4)	Enter her page 1 line 10,		page 1	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.	
Totals		0.		0.							0	
Schedule J - Advertisi	ng Inco	me (see ir	struction	ns)								
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ain, comput	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
\ /					SE SECTION SEC							
Totals (carry to Part II, line (5))	▶		0.	(	o.						0	

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

1. Name of periodical	<b>2.</b> 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)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) John W. Ward	V.P. Finance	2.00%	4,422.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	4,422.		

Form 990-T (2016)

Form 990-T Description of Organization's Primary Unrelated Statement 3
Business Activity

Transient use of student residence Commercial Real Estate Building Rental Income from Outside Entities

To Form 990-T, Page 1

Footnotes	Statement 4
NET OPERATING LOSS SCHEDULE	
NOL Generated in 6/30/2009 NOL Generated in 6/30/2010 NOL Generated in 6/30/2011 NOL Generated in 6/30/2012 NOL Generated in 6/30/2013 NOL Generated in 6/30/2014	71,527. 52,638. 24,820. 7,543. 3,002. 1,522.
NOL Generated in 6/30/2016	
NOL Carried forward to 6/30/2017 NOL Generated in 6/30/2017	247,718. 131,384.
NOL Carried forward to 6/30/2018	379,102.

Election to waive the net operating loss carryback period for the year ending June 30, 2017

Fuller Theological Seminary hereby elects, pursuant to Sec. 172(B)(3) of the Internal Revenue Code, to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ending June 30, 2017, and will have such loss available for carryforward only.

Form 990-T	Other Deductions	Statement 5
Description		Amount
Office and General Supplies Operational and Plant Supplies Services		5,082. 22,853. 119,394.
Travel and Entertainment Utilities		1,167. 108,119.
Renewal and Replacement Cost of Goods Sold Interest		153,806. 11,087. 1,391.
Overhead Allocation		4,856.
Total to Form 990-T, Page 1, li	ne 28	427,755.

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Attachment Sequence No. **179** 

ldentifying number

Fulle	r Theological Seminary		For	m 990 Page 1	0		95-1699394
Part	I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any	listed property,	complete Parl	t V before	you complete Part I.
1 Ma	ximum amount (see instructions)					1	500,000.
2 Tot	al cost of section 179 property pla					2	
	reshold cost of section 179 proper						2,010,000.
4 Red	duction in limitation. Subtract line 3	3 from line 2. If zero	or less, enter -0-			4	
	ar limitation for tax year. Subtract line 4 from li						
6	(a) Description of		<del></del>	siness use only)	(c) Elected		
7 List	ted property. Enter the amount from	m line 29		7			
8 Tot	al elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 ar	nd 7		8	
9 Ter	ntative deduction. Enter the <b>small</b> e	er of line 5 or line 8				9	
	rryover of disallowed deduction fro						
	siness income limitation. Enter the						
	ction 179 expense deduction. Add						
	rryover of disallowed deduction to						
	Don't use Part II or Part III below fo						
Part	II Special Depreciation Allow	ance and Other D	epreciation (Don't inclu	de listed proper	ty. <b>)</b>		
14 Spe	ecial depreciation allowance for qu	alified property (oth	ner than listed property)	placed in service	e during		
the	tax year		, , ,			14	
	perty subject to section 168(f)(1) e						
	ner depreciation (including ACRS)					16	
Part	III MACRS Depreciation (Don'	<b>'t</b> include listed pro	perty.) (See instructions	.)			
			Section A				
<b>17</b> MA	CRS deductions for assets placed	l in service in tax ye	ears beginning before 20	16		17	
<b>18</b> If yo	u are electing to group any assets placed in se	ervice during the tax year	into one or more general asset a	ccounts, check here	▶ □		
			e During 2016 Tax Yea			ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2016 Tax Year	Jsing the Alterr	native Depre	iation Sy	stem
20a	Class life		W			S/L	
b	12-year			12 yrs.		S/L	
C C	40-year	/		40 yrs.	MM	S/L	
Part							
	ted property. Enter amount from lin	ne 28	· · · · · · · · · · · · · · · · · · ·			21	
	al. Add amounts from line 12, lines		es 19 and 20 in column (	(g), and line 21.			
	er here and on the appropriate line	<del>-</del>				22	0.
	assets shown above and placed in						

23

portion of the basis attributable to section 263A costs

Form 4562 (2016) Fuller Theological Seminary Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? . No Yes Yes (i) (b) (c) (e) (f) (a) (a) (d) Business/ Elected Date Basis for depreciation Depreciation Type of property Cost or Recovery Method/ section 179 (business/investment placed in investment deduction (list vehicles first) other basis period Convention use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (a) (b) (c) (d) (e) Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year .... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 No No Yes Nο 34 Was the vehicle available for personal use Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI | Amortization (c) Amortizable amount (a) Description of costs (b) (d) (e) (f) Amortization Amortization for this year Date amortization period or percentage begins 42 Amortization of costs that begins during your 2016 tax year:

43

44

43 Amortization of costs that began before your 2016 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return Business or activity to which this form relates Form 990-T Page 1 95-1699394 Fuller Theological Seminary Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500 000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,010,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 145,545 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (q) Depreciation deduction (a) Classification of property year placed in service (e) Convention (f) Method 3-year property 19a 5-year property b 7-year property С d 10-year property 15-year property е 20-year property f 25 yrs. S/L 25-year property q MM S/L 27.5 yrs. h Residential rental property S/L MM 27.5 yrs. S/L MM 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12-year S/L b MM S/L 40-year 40 vrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 145,545. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

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portion of the basis attributable to section 263A costs

Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns

1		(a) through (c)	of Section A	, all of Section	B, and	Section	C if app	licable.								
(a) (b) (c) (c) (c) (d) (e) (f) (c) (d) (e) (d) (e) (f) (d) (e) (e) (f) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e							aution: S	See the i	nstruc	tions for li	mits for p	oassen	ger auto	mobiles.	.)	
Type of the control o	24a	Do you have evidence to	support the bu	siness/investme	ent use cl	aimed?	Y	es	_ No	24b If "Y	'es," is th	e evide	nce writ	ten?		No
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44 Tetal Add amounts in column (f) See the instructions for where to report	43	Amortization of costs th	nat began be	fore your 2016	6 tax yea	ır							<del></del>			

## Form **8868** (Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

**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*, 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.

				Enter file	er's identifying nu	mber	
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification num	nber (EIN) or	
print							
Cile bu the	Fuller Theological Seminary				95-1699394		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	Social se	ecurity number (SS	N)			
filing your return. See	135 N. Oakland Avenue						
instructions.	City, town or post office, state, and ZIP code. For a f Pasadena, CA 91182-0001						
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			0 7	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	BL	Form 1041-A			80		
Form 472	O (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	
	Denise Rodrigues, Con						
	oks are in the care of $\blacktriangleright$ 135 N. Oakland Avenue	- Pasad	ena, CA 91182-0001				
	one No. ▶ 626-584-5453		Fax No. ▶ 626-449-9269				
	rganization does not have an office or place of busines					<b>L</b>	
	s for a Group Return, enter the organization's four digit						
	. If it is for part of the group, check this box						
	uest an automatic 6-month extension of time until			the exem	npt organization ret	urn	
for t	he organization named above. The extension is for the	organizatio	on's return for:				
_							
►L	calendar year or						
	tax year beginning JUL 1, 2016				<u>.</u>		
2 If th	e tax year entered in line 1 is for less than 12 months, o	heck reas	on: L Initial return L F	Final retur	n		
	Change in accounting period				Г		
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, o	enter the tentative tax, less any			_	
non	refundable credits. See instructions.		3a	\$	0.		
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	•				•	
	sing EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	

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.

Form 8868 (Rev. 1-2017)