COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

Form **990**

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

	Of the	and	enung o										
В	Check if applicable	C Name of organization		D Employer identif	ication number								
	Addre												
L	Name chang	Doing business as		95-169	99394								
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er								
	Final return	135 N. Oakland Avenue	35 N. Oakland Avenue										
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,329,602.								
	Amen	ded Pagadana GA 01192 0001		H(a) Is this a group	return								
	Application			for subordinate	s? Yes X No								
	pendi	same as C above		H(b) Are all subordinates									
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	State of the state	a list. (see instructions)								
		te: www.fuller.edu		H(c) Group exemption									
		forganization; X Corporation Trust Association Other	L Year		M State of legal domicile; CA								
-	art I												
	1	Briefly describe the organization's mission or most significant activities: Provide	es gradua	te degrees in									
Activities & Governance		Theology, Psychology, Intercultural Studies & operates Psych Co											
naı	2	Check this box if the organization discontinued its operations or dispose		than 25% of its net a	esets								
ver	3	STATE OF THE STATE		i .	The same of the sa								
යි	4				40								
∞ ∞	0.50	Number of independent voting members of the governing body (Part VI, line 1b)			1367								
tie		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			40								
ţi	6	Total number of volunteers (estimate if necessary)											
Ac		Total unrelated business revenue from Part VIII, column (C), line 12											
	b	Net unrelated business taxable income from Form 990-T, line 34	······		Current Year								
		0	-	Prior Year 26,643,313									
ue	8	Contributions and grants (Part VIII, line 1h)											
Revenue	9	Program service revenue (Part VIII, line 2g)	2 (2.17)	40,432,510									
Re	No. of All	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,229,985									
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		681,450									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		74,987,258									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,248,028									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,129,911										
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,039,282									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		69,417,221									
	19	Revenue less expenses. Subtract line 18 from line 12		5,570,037									
0.00			Be	ginning of Current Year									
sets	20	Total assets (Part X, line 16)		275,398,883									
Net Assets or	21	Total liabilities (Part X, line 26)		53,378,935									
캺	22	Net assets or fund balances. Subtract line 21 from line 20		222,019,948	. 220,955,928.								
P	art II	Signature Block											
		alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is								
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparer	has any knowledge.									
		Who C. francis		510	19								
Sig	ın	Signature of officer		Date									
He	re	Dale A. Kemp, Interim CFO											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Pai	d	David C. Moja David C. 7	non	5/13/2019 if self-employed P00747006									
Pre	parer	Firm's name Capin Crouse LLP	7.	Firm's EIN ▶	36-3990892								
Use	Only	Firm's address 3050 Saturn Street, Suite 104											
		Brea, CA 92821	1	Phone no. (7									
Ма	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No								

	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	The Seminary is an international, multi-denominational,		
	post-baccalaureate school of religious learning that prepares st	udents	
	for a wide variety of Christian vocations through its schools of		
	Theology, Psychology and Intercultural Studies.		
2	Did the organization undertake any significant program services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conduct	s, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three larger	gest program services, as measured t	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	nts and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 29,849,387. including grants of \$ School of Theology - 1,489 full-paid equivalent students served	3,495,613.) (Revenue \$	18,533,166.
	School of Theology - 1,489 full-paid equivalent students served		
4b	(Code:) (Expenses \$ 10,985,558. including grants of \$	1 266 250) (Royanya ¢	5 104 160 \
TD	School of Psychology - 286 full-paid equivalent students served		
	behoof of injencings 200 full para equivalent betacenes between		
4c	(Code:) (Expenses \$ 8,097,347. including grants of \$	1,241,770.) (Revenue \$	3,440,275.)
	School of Intercultural Studies - 476 full-time equivalent stude	nts	_
	served		
	Other many many and in a (Danasia of Danasia		
4d	Other program services (Describe in Schedule O.)	10 000 5	26.
		•) (Revenue \$ 10,022,5	(٠٥٠)
<u>4e</u>	Total program service expenses ► 52,445,966.		

Form 990 (2017) Fuller Theological Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
•	public office? If "Yes," complete Schedule C, Part I	3		х
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	4		х
5	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	5		х
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		Х
С	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	11c		Х
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	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	<u> </u>
14a	, 1 , , ,	14a		Х
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	44,		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
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	18		х
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	19		Х

Form 990 (2017) Fuller Theological Seminary Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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
b	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			٠,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26	х	
27	complete Schedule L, Part II	20	Λ	
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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	Х	
35a	, , , , , , , , , , , , , , , , , , , ,	35a		Х
b	If "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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		

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Form 990 (2017) Fuller Theological Seminary Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3711							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming							
	(gambling) winnings to prize winners?			1c	Х					
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	2a	1367							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		х				
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 A	ccoun	its (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			7a		х				
а										
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	uired	_						
	to file Form 8282?			7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-10			v				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e 7f		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file for		200 on required?	7g						
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11						
Ü	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
	Did the appropriate annual and distribution to a decrease desired and appropriate annual of the appropriate annual and appropriate annual annu			9b						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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								
	Enter the amount of reserves on hand	13c		44-		х				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a						

Form 990 (2017) Fuller Theological Seminary 95-1699394 Page
Part VI 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 in Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 41			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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?	7a		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?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	1101 211 0110100 (This coolion & requeste information about periode net required by the internal ribrariae code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Denise Rodrigues, Controller - 626-584-5453			

135 N. Oakland Avenue, Pasadena, CA 91182-0001

Part VII 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

Х

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

- 1a 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.

Leave this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	l a)	1	from the	from related organizations	other
	(list any hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC)	(,	organization
	organizations	Itrust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	Officer	Key employee	hest c	Former			organizations
	line)	Indi	Inst	ij,	Key	Hig em	윤			
(1) Mark Labberton	40.00	ļ								
President/Trustee		Х		Х				218,386.	0.	96,967.
(2) Clifford L. Penner	0.10	l		l						
Trustee/Chairman	2.10	Х		Х				0.	0.	0.
(3) C. Jeffrey Wright	0.10	١								
Vice Chair/Trustee	0.10	Х		Х				0.	0.	0.
(4) Daniel L. Villanueva	0.10	١								
Treasurer/Trustee	0.10	Х		Х				0.	0.	0.
(5) Robert M. Anderson	0.10	ļ.,							0.	0
Trustee (6) Mary Vermeer Andringa	0.10	Х						0.	0.	0.
•	0.10	x						0.	0.	0
Trustee (7) David L. Bere	0.10	^						0.	0,	0.
	0.10	ļ.,						0.	0	0
Trustee (8) Russell J. Bloem	0.10	Х						0.	0.	0.
Trustee	0.10	x						0.	0.	0.
(9) Thomas G. Bost	0.10									
Trustee		x						0.	0.	0.
(10) Nicholas E. Brathwaite	0.10									
Trustee		х						0.	0.	0.
(11) William K. Brehm	0.10								-	<u> </u>
Trustee		х						0.	0.	0.
(12) Wilma Jean Burch	0.10									
Trustee		х						0.	0.	0.
(13) Gaylen J. Byker	0.10									
Trustee		х						0.	0.	0.
(14) Merlin W. Call	0.10									
Trustee		х						0.	0.	0.
(15) Barbara H. Carlsberg	0.10									
Trustee		х	L	L	L		L	0.	0.	0.
(16) Kevin T. Chan	0.10									
Trustee		х	L	L	L		L	0.	0.	0.
(17) Peter Chao	0.10									
Trustee		Х						0.	0.	0.
720007 11 00 17										Form 990 (2017)

732007 11-28-17 Form **990** (2017)

1 61111 666 (2611)	logical Semi								95-1699394	Page o
Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box offi	box, unless pers		ck more than one person is both an director/trustee)			Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(18) Daniel L. Chun	0.10									
Trustee		Х						0.	0.	0.
(19) Andrew H. Crouch	0.10									
Trustee		Х						0.	0.	0.
(20) Evelyn W. Freed	0.10									
Trustee		Х						0.	0.	0.
(21) David Fung	0.10									
Trustee		Х						0.	0.	0.
(22) Jeffery Hanson	0.10									
Trustee		Х						0.	0.	0.
(23) Nathan O. Hatch	0.10									
Trustee		Х						0.	0.	0.
(24) T William Hoehn, III	0.10									
Trustee		Х						0.	0.	0.
(25) Anne M. Huffman	0.10									
Trustee		Х						0.	0.	0.
(26) James R. Hunt	0.10									
Trustee		х						0.	0.	0.
1b Sub-total								218,386.	0.	96,967.
c Total from continuation sheets to Part								1,966,290.	0.	472,584.
d Total (add lines 1b and 1c)								2,184,676.	0.	569,551.
2 Total number of individuals (including but							20 re	eceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

line 1a? If "Yes," complete Schedule J for such individual

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on

Yes No

3 X

4 X

34

Х

rendered to the organization? If "Yes," complete Schedule J for such person ... Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Rogelio Sanchez Painting		
3400 E. Milton St., Pasadena, CA 91107	Painter	167,145.
Ellucian Company, LLC		
4375 Fair Lakes Ct, Fairfax, VA 22033	Software Maintenance	163,242.
Siemens Industry, Inc., 1000 Deerfield		
Pkwy, Buffalo Grove, IL 60089	HVAC Maintenance	158,871.
Hassle Free Plumbing		
3650 Shadow Grove Rd, Pasadena, CA 91107	Plumbing	140,021.
Centurylink		
PO Box 91155, Seattle, WA 98111	Internet Service	135,756.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 15		

Form 990 Fuller Theolo	95-1699394									
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)		(D) (E) (F)							
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per	_					Ė	from	from related	other
	week	١.)yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	e e			ated		(W-2/1099-MISC)		organization
	related	nstee	trust		98	suadı				and related
	organizations below	lual tr	tional		nploy	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Bill Sung-Kook Hwang	0.10									
Trustee		Х						0.	0.	0.
(28) Richard Kannwischer	0.10									
Trustee		Х						0.	0,	0.
(29) Larry R. Langdon	0.10									
Trustee		Х						0.	0.	0.
(30) Tom Lin	0.10									
Trustee		Х						0.	0.	0.
(31) Jim Mellado	0.10									_
Trustee		х						0.	0.	0.
(32) Dennis K. Metzler	0.10									
Trustee		х						0.	0.	0.
(33) Daniel D. Meyer	0.10									
Trustee		х						0.	0.	0.
(34) Shirley A. Mullen	0.10									
Trustee		х						0.	0.	0.
(35) John C. Ortberg, Jr.	0.10							-	-	<u> </u>
Trustee		х						0.	0.	0.
(36) Jack D. Samuelson	0.10									
Trustee		x						0.	0.	0.
(37) Meritt Lohr Sawyer	0,10	-							- •	
Trustee		x						0.	0.	0.
(38) Larry A. Smith	0.10								• • • • • • • • • • • • • • • • • • • •	
Trustee	0.10	x						0.	0.	0.
(39) Jody A. De Pree Vanderwel	0.10							0.	••	•••
Trustee	0.10	x						0.	0.	0.
(40) Bill Voge (part year)	0.10	Δ.						0.	•	· ·
Trustee	0.10	x						0.	0.	,
(41) Grant A. Wacker	0.10	^						0.	0.	0.
Trustee	0.10	Х							0.	_
	0.10	^						0.	0,	0.
(42) Dale C. Wong	0.10									
Trustee	40.00	Х						0.	0.	0.
(43) Jon R. Yasuda	40.00			l				4.74 202		40.000
VP for Institutional Advan				Х	<u> </u>			174,393.	0.	19,309.
(44) Leonard J. Moon	40.00	l		l.						
VP for Finance/CFO				Х	<u> </u>			193,509.	0.	23,558.
(45) Joel B. Green	40.00									
Provost and Senior VP				Х				140,720.	0.	112,169.
(46) Irene Neller (part year)	40.00	1								
VP for Communications, Mkt				Х				155,684.	0.	3,409.
Tatalia Bartilli C. III. A. II. I										
Total to Part VII, Section A, line 1c								l		

Form 990 Fuller Theolo									95-169939	4
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	99			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	frust		98) ben				and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Tod E. Bolsinger	40.00									
VP for Vocation and Format				х				92,428.	0.	138,682.
(48) William Joseph Clark	40.00									
Chief of Strategy and Staf				х				191,321.	0.	25,944.
(49) Mari Clements	40.00									
Interim Provost		1		х				132,477.	0.	15,838.
(50) Brent Assink	8.00							,		•
Chief of Philanthropy	32.00	1		x				12,500.	0.	0.
(51) Bernadette J. Barber	40.00									
Executive Director, Human		1				х		140,881.	0.	10,815.
(52) John Kamperschroer	40.00							·		•
Director of Development		1				х		142,356.	0.	37,213.
(53) Kimberly Odom Thompson	40.00									
Director - Development TX		1				х		147,068.	0.	35,014.
(54) Theopolis Cosse	40.00									
Chair & Exec. Director of						Х		143,993.	0.	3,459.
(55) Justin Barrett	40.00									
Faculty School of Psychology						Х		148,635.	0.	21,395.
(56) Richard J. Mouw	40.00									
Former President/Trustee							Х	150,325.	0.	25,779.
		1								
		1								
		1								
		1								
		1								
				\vdash						
Total to Part VII, Section A, line 1c								1,966,290.		472,584.

Form 990 (2017) Fuller Theological Seminary

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
s, G		Fundraising events						
Sift; ar /		Related organizations						
s, (mil		Government grants (contribut		209,542.				
ion		All other contributions, gifts, gran	· -					
but		similar amounts not included above		14,090,605.				
ntri d O	g	Noncash contributions included in lines		464,134.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			14,300,147.			
				Business Code				
ė	2 a	Tuition		611310	26,754,141.	26,754,141.		
e Żi	b	Auxiliary Services		623000	6,654,611.	6,654,611.		
Se	c	Psychological Center		611310	1,144,540.	1,144,540.		
Program Service Revenue	d	Fees		611310	890,010.	890,010.		
ogr R	е							
P	f	All other program service reve	nue	900099	1,781,474.	1,656,895.		124,579.
	g	Total. Add lines 2a-2f			37,224,776.			
	3	Investment income (including						
		other similar amounts)		▶ [415,010.			415,010.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties			8,350.			8,350.
			(i) Real	(ii) Personal				
	6 a	Gross rents	818,225					
	b	Less: rental expenses	0					
	c	Rental income or (loss)	818,225					
	d	Net rental income or (loss)			818,225.		818,225.	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,563,094					
	b	Less: cost or other basis						
		and sales expenses	8,186,453					
	c	Gain or (loss)	376,641					
	d	Net gain or (loss)			376,641.			376,641.
ine	8 a	Gross income from fundraising	•					
		including \$	of					
Other Revel		contributions reported on line	,					
e		Part IV, line 18						
O t h		Less: direct expenses						
_		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		: Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b			 				
	C			 				
		All other revenue						
	12	Total. Add lines 11a-11d Total revenue. See instructions.		······ ₹	53,143,149.	37,100,197.	818,225.	924,580.
	14	i otal i evellue. Oce ilibil utililib.			JJ, 17J, 17J,	J , , ± 0 0 , ± 2 / •	010,223.	1 244,300.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одропосо	general expenses	одраново
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	6,097,230.	6,097,230.		
3	Grants and other assistance to foreign	.,,	-,,		
Ū	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,				
3	trustees, and key employees	1,620,490.	613,904.	749,688.	256,898.
6	Compensation not included above, to disqualified	1,020,150.	013,301.	715,000.	230,030.
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	303,697.	303,697.		
7		30,588,264.	23,744,197.	5,522,497.	1,321,570.
7 8	Other salaries and wages	30,300,204.	45,144,137.	5,544,431.	1,321,370.
0	section 401(k) and 403(b) employer contributions)	752,167.	585,336.	124,845.	11 99 6
0		4,096,956.	3,659,043.	374,514.	41,986. 63,399.
9 10	Other employee benefits	1,957,355.	1,487,909.	361,125.	108,321.
	Payroll taxes	1,337,333.	1,407,505.	301,123.	100,321.
11	Fees for services (non-employees):				
_	Management	53,435.	331.	53,104.	
b	Legal	126,765.	331.	126,765.	
	Accounting	120,703.		120,705.	
d	, , , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17	732,610.	5,000.	727,610.	
f	Other. (If line 11g amount exceeds 10% of line 25,	752,010.	3,000.	727,010.	
g	column (A) amount, list line 11g expenses on Sch O.)	2,175,010.	1,766,903.	390,488.	17 619
40	i i i i i i i i i i i i i i i i i i i	390,004.	96,900.	293,104.	17,619.
12	Advertising and promotion	2,387,056.	1,592,114.	700,432.	94,510.
13	Office expenses	1,278,997.	445,536.	824,574.	8,887.
14	Information technology	5,812.	5,812.	024,574.	0,007.
15	Royalties	5,984,131.	5,255,683.	728,448.	
16	Occupancy	2,024,564.	1,570,016.	265,562.	188,986.
17	Travel	2,024,304.	1,370,010.	203,302.	100,500.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	251,159.	202,435.	33,055.	15,669.
19	Conferences, conventions, and meetings	1,936,940.	1,904,000.	32,940.	13,003.
20		1,550,540.	1,501,000.	32,3=0.	
21 22	Payments to affiliates	2,642,851.	2,059,000.	574,851.	9,000.
	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	63,091.	448.	62,643.	3,000.
23	Other expenses. Itemize expenses not covered	03,031.	110.	02,013.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Hospitality	887,643.	646,426.	134,072.	107,145.
b	License Fees	250,726.	49,443.	201,283.	
C	Bad Debt Expense	219,782.	14,782.	205,000.	
d	Other Equipment	190,035.	57,195.	132,840.	
e e	All other expenses	336,045.	282,626.	53,291.	128.
25	Total functional expenses. Add lines 1 through 24e	67,352,815.	52,445,966.	12,672,731.	2,234,118.
26	Joint costs. Complete this line only if the organization	27,002,010.	52,110,500.	, 0, 2, , 01.	2,231,110.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- 11 1011011111g 001 30 2 (A00 300-720)				

Form 990 (2017) Part X Balance Sheet

Fai		Dalatice Stieet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,505,530.	1	3,259,514.
	2	Savings and temporary cash investments			160,836.	2	7,881,594.
	3	Pledges and grants receivable, net	5,868,997.	3	3,340,861.		
	4	Accounts receivable, net			1,567,002.	4	1,856,217.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L			1,215,576.	5	1,303,076.
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			964,493.	7	689,236.
Ä	8	Inventories for sale or use			44,751.	8	30,209.
	9	Prepaid expenses and deferred charges			5,506,511.	9	5,629,959.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	131,547,227.			
	b	Less: accumulated depreciation	10b	40,462,144.	91,064,786.	10c	91,085,083.
	11	Investments - publicly traded securities			78,478,869.	11	85,192,219.
	12	Investments - other securities. See Part IV, line			15,299,853.	12	12,543,037.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			64,721,679.	15	59,413,255.
	16	Total assets. Add lines 1 through 15 (must equ			275,398,883.	16	272,224,260.
	17	Accounts payable and accrued expenses			5,444,304.	17	4,439,632.
	18	Grants payable				18	
	19	Deferred revenue			3,962,492.	19	3,822,022.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			41,222,782.	23	40,559,992.
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			2,749,357.	25	2,446,686.
	26	Total liabilities. Add lines 17 through 25			53,378,935.	26	51,268,332.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			44,627,127.	27	49,479,220.
Fund Balances	28	Temporarily restricted net assets		·····	61,029,267.	28	54,128,012.
pu	29			116,363,554.	29	117,348,696.	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ğ		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		31	
let	32	Retained earnings, endowment, accumulated in				32	
~	33	Total net assets or fund balances			222,019,948.	33	220,955,928.
	34	Total liabilities and net assets/fund balances	275,398,883.	34	272,224,260.		

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets			`	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	,143	,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67	,352,	,815.
3	Revenue less expenses. Subtract line 2 from line 1	3	<14	,209	,666.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222	,019	,948.
5	Net unrealized gains (losses) on investments	5	7	,285	,197.
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 in Schedule O)	9	5	,860,	,449.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	220	,955,	,928.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		26	Y	l

3b X Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Fuller Theological Seminary 95-1699394 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` '	` ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	16,028,864.	24,275,872.	13,788,851.	26,643,313.	14,300,147.	95,037,047.
2	Tax revenues levied for the organ-						
	ization'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	16,028,864.	24,275,872.	13,788,851.	26,643,313.	14,300,147.	95,037,047.
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)						16,176,376.
	Public support. Subtract line 5 from line 4.						78,860,671.
	ction B. Total Support	1	· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	16,028,864.	24,275,872.	13,788,851.	26,643,313.	14,300,147.	95,037,047.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 010 774	2 220 160	1 564 000	1 202 552	F 603 F00	12 600 005
_	and income from similar sources	1,918,774.	2,239,168.	1,564,090.	1,282,553.	5,693,500.	12,698,085.
9	Net income from unrelated business						
	activities, whether or not the					49,726.	49,726.
40	business is regularly carried on					49,720.	43,720.
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	1,405,092.	931,270.	931,270.			3,267,632.
11	Total support. Add lines 7 through 10	1,100,052.	331,270.	331,270.			111,052,490.
12	Gross receipts from related activities,	etc (see instruction	l one)			12	188,475,864.
	First five years. If the Form 990 is for	•	,	 I fourth or fifth ta			
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	71.01 %
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the					nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a _l	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
.56	more than 33 1/3%, check this box a						▶
ŀ	33 1/3% support tests - 2016. If the						 and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i invale roundation. Il the organization	an alla not bliech a	DOA OH III IC 14, 19	a, or roo, ori c ck li	ווט טטא מווע שכל וווג	JUNIOUS	

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** 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.
- **b** 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.
- 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.
- 5a 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 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.
 - **b** 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.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4-		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
Jd		
9b		
0.0		
9с		
10a		
10b	00 E7	L
00 05 00	.a C7	0047

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Pa	rt IV Supporting Organizations (continued)		I.,	
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)			
<u> </u>	below, the governing body of a supported organization?	11a		
b	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		
	etion B. Type I Supporting Organizations			
			Yes	No
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		
2	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			
			Yes	No
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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		\\\	NI.
	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see insti	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instruction:	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	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	, ,	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion 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		
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		
Sect	ion 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):			
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):			
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		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Other Income
2013 Amount: \$ 1,405,092.
2014 Amount: \$ 931,270.
2015 Amount: \$ 931,270.
Schedule A, Part II:
The organization is a school as described under 170(b)(1)(A)(ii) and is
not required to complete a public support schedule. Schedule A, Part
II is completed to verify the School can qualify under public charity
status section 170(b)(1)(A)(vi) and, therefore, qualifies to use the
first listed special rule for Schedule B reporting.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

	Ful	ler 1	Pheological Seminary	95-1699394		
Organization	type (check or	ne):				
Filers of:		Secti	on:			
Form 990 or 9	990-EZ	X	X 501(c)(3) (enter number) organization			
			4947(a)(1) nonexempt charitable trust not treated as a private foundation			
			527 political organization			
Form 990-PF			501(c)(3) exempt private foundation			
			4947(a)(1) nonexempt charitable trust treated as a private foundation			
			501(c)(3) taxable private foundation			
•	section 501(c)(ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.		
			Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor's			
Special Rule	s					
sect any	ions 509(a)(1) a one contributor	and 17 r, durir	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun Complete Parts I and II.	or 16b, and that received from		
year	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year is ch purp	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must a	nswer "No" on I	Part IV	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization	Employer identification number		
Fuller Theological Seminary	95-1699394		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	415,891.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 2	Name, address, and ZIP + 4	\$_	Total contributions 1,272,752.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	1,504,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$_	Total contributions 330,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	472,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallie, audi ess, dilu ZIF + 4	\$_	2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Fuller Theological Seminary

95-1699394

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7		\$ 315,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
9		\$ 340,527.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

Fuller Theological Seminary

95-1699394

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of orga	nization		Employer identification number
Fuller The	eological Seminary		95-1699394
Part III		columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— <u>-</u>		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Public Inspection

Name of the organization

Fuller Theological Seminary

Employer identification number 95-1699394

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
D-			
Pa	·	-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
d			I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax
	year Number of states where a report of the same within a second of the same within a	assessment in Inscarted .	
4	Number of states where property subject to conservation ea	-	
5	Does the organization have a written policy regarding the pe		
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
6	Start and volunteer riours devoted to morntoning, inspecting,	Thanding of violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
•	S	ding of violations, and emorning conserv	ation casements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		3
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Ot	her Simi	lar Asse	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's e	xempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of		•	•		_	_	
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot included		_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	<u> </u>	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	bility?	L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	1			
		(a) Current year	(b) Prior year	(c) Two years back			, ,	ears back
	Beginning of year balance	130,194,012.	122,390,454.	121,902,692	. 127,	355,458.	94,0)56,630.
b	Contributions	833,537. 7,538,936. 282,751. 1,100,869. 4,						
С	Net investment earnings, gains, and losses	7,374,945.	8,185,518.			830,890.	36,0	014,002.
d	Grants or scholarships	1,832,566.	1,877,953.	1,770,730	. 2,	028,098.	1,7	765,031.
е	Other expenditures for facilities							
	and programs	4,560,600.	4,977,189.	4,716,849	. 4,	745,778.	4,4	166,685.
f	Administrative expenses	696,674.	1,065,754.	928,353		610,649.	6	556,728.
g	End of year balance	131,312,654.	130,194,012.	· · ·	. 121,	902,692.	127,3	355,458.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	30.00	_%					
b	Permanent endowment > 70.00	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organ	ization	_	
	by:						\ <u>`</u>	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?				3b	Х
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	i				
	Description of property	(a) Cost or of basis (investri	' '	1 ' '	Accumulat lepreciation		(d) Book	value
1a	Land		14	,578,037.			14,5	78,037.
	Buildings		99	,779,197.	26,846	,511.	72,9	32,686.
	Leasehold improvements			786,063.	786	,063.	<u> </u>	0.
	Equipment		9	,891,408.	9,150	,316.	7	741,092.
	Other			,512,522.	3,679	,254.	2,8	333,268.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		. •	91,0	085,083.
	, , ,	. ,		,		Sabadula	D /Earm	990) 2017

Part VII Investments - Other Securities.	-		r ago e
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form OOO Dort IV	line 11d Coe Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	, line 11d. See Form 990, Fart A, line 15.	(b) Book value
	Description		667,806.
(1) Interest Rate Swap (2) Beneficial Interest in Perpetual Tr			4,073,041.
(3) Interest in Investments of Financially	, Interrelated E	ntity	25,674,387.
(4) Interest in Net Assets of Financially			28,998,021.
(5)	Interretated bit	CICY	20,330,021.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		> 59,413,255.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Annuities Payable		686,791.	
(3) Deposits		1,057,796.	
(4) Assets Held for Auxiliary Organizat		168,637.	
(5) Perkins Loan Funds Repayable to Fed		533,462.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		2,446,686.	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). C	heck here if the text of the footnote has I	been provided in Part XIII

· u	rt XI Reconciliation of Revenue per Audited Financial Sta		iao poi motarm	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:			
а	Net unrealized gains (losses) on investments	2a		
b	5			
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	011 (5 11 1 5 1)(11)			
е		•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	•	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
	rt XIII Supplemental Information.	- /		
Prov	ide 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	.,,,	, , , , ,	
	20 and 40. and Part XII. lines 20 and 40. Also complete this part to provide a	nv additional information.		,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		,
	20 and 40, and Part XII, lines 20 and 40. Also complete this part to provide a	ny additional information.		,
Part		ny additional information.		•
Part	t V, line 4:	ny additional information.		,
	t V, line 4:			,
The	t V, line 4:	funds		
The	t V, line 4: Organization's endowment consists of over 200 individual	funds		
The esta	t V, line 4: Organization's endowment consists of over 200 individual	funds		
The	Organization's endowment consists of over 200 individual	funds		
The esta	Organization's endowment consists of over 200 individual	funds		
The esta	Organization's endowment consists of over 200 individual	funds		
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The esta	Organization's endowment consists of over 200 individual	funds		
The esta	Organization's endowment consists of over 200 individual	funds		
The esta	Organization's endowment consists of over 200 individual	funds		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 95-1699394

Fuller Theological Seminary Part I YES NO 1 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? X 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? Х 2 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 Х Non-discrimination policy is published in the course catalog and posted on the Fuller Website Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Х 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Х If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? Х **b** Admissions policies? Х c Employment of faculty or administrative staff? Х d Scholarships or other financial assistance? e Educational policies? Х 5e Х f Use of facilities? Х g Athletic programs? 5g Х h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? Х 6a **b** Has the organization's right to such aid ever been revoked or suspended? Х 6b 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

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) 2017

Schedule E (Form 990 or 990-EZ) 2017 Fuller Theological Seminary	95-1699394	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as applicable.	
Also provide any other additional information.		
Line 6 - Explanation of Government Financial Aid:		
Time 0 - Explanation of Government Financial Aid:		
Fuller Theological Seminary received funds for Student Financial Aid from		
the U.S. Department of Education, through the Federal Direct Loan Program,		
the Federal Graduate PLUS Loan Program, the Federal Work-Study Program and		
the rederal Graduate FLOS Loan Program, the rederal work-study Program and		
the Federal Perkins Loan Program. The Organization is not receiving any		
new Perkins funds.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public

Inspection

Name of the organization Fuller Theolog	ical Seminarv						Employer identification number 95-1699394
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?				•	sistance, and the selec	——————————————————————————————————————
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addi	tional space is nee	ded.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government or	I ganizations listed in tl	I ne line 1 table	1	l		<u> </u>
3 Enter total number of other organizations							

	(* - * * * * * * * * * * * * * * * * * *					9
Part III	Grants and Other Assistance to Domestic Individuals		organization answ	ered "Yes" on Form 99	90, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.					
	(a) Type of grant or assistance	(h) Number of	(c) Amount of	(d) Amount of non-	(a) Mothod of valuation	(f) Description of noncash assistance

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rant in Aid for Students attending the					Does not provide non-cash
ganizations Campuses in North America	1734	6,097,230.	0.	FMV	assistance.

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

Part I, Line 2:

The Organization only awards financial assistance or grant-in-aid to

individuals who are designated to meet the educational expenses of students

attending Fuller Theological Seminary. The Organization has established

institutional policies for awarding and monitoring of financial assistance.

Each award is done in accordance with the policies and compliance is

monitored by senior management, to ensure that the amount and eligibility

of individuals is in accordance with established policies.

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Fuller Theological Seminary

Employer identification number 95-1699394

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		.,,
	The organization?	5a		X
a	Any related organization?	5b		\vdash
c	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of: The organization?	62		х
d	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
Q		<u> </u>		<u> </u>
0		o		×
o		0		
IJ		0		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		х
	Regulations section 53 4958-6(c)?	9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(()-(U)	reported as deferred on prior Form 990	
(1) Mark Labberton	(i)	215,400.	0.	2,986.	56,082.	41,617.	316,085.	0.	
President/Trustee	(ii)	0.	0.	0.	0.	0.	. 0.	0.	
(2) Jon R. Yasuda	(i)	167,129.	0.	7,264.	3,623.	16,196.	194,212.	0.	
VP for Institutional Advan	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Leonard J. Moon	(i)	193,178.	0.	331.	4,008.	20,113.	217,630.	0.	
VP for Finance/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) Joel B. Green	(i)	138,534.	0.	2,186.	33,124.	79,608.	253,452.	0.	
Provost and Senior VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) Irene Neller (part year)	(i)	149,710.	0.	5,974.	3,409.	180.	159,273.	0.	
VP for Communications, Mkt	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) Tod E. Bolsinger	(i)	88,752.	0.	3,676.	45,595.	93,574.	231,597.	0.	
VP for Vocation and Format	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) William Joseph Clark	(i)	190,824.	0.	497.	4,000.	25,449.	220,770.	0.	
Chief of Strategy and Staf	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) Bernadette J. Barber	(i)	140,658.	0.	223.	2,824.	8,403.	152,108.	0.	
Executive Director, Human	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) John Kamperschroer	(i)	141,324.	0.	1,032.	3,023.	34,625.	180,004.	0.	
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) Kimberly Odom Thompson	(i)	146,502.	0.	566.	3,083.	32,375.	182,526.	0.	
Director - Development TX	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) Justin Barrett	(i)	148,351.	0.	284.	2,417.	19,338.	170,390.	0.	
Faculty School of Psychology	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) Richard J. Mouw	(i)	141,666.	0.	8,659.	3,209.	22,850.	176,384.	0.	
Former President/Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

At times it is deemed necessary for the President and former President to

travel first class due to length of travel and/or meeting preparation time

required while in flight. The Seminary considers these instances as

business related and therefore it is not included in taxable compensation.

The Seminary occasionally reimburses for the travel of companions when

there is a bonafide business purpose for the spouse to travel to a function

or meeting.

The Seminary provides a car allowance to select officers who are also

employees of the Organization. This allowance is discretionary and is not

part of an accountable plan. Accordingly the car allowance is reported as

other reportable compensation on the employee's W-2.

A portion of the President's Provost and Senior Vice President's and Vice

President's salary is approved by the Seminary as a housing allowance.

Accordingly these amounts are not included in taxable compensation.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
The Seminary pays maid service for the Former President's residence. The
cost was included as taxable compensation on his W-2.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Fuller Theological Seminary

Employer identification number

95-1699394

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **\$** 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Joel Green Former P Incentiv Х 500,000. 500,000 Х Х Х Mark Labberton Presiden Incentiv Х 103,076 103,076 Х Х Х Tod Bolsinger VP for V Incentiv Х 300,000. 300,000 Х Х Х Mari Clements Х 350,000 350,000 Х Х Х Interim Incentiv Wendy Walker Former S Х 50,000 50,000 Х Х Х Incentiv 1,303,076. Total \$

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

· · · · · · · · · · · · · · · · · · ·	d "Yes" on Form 990, Part IV, line 28a, 28		1	(a) Ch	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	aring o zation nues?
				Yes	No
			_	1	
			+		
Supplemental Information	ponese to questions on Schodulo I (soci	netructions)			
Provide additional information for resp	oonses to questions on Schedule L (see i	ristructions).			
hedule L, Part II, Loans To and From	Interested Persons:				
Name of Danger, Tool Green					
) Name of Person: Joel Green					
) Relationship with Organization: Fo	rmer Provost & Senior VP				
) Purpose of Loan: Incentive to Attr	act Key Employee				
) Name of Person: Mark Labberton					
) Relationship with Organization: Pr	esident				
e) Purpose of Loan: Incentive to Attr	act Key Employee				
a) Name of Person: Tod Bolsinger					
Relationship with Organization: VF	for Vocation and Formation				
-,					
c) Purpose of Loan: Incentive to Attr	act Key Employee				
a) Name of Person: Mari Clements					
o) Relationship with Organization: In	terim Provost				
c) Purpose of Loan: Incentive to Attr	act Key Employee				
Name of Person: Wendy Walker					
_					
) Relationship with Organization: Fo	rmer Secretary				
c) Purpose of Loan: Incentive to Attr	each Kow Employee				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Fuller Theological Seminary

Employer identification number 95-1699394

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributions	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of do noncash contrib	etermir	•	ts
4	Art Marka of ort		items contributed	Form 990, Part VIII, line 10)			
1	Art - Works of art				+			
2	Art Frankingal interests				+			
3	Art - Fractional interests				+			
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			464 124	M	- '	۲.	
9	Securities - Publicly traded	X	22	464,134	.Mkt Val at date	of gi	It	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	1
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be	used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	outions?	31	х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncas	h			
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.	` '		. , ,	•			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2017

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Fuller Theological Seminary 95-1699394 Form 990, Part III, Line 4d, Other Program Services: Urban Youth Certification Program Expenses \$ 2,256,917. including grants of \$ 23,489. Revenue \$ 36,520. Two Psychological Centers - Student trainees provided counseling services to members of the community. Expenses \$ 1,192,699. including grants of \$ 6,050. Revenue \$ 1,144,540. Other Miscellaneous Programs Expenses \$ 64,058. including grants of \$ 64,058. Revenue \$ 2,186,925. Auxiliary enterprise revenue Expenses \$ 0. including grants of \$ 0. Revenue \$ 6,654,611. Form 990, Part VI, Section A, line 1: The Executive Committee is made up of 10 Trustees and includes the 3 major operational officers. The Executive Committee is to exercise the power and authority of the board between meetings of the board subject to limitation imposed by law or the board. The Executive Committee, however, shall have no power to elect new trustees, select a president or other chief executive officer, or approve any amendment of the Articles of Incorporation or bylaws. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by

The Controller then provides a

the Controller and the office of the CFO.

Name of the organization	Employer identification number
Fuller Theological Seminary	95-1699394
complete copy of the return to the chair of the audit committee and to all	
audit committee members for review. The audit committee follows up with	
the Controller and CFO on any questions that may arise and a meeting is	
held to discuss the Form 990 with the Controller, CFO, and indepdent CPA	
firm. Once all questions are adequately addressed and all corrections	
made, the audit committee approves the Form 990 and the Chair of the audit	
committee recommends approval by the full Board of Trustees. The finalized	
990 is then provided to the full Board of Trustees prior to filing the	
return.	
Form 990, Part VI, Section B, Line 12c:	
Annually, officers, trustees and key employees are required to read the	
conflict of interest policy and to sign and return a completed conflict of	
interest statement. Throughout the year, any transactions undertaken by	
the Seminary are reviewed for instances of conflict of interest prior to	
entering into the agreement/transactions. If an instance of non compliance	
should occur, the Seminary would address it and make the necessary	
corrections if needed.	
Form 990, Part VI, Section B, Line 15:	
The Organization receives from The Association of Theological Schools & The	
Commission on Accrediting a special purpose report titled "Institutional	
Peer Profile Report. This report references operating statistics,	
including salary ranges for all executives, faculty and staff. The report	
compares the Organization to a customized list of 20 comparable accredited	
institutions. Data from this report is utilized by the Executive Committee	
of the Board of Trustees to set executive salary ranges in a closely	
competitive and resource limited environment with consideration of	

Name of the organization Fuller Theological Seminary	95-1699394
effective performance of the individuals. The final decisions are	
reflected in the compensation packet provided to the President which would	
reference approval of the contract in the Executive Committee minutes.	
Form 990, Part VI, Section C, Line 19:	
The governing documents, conflict of interest policy, and financial	
statements are made available upon request. In addition, our tax return is	
posted on Guidestar and both our annual audit and tax returns (both the	
Form 990 and 990-T) are available through our Fuller (external) and Portico	
(Internal) websites.	
Form 990, Part VII, column (F):	
Compensation reported in Part VII, column D and Schedule J, Part II,	
column B is the amount reported on the individual's W-2, box 1 or 5	
(whichever amount is greater) per the IRS instructions. In the case of	
minister's compensation when box 5 of the W-2 is not applicable, box 1	
compensation is used. Employee deferrals to qualified retirement plans	
are normally captured in box 5, not box 1 of Form W-2. For reporting	
purposes we have included the minister's retirement plan deferrals in	
Part VII, column F and Schedule J, Part II, column C.	
Form 990, Part VII, column (F):	
The Former President is still being paid because he is now a faculty	
member. In accordance with the Form 990 reporting rules, his	
compesnation is required to be reported because he was President in the	
last 5 years.	

Name of the organization Fuller Theological Seminary		Employer identification number 95-1699394
Form 990, Part XI, line 9, Changes in Net Assets:		
Change in Interest in Net Assets of Financially		
Interrelated Entity	2,216,073.	
Change in Interest in Investments of Financially	, ,	
Interrelated Entity	2,604,889.	
Change in Interest Rate Swap	1,085,401.	
Change in Value of Split Interest Agreements	40 557	
Reclass Adjustment from Audit	2 642	
Total to Form 990, Part XI, Line 9	5,860,449.	
Total to folk 550, fall AI, like 5	3,000,443.	
Form 000 Port VII I in 20		
The organization's Audit Committee assumes responsibility		
of the audit of its financial statements and selection of		
independent accountant. This process has not changed since	ce the prior	
year.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
Fuller Theological Seminary	95-1699394
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CGF Properties, LLC					
135 N Oakland Ave	Support of Fuller				Fuller Theological
Pasadena, CA 91101	Theological Seminary	California	5,068,813.	34,257,937.	Seminary
CEF Properties, LLC					
135 N Oakland Ave	Support of Fuller				Fuller Theological
Pasadena, CA 91101	Theological Seminary	California	22,492.	24,247.	Seminary

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
The Fuller Foundation - 95-4124436 385 E. Colorado Blvd., Suite 250	Support religious, charitable, educational,						
Pasadena, CA 91101	literary and scientific	California	501(c)(3)	Line 7	N/A		Х
							_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	(b)(13) trolled tity?
		country)						Yes	No
	Beneficial Interest								
	in Charitable								
Charitable Remainder Unitrust (7)	Remainder Unitrust	CA		TRUST					Х
	Beneficial Interest								
	in Charitable								
Charitable Remainder Annuity Trust (1)	Remainder Annuity	CA		TRUST					Х
	Beneficial Interest								
Perpetual Trust (1)	in Perpetual Trust	CA		TRUST					Х
									—
	4								
	1								

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

Yes No

1a

Х

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)				1g		Х				
h Purchase of assets from related organization(s)				1h		Х				
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х				
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)										
				10	Х					
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)				1s		Х				
2 If the answer to any of the above is "Yes," see the instructions for information on v										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved						
(1) The Fuller Foundation	К	0.								
(2) The Fuller Foundation	0	0.								
(3) The Fuller Foundation P 0.										
(4)										
(5)										
(6)										

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.	?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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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 filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Fuller Theological Seminary 95-1699394 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 135 N. Oakland Avenue return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pasadena, CA 91182-0001 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 l 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 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, Controller The books are in the care of ▶ 135 N. Oakland Avenue - Pasadena, CA 91182-0001 Telephone No. ▶ 626-584-5453 Fax No. **6**26-449-9269 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 」. 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. May 15, 2019 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ☐ calendar year JUN 30, 2018 JUL 1, 2017 ► X tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с 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

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

instructions.