### **COPY OF FORM 990-T**

### (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).
- > Form 990-T, including all schedules and attachments (for those returns filed after August 17, 2006).

**<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.

<u>Website alternative</u>: 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.

**<u>Penalties</u>**: 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.

**<u>Private foundation exempt</u>**: 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.

|          |  |                       | **  | Public Disclo                          | osur      | e Copy **  |                                 |  |   |  |  |
|----------|--|-----------------------|---|--|-----------|--|---------------------------------|--|---|--|--|
| Form     | 990-T  | I E                   | Exempt Orga   | nization Bus                           | ine       | ss Income T  | ax Return                       | n  | OMB No. 1545-0687   |  |  |
| 1 0111   |  | _                     | (ar   | nd proxy tax und                       | er se     | ction 6033(e))   |                                 | ΄ Γ  | 0017  |  |  |
|          |  | For cal               | lendar year 2017 or other tax yea                         | ·                                      |           | , and ending JUN   |                                 | _ ·  | 2017  |  |  |
| Depa     | tment of the Treasury<br>al Revenue Service        |                       | ► Go to www.<br>Do not enter SSN number                   |  |           | ons and the latest information of the second s |                                 | 0  | pen to Public Inspection for<br>01(c)(3) Organizations Only |  |  |
| A        | Check box if                                       |                       | Name of organization (                                    | -                                      |           |  |                                 | DEmploy  | er identification number                                    |  |  |
|          | address changed                                    |                       |   |  | langeu    |  |                                 | (Employ<br>instruct  | yees' trust, see<br>tions.)                                 |  |  |
|          | xempt under section                                | Print                 | Fuller Theologica   | l Seminary                             |           |  |                                 |  | 1699394   |  |  |
| X        | 501(c)(3)  | or<br>Type            | Number, street, and room                                  |  | k, see in | structions.  |                                 | E Unrelated business activity codes<br>(See instructions.) |   |  |  |
|          | 408(e) 220(e)                                      | 1,750                 | 135 N. Oakland Av   |  |           |  |                                 |  |   |  |  |
|          | 408A 530(a)<br>529(a)                              |                       | City or town, state or prov<br>Pasadena, CA 911           |  | rforeigi  | n postal code  |                                 | 721110   | 531120  |  |  |
|          | _ 02.5(a)<br>ok value of all assets<br>end of year |                       | F Group exemption numb                                    |  |           |  |                                 | /21110   | 551120  |  |  |
| • at     | end of year 272,224                                | ,260.                 | <b>G</b> Check organization type                          | · · · · · · · · · · · · · · · · · · ·  | -         | 501(c) trust   | 401(a)                          | trust  | Other trust   |  |  |
| H De     | escribe the organization                           | n's prim              | ary unrelated business activ                              | vity. 🕨 – Se                           | e Sta     | atement 1  |                                 |  |   |  |  |
|          | • • •  |                       | ooration a subsidiary in an a                             | • • •                                  | it-subsi  | diary controlled group?  | ►                               | Yes  | X No  |  |  |
|          |  |                       | tifying number of the paren                               |  |           | Talasha  |                                 |  | - 450   |  |  |
|          |  |                       | Denise Rodrigues, (<br><b>de or Business Inc</b>          |  |           | (A) Income   | one number 🕨 63<br>(B) Expenses |  | -5453<br>(C) Net  |  |  |
|          | Gross receipts or sale                             |                       | 818,225.  |  |           |  |                                 | ,  | (0) 1101  |  |  |
|          | Less returns and allow                             |                       |   | <b>c</b> Balance                       | 1c        | 818,225.   |                                 |  |   |  |  |
| 2        | Cost of goods sold (S                              | Schedule              | A, line 7)  |  | 2         |  |                                 |  |   |  |  |
| 3        | Gross profit. Subtract                             |                       |   |  | 3         | 818,225.   |                                 |  | 818,225.  |  |  |
| 4 a      |  |                       | h Schedule D)   |  | 4a        |  |                                 |  |   |  |  |
| b        |  |                       | art II, line 17) (attach Form                             |  | 4b        |  |                                 |  |   |  |  |
| с<br>5   |  |                       | sts<br>ips and S corporations (att                        |  | 4c<br>5   |  |                                 |  |   |  |  |
| 6        | Rent income (Schedu                                |                       |   |  | 6         |  |                                 |  |   |  |  |
| 7        |  |                       | ne (Schedule E)   |  | 7         |  |                                 |  |   |  |  |
| 8        |  |                       | and rents from controlled o                               |  | 8         |  |                                 |  |   |  |  |
| 9        |  |                       | on 501(c)(7), (9), or (17) or                             |  |           |  |                                 |  |   |  |  |
| 10       |  |                       | me (Schedule I)   |  | 10        |  |                                 |  |   |  |  |
| 11<br>12 |  |                       | e J)<br>ns; attach schedule) See                          |  | 11<br>12  | 10,860.  |                                 |  | 10,860.   |  |  |
| 13       |  |                       | gh 12   |  | 13        | 829,085.   |                                 |  | 829,085.  |  |  |
|          | rt II Deductio                                     | ns No                 | ot Taken Elsewher   | e (See instructions fo                 |           | ations on deductions.)   |                                 |  | - , .   |  |  |
|          |  |                       | utions, deductions must                                   |  |           |  | s income.)                      |  |   |  |  |
| 14       |  |                       | rectors, and trustees (Sche                               |  |           |  |                                 | 14   | 4,997.  |  |  |
| 15       |  |                       |   |  |           |  |                                 | 15   | 66,644.   |  |  |
| 16       |  |                       |   |  |           |  |                                 | 16<br>17   | 167,196.  |  |  |
| 17<br>18 |  |                       |   |  |           |  |                                 | 18   |   |  |  |
| 19       |  |                       |   |  |           |  |                                 | 19   | 109,874.  |  |  |
| 20       | Charitable contributi                              | ons (Se               | e instructions for limitation                             | rules)                                 |           |  |                                 | 20   |   |  |  |
| 21       | Depreciation (attach                               | Form 4                | 562)  |  |           | 21   |                                 |  |   |  |  |
| 22       |  |                       | n Schedule A and elsewher                                 |  |           |  |                                 | 22b  | 137,628.  |  |  |
| 23       | Depletion  |                       | magazian nlana  |  |           |  |                                 | 23   |   |  |  |
| 24<br>25 | Employee benefit pro                               | narams                | mpensation plans  |  |           |  |                                 | 24<br>25   |   |  |  |
| 26       | Excess exempt expe                                 | nses (So              | chedule I)  |  |           |  |                                 | 26   |   |  |  |
| 27       | Excess readership c                                | osts (Sc              | hedule J)   |  |           |  |                                 | 27   |   |  |  |
| 28       | Other deductions (at                               | tach sch              | nedule)   |  |           | See Statement  | : 4                             | 28   | 282,160.  |  |  |
| 29       | Total deductions. A                                | dd lines              | 14 through 28   |  |           |  |                                 | 29   | 768,499.  |  |  |
| 30<br>21 |  |                       | ncome before net operating                                |  |           |  |                                 | 30<br>31   | 60,586.<br>60,586.  |  |  |
| 31<br>32 | Inrelated husiness t                               | euucliof<br>axahle ii | i (limited to the amount on<br>ncome before specific dedu | inic ou)<br>Iction Subtract line 31 fr | om line   |  |                                 | 31   | 0.  |  |  |
| 33       |  |                       | y \$1,000, but see line 33 in                             |  |           |  |                                 | 33   | 1,000.  |  |  |
| 34       |  |                       | <b>income</b> . Subtract line 33 f                        |  |           |  |                                 |  | , .   |  |  |
|          | line 32  |                       |   |  |           |  |                                 | 34   | 0.  |  |  |

| Form 990-T | (2017) | Fuller Theological Seminary                                  |   |              | 95-1699                    | 394      |                     |               | Page <b>2</b> |
|------------|--------|--|---|--------------|----------------------------|----------|---------------------|---------------|---------------|
| Part I     | 11     | Tax Computation  |   |              |                            |          |                     |               |               |
| 35         | Orga   | nizations Taxable as Corporations. See instru                | ictions for tax computation.                        |              |                            |          |                     |               |               |
|            | -      | olled group members (sections 1561 and 156                   |   | and:         |                            |          |                     |               |               |
| а          |        | your share of the \$50,000, \$25,000, and \$9,9              |   |              |                            |          |                     |               |               |
| u          |        | \$ (2) \$  | (3)  \$   | 1001).       | I                          |          |                     |               |               |
| L          |        |  |   |              |                            |          |                     |               |               |
| D          |        | organization's share of: (1) Additional 5% tax               | · · · · ·   |              |                            |          |                     |               |               |
|            |        | dditional 3% tax (not more than \$100,000)                   |   |              |                            |          | -                   |               |               |
| C          | Incor  | ne tax on the amount on line 34                              |   |              |                            | ▶ 3      | 5c                  |               | 0.            |
| 36         |        | s Taxable at Trust Rates. See instructions for               |   |              |                            |          |                     |               |               |
|            |        | Tax rate schedule or Schedule D (For                         |   |              |                            |          | 36                  |               |               |
| 37         | Prox   | y tax. See instructions                                      |   |              | 🕨                          | ►∟       | 37                  |               |               |
| 38         |        |  |   |              |                            |          | 38                  |               |               |
| 39         | Tax o  | on Non-Compliant Facility Income. See instrue                | ctions  |              |                            | 3        | 39                  |               |               |
| 40         | Tota   | Add lines 37, 38 and 39 to line 35c or 36, wh                | ichever applies                                     |              |                            | 4        | 40                  |               | 0.            |
| Part I     |        | Tax and Payments   |   |              |                            |          |                     |               |               |
| 41a        | Forei  | gn tax credit (corporations attach Form 1118; 1              | trusts attach Form 1116)                            | 41a          |                            |          |                     |               |               |
|            |        |  |   |              |                            |          |                     |               |               |
|            |        | ral business credit. Attach Form 3800                        |   |              |                            |          |                     |               |               |
| ď          | Credi  | t for prior year minimum tax (attach Form 880                | 1 or 8827)  |              |                            |          |                     |               |               |
|            |        | credits. Add lines 41a through 41d                           |   |              |                            | 1        | 1e                  |               |               |
|            |        |  |   |              |                            |          | 42                  |               | 0.            |
| 43         | Otho   | act line 41e from line 40<br>taxes. Check if from: Form 4255 | Eorm 8611 Eorm 8607 Eorm                            | 9966         | Othor (                    | <u>–</u> | 43                  |               | <u> </u>      |
|            |        |  |   |              |                            | · –      | 44                  |               | 0.            |
| 44         |        |  |   |              | I                          | ··       | 44                  |               | 0.            |
|            |        | nents: A 2016 overpayment credited to 2017                   |   |              |                            | _        |                     |               |               |
|            |        | estimated tax payments                                       |   |              |                            | _        |                     |               |               |
|            |        | leposited with Form 8868                                     |   |              |                            | _        |                     |               |               |
|            |        | gn organizations: Tax paid or withheld at sourc              |   |              |                            | _        |                     |               |               |
|            |        | up withholding (see instructions)                            |   |              |                            |          |                     |               |               |
| f          | Credi  | t for small employer health insurance premium                | ns (Attach Form 8941)                               | 45f          |                            |          |                     |               |               |
| g          | Other  | credits and payments:  | rm 2439   |              |                            |          |                     |               |               |
|            |        | Form 4136 Ot   | her Total   | ► 45g        |                            |          |                     |               |               |
| 46         | Tota   | payments. Add lines 45a through 45g                          |   |              |                            |          | 46                  |               |               |
| 47         |        | nated tax penalty (see instructions). Check if Fo            |   |              |                            |          | 47                  |               |               |
| 48         |        | lue. If line 46 is less than the total of lines 44 a         |   |              |                            |          | 48                  |               | 0.            |
| 49         |        | payment. If line 46 is larger than the total of lin          |   |              |                            |          | 49                  |               | 0.            |
| 50         |        | the amount of line 49 you want: Credited to 2                |   |              | Refunded                   | • []     | 50                  |               |               |
| Part V     | /   ;  | Statements Regarding Certain                                 | Activities and Other Informa                        | ation (se    | ,                          |          |                     |               |               |
| 51         |        | y time during the 2017 calendar year, did the o              |   |              |                            |          |                     | Yes           | No            |
| •••        |        | a financial account (bank, securities, or other)             | 0 0   |              |                            |          |                     |               |               |
|            |        | EN Form 114, Report of Foreign Bank and Finar                |   |              |                            |          |                     |               |               |
|            | here   |  |   | ine toronghi | country                    |          |                     |               | x             |
| 52         |        | g the tax year, did the organization receive a di            | istribution from or was it the granter of a         | r transford  | r to a foreign truct?      |          |                     |               | x             |
| JZ         |        | S, see instructions for other forms the organization         |   |              |                            |          |                     |               | A             |
| 53         |        | the amount of tax-exempt interest received or                | 5   |              |                            |          |                     |               |               |
|            |        | nder penalties of perjury, I declare that I have examined    |   | and statemer | ts and to the best of my l | nowled   | hae and belief it i | is true       |               |
| Sign       | cc     | rrect, and complete. Declaration of preparer (other than     | a taxpayer) is based on all information of which pr | eparer has a | ny knowledge.              |          |                     | 3 1 4 6,      |               |
| Here       |        |  | • •   | anc.         |                            |          | he IRS discuss th   |               | vith          |
| nere       |        | Signature of officer   | Date Interim  | CFO          |                            |          | eparer shown be     | ` —           | 7.84          |
|            |        |  |   |              |                            |          |                     | 'es           | No            |
|            |        | Print/Type preparer's name                                   | Preparer's signature                                | Date         | Check                      |          | PTIN                |               |               |
| Paid       |        |  | * • • • • •   | 5/13/20      | 19 self- employ            | ed       |                     |               |               |
| Prepa      | rer    | David C. Moja  | David C. Mon  | 5, 10/ L     |                            |          | P0074700            | 5             |               |
| Use C      |        | Firm's name  Capin Crouse LLP                                |   |              | Firm's EIN                 |          | 36-39908            | €2            |               |
|            |        | 3050 Saturn Str  | eet, Suite 104                                      |              |                            |          |                     |               |               |
|            |        | Firm's address 🕨 Brea, CA 92821                              |   |              | Phone no.                  | (71      | 4) 577-098          |               |               |
|            |        |  |   |              |                            |          | Form S              | <b>90-T</b> ( | 2017)         |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

| 1 Inventory at beginning of year   | 1                 |  | 6 Inventory at end of yea  | ar        |  | 6  |                         |     |
|--|-------------------|--|--|-----------|--|--|-------------------------|-----|
| 2 Purchases  | 2                 |  | 7 Cost of goods sold. S  | ubtract l | ine 6  |  |                         |     |
| 3 Cost of labor  | 3                 |  | from line 5. Enter here  | and in I  | Part I,  |  |                         |     |
| 4 a Additional section 263A costs  |                   |  | line 2   |           |  | 7  |                         |     |
| (attach schedule)  | 4a                |  | 8 Do the rules of section  |           |  |  | Yes                     | No  |
| <b>b</b> Other costs (attach schedule)   | 4b                |  | property produced or   | acquired  | l for resale) apply to   |  |                         |     |
| 5 Total. Add lines 1 through 4b  |                   |  | the organization?  |           |  |  |                         |     |
| Schedule C - Rent Income (see instructions)  | (From Real        | Property an  | d Personal Property  | Leas      | ed With Real Prop  | erty)  |                         |     |
| 1. Description of property   |                   |  |  |           |  |  |                         |     |
| (1)  |                   |  |  |           |  |  |                         |     |
| (2)  |                   |  |  |           |  |  |                         |     |
| (3)  |                   |  |  |           |  |  |                         |     |
| (4)  |                   |  |  |           |  |  |                         |     |
|  | 2. Rent receiv    | ed or accrued  |  |           | 0(-)-  |  |                         |     |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%                  | e than            | ` of rent for  | and personal property (if the percent<br>personal property exceeds 50% or if<br>nt is based on profit or income) | tage<br>f | <b>3(a)</b> Deductions directly concerning a columns 2(a) and                    | onnected with the<br>2(b) (attach scheo      | e income ir<br>dule)    | 1   |
| (1)  |                   |  |  |           |  |  |                         |     |
| (2)  |                   |  |  |           |  |  |                         |     |
| (3)  |                   |  |  |           |  |  |                         |     |
| (4)  |                   |  |  |           |  |  |                         |     |
| Total  | 0.                | Total  |  | 0.        |  |  |                         |     |
| (c) Total income. Add totals of columns :<br>here and on page 1, Part I, line 6, column                                    |                   | ter  |  | 0.        | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | •  |                         | 0.  |
| Schedule E - Unrelated Deb   | ot-Financed       | I Income (see  | instructions)  |           |  |  |                         |     |
|  |                   | (  | 2. Gross income from   |           | 3. Deductions directly conne<br>to debt-financed                                 |  | able                    |     |
| 1. Description of debt-fir   | nanced property   |  | or allocable to debt-<br>financed property   | (a)       | Straight line depreciation<br>(attach schedule)                                  | <b>(b)</b> Other<br>(attach s                | deduction:<br>schedule) | S   |
| (1)  |                   |  |  |           |  |  |                         |     |
| (2)  |                   |  |  |           |  |  |                         |     |
| (3)  |                   |  |  |           |  |  |                         |     |
| (4)  |                   |  |  |           |  |  |                         |     |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a debt-fina | adjusted basis<br>Illocable to<br>nced property<br>n schedule) | 6. Column 4 divided<br>by column 5   |           | 7. Gross income<br>reportable (column<br>2 x column 6)                           | <b>8.</b> Allocab<br>(column 6 x 1<br>3(a) a |                         |     |
| (1)  |                   |  | %  | 1         |  |  |                         |     |
| (2)  | L                 |  | %  | 1         |  |  |                         |     |
| (3)  |                   |  | %  | 1         |  |  |                         |     |
| (4)  | L                 |  | %  |           |  |  |                         |     |
|  | L                 |  | /0   | F         | nter here and on page 1,   | Enter here ar                                | nd on page              | e 1 |
|  |                   |  |  |           | Part I, line 7, column (A).  | Part I, line 7                               |                         |     |
| Totals   |                   |  | ▶  |           | 0.   |  |                         | Ο.  |
| Total dividends-received deductions in   |                   | •  | F  | L         |  |  |                         | 0.  |
|  |                   | 10   |  |           | · · · · · · · · · · · · · · · · · · ·  |  |                         |     |

95-1699394

Form 990-T (2017)

N/A

| Form 990-T (2017) Fuller Th          |  |                                  |                                |  |  |  |   |   | 95-16993                          |                     | Page   |
|--------------------------------------|--|----------------------------------|--------------------------------|--|--|--|---|---|-----------------------------------|---------------------|--|
| Schedule F - Interest,               | Annuities,   | , Royal                          | ties, aı                       | nd Rent  | s From C   | ontroll  | ed Organiz  | zatio   | <b>ns</b> (see ins                | struction           | ıs)  |
|                                      |  |                                  |                                | Exempt   | Controlled O   | rganizati  | ons   |   |                                   |                     |  |
| 1. Name of controlled organization   | identifica   |                                  |                                |  | rrelated income<br>e instructions) <b>4.</b> Tota<br>paym                                |  | al of specified<br>nents made   | 5. Part of column 4 that is included in the controlling organization's gross income |                                   | trolling            | 6. Deductions directly connected with income in column 5                                     |
| (1)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (2)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (3)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
|                                      |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (4)                                  | zationa  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| Nonexempt Controlled Organi          | 1  | 1 - tl :                         | - ( )                          | 0 7-1-1  | - f if   |  | 10 Dout of only   |   |                                   | 44 5                |  |
| 7. Taxable Income                    | 8. Net unre<br>(see                                  | instructions                     |                                | 9. Totai   | of specified pay<br>made   | ments  | 10. Part of colu<br>in the controll<br>gross                            | ing orga<br>s income  | nization's                        |                     | ductions directly connected<br>n income in column 10   |
| (1)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (2)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (3)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (4)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
|                                      |  |                                  |                                |  |  |  |   |   | 1.10                              |                     |  |
|                                      |  |                                  |                                |  |  |  | Add colur<br>Enter here and<br>line 8, d                                |   | e 1, Part I,                      |                     | dd columns 6 and 11.<br>here and on page 1, Part I,<br>line 8, column (B).                   |
| Totals                               |  |                                  |                                |  |  |  |   |   | Ο.                                |                     | C  |
| Schedule G - Investme                | nt Incom   | e of a S                         | Section                        | 501(c)   | (7) (9) or   | (17) Or  | manization  | <b>.</b>  |                                   |                     |  |
| (see inst                            |  | 00140                            | 50000                          | 1001(0)  | (,, (), ),   | (11) 01  | gamzation   | •   |                                   |                     |  |
| <b>1.</b> Desc                       | ription of income                                    |                                  |                                |  | 2. Amount of   | income   | 3. Deduction<br>directly connection<br>(attach sched                    | ected   | <b>4.</b> Set-<br>(attach s       | asides<br>schedule) | 5. Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                                |
| (1)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (2)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (3)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (4)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
|                                      |  |                                  |                                |  | Enter here and<br>Part I, line 9, co   |  |   |   | 1                                 |                     | Enter here and on page<br>Part I, line 9, column (B)   |
| Totals                               |  |                                  |                                |  |  | 0.   |   |   |                                   |                     | 0  |
| Schedule I - Exploited               |  |                                  |                                |  |  |  | na Incom  |   |                                   |                     | 0  |
| (see instru                          | •  |                                  | incom                          | ie, Othe   |  |  | ng income   | •   | i                                 |                     |  |
| 1. Description of exploited activity | 2. Gros<br>unrelated bu<br>income fr<br>trade or bus | siness<br>om                     | directly o<br>with pr<br>of un | penses<br>connected<br>oduction<br>related<br>s income | 4. Net incom<br>from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | d trade or<br>olumn 2<br>in 3). If a<br>ie cols. 5     | <b>5.</b> Gross inco<br>from activity<br>is not unrela<br>business inco | that<br>ted   | <b>6.</b> Exp<br>attribut<br>colu |                     | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4). |
| (1)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (2)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (3)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| (4)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
|                                      | Enter here a<br>page 1, Pa<br>line 10, col           | art I,                           | page '                         | re and on<br>1, Part I,<br>, col. (B).                 |  |  |   |   | 1                                 |                     | Enter here and<br>on page 1,<br>Part II, line 26.  |
| Totals 🚬 🕨 🕨                         |  | ٥.                               |                                | 0.   | •  |  |   |   |                                   |                     | 0  |
| Schedule J - Advertisi               | ng Incom   | e (see ir                        | nstruction                     | าร)  |  |  |   |   |                                   |                     |  |
| Part I Income From                   | Periodica  | ls Repo                          | orted o                        | n a Cor  | nsolidated   | l Basis  |   |   |                                   |                     |  |
| 1. Name of periodical                | ad   | 2. Gross<br>dvertising<br>income | adv                            | <b>3.</b> Direct ertising costs                        | or (loss) (c<br>col. 3). If a g  | tising gain<br>ol. 2 minus<br>ain, comput<br>hrough 7. | e 5. Circula<br>income  |   | 6. Read                           |                     | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4).   |
| (1)                                  |  |                                  | 1                              |  |  |  |   |   |                                   |                     |  |
| (2)                                  |  |                                  |                                |  |  |  |   |   | 1                                 |                     |  |
| (3)                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |
| 1-1                                  |  |                                  |                                |  |  |  |   |   |                                   |                     |  |

Ο.

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Ο.

(4)

723731 01-22-18

723732 01-22-18

#### Form 990-T (2017) Fuller Theological Seminary

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

| 1. Name of periodical                        | <b>2.</b> Gross<br>advertising<br>income                   |        | Direct<br>sing costs                     | <b>4.</b> Advertising gain<br>or (loss) (col. 2 minus<br>col. 3). If a gain, compute<br>cols. 5 through 7. |           | rculation<br>come                                     | 6. F  | leadership<br>costs | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4). |
|--|--|--------|--|--|-----------|---|-------|---------------------|--|
| (1)  |  |        |  |  |           |   |       |                     |  |
| (2)  |  |        |  |  |           |   |       |                     |  |
| (3)  |  |        |  |  |           |   |       |                     |  |
| (4)  |  |        |  |  |           |   |       |                     |  |
| Totals from Part I                           | ٥.   |        | 0.                                       |  |           |   |       |                     | 0  |
|  | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | page   | ere and on<br>1, Part I,<br>I, col. (B). |  |           |   |       |                     | Enter here and<br>on page 1,<br>Part II, line 27.  |
| Totals, Part II (lines 1-5) ►                | Ο.   |        | 0.                                       |  |           |   |       |                     | 0  |
| Schedule K - Compensatio                     | n of Officers,   | Direct | ors, and                                 | d Trustees (see ir   | nstructio | ns)   |       |                     |  |
| 1. Name                                      |  |        |  | 2. Title   |           | <ol> <li>Percertime devot</li> <li>busines</li> </ol> | ed to |                     | ensation attributable<br>related business  |
| (1) Leonard J. Moon                          |  |        | VP for 1                                 | Finance/CFO  |           | 2   | .00%  |                     | 4,997  |
| (2)  |  |        |  |  |           |   | %     |                     |  |
| (3)  |  |        |  |  |           |   | %     |                     |  |
| (4)  |  |        |  |  |           |   | %     |                     |  |
| Total. Enter here and on page 1, Part II, li | ine 14   |        | •  |  |           |   | ►     |                     | 4,997  |

Form 990-T (2017)

95-1699394

### Form 990-T Description of Organization's Primary Unrelated Statement 1 Business Activity

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

To Form 990-T, Page 1

| Fo   | otnotes Statement 2  | 2           |
|--|--|-------------|
| FEDERAL NET OPERATING LOSS SCHEDULE  |  | -           |
| NOL Generated in 6/30/2009<br>NOL Generated in 6/30/2010<br>NOL Generated in 6/30/2011<br>NOL Generated in 6/30/2012<br>NOL Generated in 6/30/2013<br>NOL Generated in 6/30/2014<br>NOL Generated in 6/30/2017 | 71,527<br>52,638<br>24,820<br>7,543<br>3,002<br>1,522<br>86,666<br>131,384 | •<br>•<br>• |
| NOL Carried forward to 6/30/2018<br>NOL Used in 6/30/2018  | 379,102<br>60,586  |             |
| NOL Carried forward to 6/30/2019   | 318,516  | •           |

Fuller Theological Seminary

| Form 990-T              | Other I       | ncome | Statement | 3    |
|-------------------------|---------------|-------|-----------|------|
| Description             |               |       | Amount    |      |
| Amounts paid for disall | owed fringes  |       | 10,       | 860. |
| Total to Form 990-T, Pa | ge 1, line 12 |       | 10,       | 860. |
|                         |               |       |           |      |

| Form 990-T<br>  | Other Deductions | Statement 4                    |
|---|------------------|--------------------------------|
| Description   |                  | Amount                         |
| Office and General Supplies<br>Operational and Plant Supplies |                  | 8,796.<br>29,282.              |
| Services<br>Travel and Entertainment<br>Utilities             |                  | 122,722.<br>1,612.<br>107,788. |
| Renewal and Replacement<br>Insurance                          |                  | 1,000.<br>1,981.               |
| Overhead Allocation<br>Tax Prep Fees                          |                  | 7,479.<br>1,500.               |
| Total to Form 990-T, Page 1, lin                              | ne 28            | 282,160.                       |

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(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 .

**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<br>print            | Name of exempt organization or other filer, see instru                               | Employer identification number (EIN |                                      |              |                                  |                  |  |  |
|                             | Fuller Theological Seminary  |                                     | 94                                   |              |                                  |                  |  |  |
| File by the<br>due date for | Number, street, and room or suite no. If a P.O. box, s                               | ee instruc                          | tions.                               | Social se    | curity numbe                     | er (SSN)         |  |  |
| filing your return. See     | 135 N. Oakland Avenue  |                                     |                                      |              | ,                                | ( )              |  |  |
| instructions.               | City, town or post office, state, and ZIP code. For a for<br>Pasadena, CA 91182-0001 | oreign add                          | ress, see instructions.              |              |                                  |                  |  |  |
| Enter the                   | Return Code for the return that this application is for (fil                         | e a separa                          | te application for each return)      |              |                                  | 0 7              |  |  |
| Applicati                   |  | Return                              | Application                          |              |                                  | Return           |  |  |
| Is For                      |  | Code                                | Is For                               |              |                                  | Code             |  |  |
| -                           | ) or Form 990-EZ   | 01                                  | Form 990-T (corporation)             |              |                                  | 07               |  |  |
| Form 990                    |  | 02                                  | Form 1041-A                          |              |                                  | 08               |  |  |
|                             | 20 (individual)  | 03                                  | Form 4720 (other than individual)    |              |                                  | 09               |  |  |
| Form 990                    |  | 04                                  | Form 5227                            | 10           |                                  |                  |  |  |
| Form 990                    | )-T (sec. 401(a) or 408(a) trust)  | 05                                  | Form 6069                            | 11           |                                  |                  |  |  |
| Form 990                    | )-T (trust other than above)   | 06                                  | Form 8870                            | 12           |                                  |                  |  |  |
|                             | Denise Rodrigues, Cont   | roller                              | -                                    |              |                                  |                  |  |  |
| • The bo                    | ooks are in the care of ▶ 135 N. Oakland Avenue                                      | - Pasad                             | ena, CA 91182-0001                   |              |                                  |                  |  |  |
| Telepł                      | none No.  626-584-5453   |                                     | Fax No. 🕨 626-449-9269               |              |                                  |                  |  |  |
| • If the o                  | organization does not have an office or place of busines                             | s in the Ur                         | ited States, check this box          |              |                                  | ►                |  |  |
| • If this                   | is for a Group Return, enter the organization's four digit                           | Group Exe                           | emption Number (GEN) I               | f this is fo | r the whole g                    | roup, check this |  |  |
| box 🕨                       | . If it is for part of the group, check this box $\blacktriangleright$               |                                     |                                      | f all memb   | ers the exter                    | nsion is for.    |  |  |
| <b>1</b> I re               | quest an automatic 6-month extension of time until                                   | May 1                               | 5, 2019 , to file                    | e the exem   | npt organizat                    | ion return       |  |  |
| for                         | the organization named above. The extension is for the                               | organizati                          | on's return for:                     |              |                                  |                  |  |  |
|                             |  |                                     |                                      |              |                                  |                  |  |  |
| ►ļ                          | calendar year or   |                                     |                                      |              |                                  |                  |  |  |
| Þ                           | X tax year beginning JUL 1, 2017   | , an                                |                                      |              |                                  |                  |  |  |
| 2 If th                     | ne tax year entered in line 1 is for less than 12 months, c                          | heck reas                           | on: Initial return                   | Final retur  | n                                |                  |  |  |
|                             | Change in accounting period  |                                     |                                      |              |                                  |                  |  |  |
|                             | nis application is for Forms 990-BL, 990-PF, 990-T, 4720                             | , or 6069,                          | enter the tentative tax, less any    |              |                                  |                  |  |  |
|                             | nrefundable credits. See instructions.   |                                     |                                      | <u>3a</u>    | \$                               | 0.               |  |  |
|                             | nis application is for Forms 990-PF, 990-T, 4720, or 6069                            |                                     |                                      |              |                                  |                  |  |  |
|                             | imated tax payments made. Include any prior year overp                               |                                     |                                      | 3b           | \$                               | 0.               |  |  |
|                             | ance due. Subtract line 3b from line 3a. Include your pa                             | •                                   |                                      |              |                                  |                  |  |  |
|                             | using EFTPS (Electronic Federal Tax Payment System).                                 |                                     |                                      | <u>3c</u>    | <b>\</b>                         | 0.               |  |  |
| Caution:<br>instructio      | If you are going to make an electronic funds withdrawal                              | (direct de                          | bit) with this Form 8868, see Form 8 | 453-EO ai    | na ⊦orm 887                      | 9-EO for payment |  |  |
|                             | 10.  |                                     |                                      |              |                                  |                  |  |  |

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

Form 8868 (Rev. 1-2017)

OMB No. 1545-1709