

# COPY OF FORM 990-T

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## **\*\*PUBLIC INSPECTION ONLY\*\***

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### NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES 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).

**In-person requests:** *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).*

**Written requests:** *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.*

**Permissible charges:** *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.*

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

|   |                      |   |  |
|---|----------------------|---|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>Fuller Theological Seminary</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>135 N Oakland Avenue</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Pasadena, CA 91182-0001</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>95-1699394</b><br><br><b>E</b> Unrelated business activity code (See instructions.)<br><b>531120</b> |
|---|----------------------|---|--|

|   |   |
|---|---|
| <b>C</b> Book value of all assets at end of year<br><b>265,062,633.</b> | <b>F</b> Group exemption number (See instructions.) ▶<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|---|---|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ Transient use of student residence. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ Meg Wade Telephone number ▶ 626-396-6075

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net  |
|---|---|------------|--------------|----------|
| 1 a                                       | Gross receipts or sales <u>590,840.</u>   |            |              |          |
| b   | Less returns and allowances   |            |              |          |
| c Balance ▶                               |   | 1 c        |              |          |
| 2   | Cost of goods sold (Schedule A, line 7)   | 2          |              |          |
| 3   | Gross profit. Subtract line 2 from line 1c  | 3          | 590,840.     | 590,840. |
| 4 a                                       | Capital gain net income (attach Schedule D)   | 4 a        |              |          |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 4 b        |              |          |
| c   | Capital loss deduction for trusts   | 4 c        |              |          |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               | 5          |              |          |
| 6   | Rent income (Schedule C)  | 6          |              |          |
| 7   | Unrelated debt-financed income (Schedule E)   | 7          |              |          |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8          |              |          |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | 9          |              |          |
| 10  | Exploited exempt activity income (Schedule I)   | 10         |              |          |
| 11  | Advertising income (Schedule J)   | 11         |              |          |
| 12  | Other income (See instructions; attach schedule)                                      | 12         |              |          |
| 13  | Total. Combine lines 3 through 12   | 13         | 590,840.     | 590,840. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) |  |     |          |
|---|--|-----|----------|
| 14  | Compensation of officers, directors, and trustees (Schedule K)   | 14  | 64,887.  |
| 15  | Salaries and wages   | 15  | 174,513. |
| 16  | Repairs and maintenance  | 16  | 10,800.  |
| 17  | Bad debts  | 17  |          |
| 18  | Interest (attach schedule) (see instructions)  | 18  |          |
| 19  | Taxes and licenses   | 19  | 2,572.   |
| 20  | Charitable contributions (See instructions for limitation rules)   | 20  |          |
| 21  | Depreciation (attach Form 4562)  | 21  |          |
| 22  | Less depreciation claimed on Schedule A and elsewhere on return  | 22a |          |
| 23  | Depletion  | 23  |          |
| 24  | Contributions to deferred compensation plans   | 24  |          |
| 25  | Employee benefit programs  | 25  |          |
| 26  | Excess exempt expenses (Schedule I)  | 26  |          |
| 27  | Excess readership costs (Schedule J)   | 27  |          |
| 28  | Other deductions (attach schedule) <u>See Statement 2</u>  | 28  | 197,631. |
| 29  | Total deductions. Add lines 14 through 28  | 29  | 450,403. |
| 30  | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | 30  | 140,437. |
| 31  | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31  |          |
| 32  | Unrelated business taxable income. Subtract line 31 from line 30   | 32  | 140,437. |

| <b>Part III Total Unrelated Business Taxable Income</b> |   |    |          |
|---|---|----|----------|
| 33  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 33 | 218,565. |
| 34  | Amounts paid for disallowed fringes   | 34 |          |
| 35  | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)   | 35 | 218,565. |
| 36  | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34                            | 36 |          |
| 37  | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   | 37 | 1,000.   |
| 38  | <b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 | 0.       |

| <b>Part IV Tax Computation</b> |  |    |    |
|--------------------------------|--|----|----|
| 39                             | <b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)   | 39 | 0. |
| 40                             | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 40 |    |
| 41                             | <b>Proxy tax.</b> See instructions   | 41 |    |
| 42                             | Alternative minimum tax (trusts only)  | 42 |    |
| 43                             | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 43 |    |
| 44                             | <b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies   | 44 | 0. |

| <b>Part V Tax and Payments</b> |  |     |    |
|--------------------------------|--|-----|----|
| 45a                            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 45a |    |
| b                              | Other credits (see instructions)   | 45b |    |
| c                              | General business credit. Attach Form 3800  | 45c |    |
| d                              | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 45d |    |
| e                              | <b>Total credits.</b> Add lines 45a through 45d  | 45e |    |
| 46                             | Subtract line 45e from line 44   | 46  | 0. |
| 47                             | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 47  |    |
| 48                             | <b>Total tax.</b> Add lines 46 and 47 (see instructions)   | 48  | 0. |
| 49                             | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   | 49  | 0. |
| 50a                            | Payments: A 2017 overpayment credited to 2018  | 50a |    |
| b                              | 2018 estimated tax payments  | 50b |    |
| c                              | Tax deposited with Form 8868   | 50c |    |
| d                              | Foreign organizations: Tax paid or withheld at source (see instructions)   | 50d |    |
| e                              | Backup withholding (see instructions)  | 50e |    |
| f                              | Credit for small employer health insurance premiums (attach Form 8941)   | 50f |    |
| g                              | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | 50g |    |
| 51                             | <b>Total payments.</b> Add lines 50a through 50g   | 51  |    |
| 52                             | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 52  |    |
| 53                             | <b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   | 53  |    |
| 54                             | <b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | 54  |    |
| 55                             | Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 55  |    |

| <b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions) |  | Yes | No |
|---|--|-----|----|
| 56  | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here |     | X  |
| 57  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 58  | Enter the amount of tax-exempt interest received or accrued during the tax year \$   |     |    |

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Chief Operations & CFO \_\_\_\_\_ Title \_\_\_\_\_

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

|                               |                                      |                              |           |   |           |
|-------------------------------|--------------------------------------|------------------------------|-----------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name           | Preparer's signature         | Date      | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | Ted R. Batson, Jr.                   | <i>Ted R. Batson</i>         | 5/20/2020 |   | P00721951 |
|                               | Firm's name <b>Capin Crouse LLP</b>  | Firm's EIN <b>36-3990892</b> |           | 3050 Saturn Street, Suite 104                   |           |
|                               | Firm's address <b>Brea, CA 92821</b> | Phone no. (714) 577-0988     |           |   |           |

| Schedule A - Cost of Goods Sold. Enter method of inventory valuation <span style="float: right;">▶ N/A</span> |    |  |  |     |
|---|----|--|--|-----|
| 1 Inventory at beginning of year .....  | 1  |  | 6 Inventory at end of year .....   | 6   |
| 2 Purchases .....   | 2  |  | 7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7   |
| 3 Cost of labor .....   | 3  |  | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... | Yes |
| 4a Additional section 263A costs (attach schedule) .....  | 4a |  |  | No  |
| b Other costs (attach schedule) .....   | 4b |  |  |     |
| 5 <b>Total.</b> Add lines 1 through 4b .....  | 5  |  |  |     |

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

| 1. Description of property   |  |   |  |
|--|--|---|--|
| (1)  |  |   |  |
| (2)  |  |   |  |
| (3)  |  |   |  |
| (4)  |  |   |  |
| 2. Rent received or accrued  |  | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |  |
| (1)  |  |   |  |
| (2)  |  |   |  |
| (3)  |  |   |  |
| (4)  |  |   |  |
| Total 0.   |  | Total 0.  |  |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....   |  | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...         |  |
| 0.   |  | 0.  |  |

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

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| <b>Totals</b> .....   |   |   | Enter here and on page 1, Part I, line 7, column (A). 0.                     | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |   | 0.   |   |

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income   | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|---------------------|---|-------------------------------------|--|--|
| (1)                 |   |                                     |  |  |
| (2)                 |   |                                     |  |  |
| (3)                 |   |                                     |  |  |
| (4)                 |   |                                     |  |  |
|                     |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |   |                                     | 0.   | 0.   |

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

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b> .....      |                     | 0.  |                                 | 0.  |

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

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b> .....                  | 0.  | 0.  |  |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

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

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

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

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

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

| 1. Name  | 2. Title           | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|--------------------|--|--|
| (1) Leonard J. Moon  | VP for Finance/CFO | 2.00%                                  | 64,887.  |
| (2)  |                    | %                                      |  |
| (3)  |                    | %                                      |  |
| (4)  |                    | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |                    |  | 64,887.  |

|   | Footnotes | Statement | 1 |
|---|-----------|-----------|---|
| FEDERAL NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018: |           |           |   |
| NOL Generated in 6/30/2009  |           | 10,941.   |   |
| NOL Generated in 6/30/2010  |           | 52,638.   |   |
| NOL Generated in 6/30/2011  |           | 24,820.   |   |
| NOL Generated in 6/30/2012  |           | 7,543.    |   |
| NOL Generated in 6/30/2013  |           | 3,002.    |   |
| NOL Generated in 6/30/2014  |           | 1,522.    |   |
| NOL Generated in 6/30/2016  |           | 86,666.   |   |
| NOL Generated in 6/30/2017  |           | 131,384.  |   |
| <hr/>   |           |           |   |
| NOL Carried forward to 6/30/2019  |           | 318,516.  |   |
| NOL Used in 6/30/2019   |           | 218,565.  |   |
| <hr/>   |           |           |   |
| NOL Carried forward to 6/30/2020  |           | 99,951.   |   |
| <hr/> <hr/>   |           |           |   |

Form 990-T

Other Deductions

Statement 2

DescriptionAmount

|                                      |          |
|--------------------------------------|----------|
| Office and General Supplies          | 19,637.  |
| Operational and Plant Supplies       | 23,293.  |
| Services                             | 47,686.  |
| Travel and Entertainment             | 7,636.   |
| Utilities                            | 63,626.  |
| Overhead Allocation                  | 34,903.  |
| Tax Prep Fees                        | 850.     |
| Total to Form 990-T, Page 1, line 28 | 197,631. |



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 1

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

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

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

Department of the Treasury  
Internal Revenue Service (99)

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

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ Investment in Partnership

| <b>Part I</b> | <b>Unrelated Trade or Business Income</b>  | <b>(A) Income</b> | <b>(B) Expenses</b> | <b>(C) Net</b> |
|---------------|--|-------------------|---------------------|----------------|
| <b>1 a</b>    | Gross receipts or sales  |                   |                     |                |
| <b>b</b>      | Less returns and allowances  |                   |                     |                |
| <b>c</b>      | Balance ▶  | <b>1c</b>         |                     |                |
| <b>2</b>      | Cost of goods sold (Schedule A, line 7)  | <b>2</b>          |                     |                |
| <b>3</b>      | Gross profit. Subtract line 2 from line 1c   | <b>3</b>          |                     |                |
| <b>4 a</b>    | Capital gain net income (attach Schedule D)  | <b>4a</b>         |                     |                |
| <b>b</b>      | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                               | <b>4b</b>         |                     |                |
| <b>c</b>      | Capital loss deduction for trusts  | <b>4c</b>         |                     |                |
| <b>5</b>      | Income (loss) from a partnership or an S corporation (attach statement) <i>See Statement 3</i> | <b>5</b>          | 141,972.            | 141,972.       |
| <b>6</b>      | Rent income (Schedule C)   | <b>6</b>          |                     |                |
| <b>7</b>      | Unrelated debt-financed income (Schedule E)  | <b>7</b>          |                     |                |
| <b>8</b>      | Interest, annuities, royalties, and rents from a controlled organization (Schedule F)          | <b>8</b>          |                     |                |
| <b>9</b>      | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)               | <b>9</b>          |                     |                |
| <b>10</b>     | Exploited exempt activity income (Schedule I)  | <b>10</b>         |                     |                |
| <b>11</b>     | Advertising income (Schedule J)  | <b>11</b>         |                     |                |
| <b>12</b>     | Other income (See instructions; attach schedule)   | <b>12</b>         |                     |                |
| <b>13</b>     | <b>Total.</b> Combine lines 3 through 12   | <b>13</b>         | 141,972.            | 141,972.       |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|           |  |            |  |         |
|-----------|--|------------|--|---------|
| <b>14</b> | Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |         |
| <b>15</b> | Salaries and wages   | <b>15</b>  |  |         |
| <b>16</b> | Repairs and maintenance  | <b>16</b>  |  |         |
| <b>17</b> | Bad debts  | <b>17</b>  |  |         |
| <b>18</b> | Interest (attach schedule) (see instructions)  | <b>18</b>  |  |         |
| <b>19</b> | Taxes and licenses   | <b>19</b>  |  | 62,979. |
| <b>20</b> | Charitable contributions (See instructions for limitation rules) <i>See Statement 4</i>                        | <b>20</b>  |  | 15.     |
| <b>21</b> | Depreciation (attach Form 4562)  | <b>21</b>  |  |         |
| <b>22</b> | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  |         |
| <b>23</b> | Depletion  | <b>23</b>  |  |         |
| <b>24</b> | Contributions to deferred compensation plans   | <b>24</b>  |  |         |
| <b>25</b> | Employee benefit programs  | <b>25</b>  |  |         |
| <b>26</b> | Excess exempt expenses (Schedule I)  | <b>26</b>  |  |         |
| <b>27</b> | Excess readership costs (Schedule J)   | <b>27</b>  |  |         |
| <b>28</b> | Other deductions (attach schedule) <i>See Statement 5</i>  | <b>28</b>  |  | 850.    |
| <b>29</b> | <b>Total deductions.</b> Add lines 14 through 28   | <b>29</b>  |  | 63,844. |
| <b>30</b> | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>  |  | 78,128. |
| <b>31</b> | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |  |         |
| <b>32</b> | Unrelated business taxable income. Subtract line 31 from line 30   | <b>32</b>  |  | 78,128. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| Form 990-T (M)  | Income (Loss) from Partnerships | Statement                   | 3        |
|---|---------------------------------|-----------------------------|----------|
| <u>Description</u>  |                                 | <u>Net Income or (Loss)</u> |          |
| Fuller Endowment Fund LLC - Ordinary Business Income (loss) |                                 |                             | 141,972. |
| Total Included on Schedule M, Part I, line 5                |                                 |                             | 141,972. |

| Form 990-T (M)                        | Contributions                       | Statement     | 4   |
|---------------------------------------|-------------------------------------|---------------|-----|
| <u>Description/Kind of Property</u>   | <u>Method Used to Determine FMV</u> | <u>Amount</u> |     |
| Cash Only                             | N/A                                 |               | 15. |
| Total to Schedule M, Part II, line 20 |                                     |               | 15. |

| Form 990-T (M)                        | Other Deductions | Statement     | 5    |
|---------------------------------------|------------------|---------------|------|
| <u>Description</u>                    |                  | <u>Amount</u> |      |
| Tax Prep Fees                         |                  |               | 850. |
| Total to Schedule M, Part II, line 28 |                  |               | 850. |

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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  |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br>Fuller Theological Seminary                    | Employer identification number (EIN) or<br><br>95-1699394 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>135 N Oakland Avenue                      | Social security number (SSN)                              |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>Pasadena, CA 91182-0001 |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

Meg Wade

- The books are in the care of ▶ 135 N. Oakland Avenue - Pasadena, CA 91182-0001  
Telephone No. ▶ 626-396-6075 Fax No. ▶ 626-449-9269
- 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 box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

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