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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public

۸ E	rthe 7	2008 calendary	ear, or tax year beginning 07	7-01-2008 and ending 06-30-200	٥		
		and and late	C Name of organization	7-01-2006 And ending 00-30-200	3	D Employer ider	ntification number
_	еск ігар dress cha	oplicable Please use IRS	Fuller Theological Seminary			95-1699394	1
_		label or	Doing Business As			E Telephone nu	
_	me char	type. S				(626) 584-5	453
Init	tıal retur	n Specific Instruc	_ Nullibel and street (of F O)	box if mail is not delivered to street addre	ess) Room/suite	G Gross receipts	
Tei	mınatıoı		135 N Oakland Avenue			d dioss recapt.	φ 07,742,134
– Am	ended r	eturn	City or town, state or countr	y, and ZIP + 4			
– Api	plication	pending	Pasadena, CA 911820001				
			 Name and address of Principa	ol Officer			
			ee Merritt	ar Officer	H(a) Is this	s a group return :	for ┌Yes ┌ No
			N Oakland Avenue				1 163 1 110
			adena,CA 91182		H(b) Are all	affiliates include	d?
Та	x-exem	pt status ✓ 50	1(c) (3) ◀ (insert no)	(a)(1) or 527	(If "N	o," attach a list	See instructions)
W	eb site	e: 🟲 www fuller e	edu		H(c) Group	p Exemption Nur	nber 🟲
					<u> </u>		
🥻 Тур	e of org	anızatıon 🔽 Corp	oration trust association c	other 🟲	L Year of For	mation 1947 M 9	State of legal domicile CA
Pa	rt I	Summary					
			the organization's mission o	r most significant activities			
υ	1			egrees ın Theology, Psychology, I	ntercultural Si	tudies and opera	tes a Psychological
<u>≥</u>	1	Center		- g			,
₹							
aovemance	2	Check this box	┌ if the organization discont	inued its operations or disposed o	of more than 2	5% of its assets	
5	3	Number of votir	ng members of the governing	body (Part VI, line 1a)		3 _	36
ő.	4	Number of inde	pendent voting members of th	ne governing body (Part VI, line 1	o)	. 4 _	36
<u>g</u>	5	Total number of	femployees (Part V , line 2a)			5	1,325
KANIMINA			f volunteers (estimate if nece			6	0
3			·	n Part VIII, line 12, column (C)			112,269
-		5	usiness taxable income from	, , , , , , , , , , , , , , , , , , , ,	-	7b	-71,527
	<u> </u>				Prio	r Year	Current Year
	8	Contributions	and grants (Part VIII, line 1	h)	1.110	13,580,057	21,433,771
ē	9		,	g)		38,750,799	40,076,197
Revenu	10		come (Part VIII, column (A),		3,995,852	3,218,537	
Ž	11			s 5, 6d, 8c, 9c, 10c, and 11e)		1,672,284	2,062,064
	12			s 5, 60, 80, 90, 100, and 11e) st equal Part VIII, column (A), lin		1,672,284	2,062,064
	12	12)	—add filles o tillodgif 11 (illd	st equal Fait VIII, column (A), m		57,998,992	66,790,569
	13	Grants and sir	nılar amounts paıd (Part IX, o	column (A), lines 1–3)		4,283,538	4,737,612
	14	Benefits paid t	o or for members (Part IX, co	olumn (A), line 4)			0
	15	Salaries, other	r compensation, employee be	nefits (Part IX, column (A), lines	5 –		
Expenses		10)		, , , , , , , , , , , , , , , , , , , ,		27,295,411	29,086,864
ĕ	16a	Professional fo	undraising fees (Part IX, colu	mn (A), line 11e)			0
ੜ	ь	(Total fundraising	expenses, Part IX, column (D), line	e 25 ^{1,834,968}			
	17		es (Part IX, column (A), lines	·		24,111,836	24,809,987
	18	-		qual Part IX, line 25, column (A))		55,690,785	58,634,463
	19		expenses Subtract line 18 fr			2,308,207	8,156,106
<u>8</u>					Beginni	ng of Year	End of Year
9 8	20	Total accose /	Part X, line 16)			230,616,828	213,208,351
net Assets of Fund Balances		,	,		-	· · · · ·	
2 Z	21		s (Part X, line 26)			79,092,883	80,567,226
	22		fund balances Subtract line	21 from line 20	:	151,523,945	132,641,125
Pa	rt II	Signature	Block				
				mined this return, including accompanying			
Plea	166	۱. '	ae, correct, and complete Deciarati	on of preparer (other than officer) is base	1		i nas any knowledge
Sigr		***** Signature of o	fficer	04-07			
ler		[,			Date		
		H Lee Merritt Type or print in					
	1	F ., pe or print	and the			T	
		Preparer's			Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature P			empolyed 🕨 🦵		
	arer's	Firm's name (or y	ours	1		EIN Þ	
Jse (Only	ıf self-employed), address, and ZIP -	_{+ 4} /			LIIV F	
						Phone no 🕨	
/l a v :	the IDG	S discuss this r	aturn with the preparer chaws	n above? (See instructions)		1	
ı a y	riie TK3	. uistuss tills [4	ecarn with the preparer Snown	i apove: (See mistructions)			1 162 1 110

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission The Seminary is an international, multi-denoming The Seminary includes the schools of Theology,				ride variety of Christian vocations
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnificant program se	ervices during the yea	r which were not listed on	☐ Yes 🔽 No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	or make significan	t changes in how it co	nducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ns and 4947(a)(1) t	trusts are required to	report the amount of grants	
4a	(Code) (Expenses \$ School of Theology - 1,218 full-paid equivale	24,718,447 nt students served	including grants of \$	1,818,204) (Revenue \$	19,743,899)
4b	(Code) (Expenses \$ School of Psychology - 254 full-paid equivale	7,514,284 nt students served	including grants of \$	917,760) (Revenue \$	5,852,770)
4c	(Code) (Expenses \$	6,341,624	ıncludıng grants of \$	520,977) (Revenue \$	4,786,425)
	School of Intercultural Studies - 271 full-paid			\ (D	043.735.)
	(Code) (Expenses \$	525,744	including grants of \$) (Revenue \$	943,725)
4d	Other program services (Describe ii (Expenses \$	n Schedule O) including grants o	f \$) (Revenue \$)
4e	Total program service expenses \$	39,100,09		K, Line 25, column (B).	· · · · · · · · · · · · · · · · · · ·

art IV	Che	cklist	of R	equire	dS	ched	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

Diving the tay year did any name who is a summer of summer officer divinates through a sulface and such			
During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part	20-		N
	28a		No
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512 (b)(13)? If "Yes," complete Schedule R, Part V, line 2 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5 percent of its activities through an entity that is not a related	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV. 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV. 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 22c Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . 33c Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1 . 13. 13. 14. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 35. 36. Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 . 37.	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
	<u></u>	1a	231			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	vend	ors and reportable			
	gaming (gambling) winnings to prize winners?	٠,		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,325			
b	If at least one is reported in 2a, did the organization file all required federal employme Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this r	nt ta	x returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during		•			
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched At any time during the calendar year, did the organization have an interest in, or a sign		•	3b	Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report Financial Accounts.	ort of	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	the '	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited ta	ax she	elter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E	Entity	/ Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	٠. ٠		6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement that		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contri more?	ıbutıc	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vided	17	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property		·	7-		NI -
	file Form 8282?	 7d		7c		N o
u	If "Yes," indicate the number of Forms 8282 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p benefit contract?	oremi •	ums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal be	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88	399 a	s required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	e a Fo	orm 1098-C as			
	required?	•		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a speccess business holdings at any time during the			8		
•	year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
9 -				0-		
	Did the organization make any taxable distributions under section 4966?		ŀ	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	•		90		
	1	10a				
		10b				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	ieu o	f Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governina	Body and	Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 36							
Ь	Enter the number of voting members that are independent 1b 36							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply worn website. I another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Denise Rodrigues Controller 135 N Oakland Avenue Pasadena, CA 911820001 (626) 584-5453

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector			(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
						-			

(A) Name and Title (B) Average hours Name and Title (B) Average hours Parage ho			tion that a			II			(E)	(F)	
		Average hours per	Individual Trustee or Director	- II av II II		Ke) employee			Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
				+							
				-		_					
				+		_					
				-		_					
1b Total	1b Total			•				Þ	1,403,111	497,927	777,568

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►37

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DPR Construction 1450 Veterans Blvd Redwood City, CA 94063	Construction	13,116,695
Rogelio Sanchez Painting 3400 E Milton St Pasadena, CA 91107	Painter	297,320
Deloitte & Touche LLP 350 S Grand Ave Suite 200 Los Angeles, CA 90071	Auditor	291,016
Pinnacle Communication 167 N San Marino Ave Pasadena, CA 91107	Communication	212,882
Stegeman & Kastner 2601 Ocean Park Blvd Suite 300 Santa Monica, CA 90405	Construction Manager	197,822
2 Total number of independent contractors (including those in 1) from the organization	• • • • • • • • • • • • • • • • • • • •	8

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
				rotal Korollac	Exempt	Business	Excluded from
					Function	Revenue	Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
20 20							
an Tu	Ь	Membership dues 1b	;				
₽E	С	Fundraising events					
t કે	١.	10					
_ਜੂਰ	d	Related organizations 1d					
ans Sin	е	Government grants (contributions) 1e					
ž F	f	All other contributions, gifts, grants, and similar amounts not included above	10,765,433				
Contributions, gifts, grants and other similar amounts		1f					
펄	g	Noncash contributions included in					
ಘ≅	h	Innes 1a-1f \$ 58,001 Total (Add lines 1a-1f)		21,433,771			
	<u> </u>		<u>▶</u>				
œ.	_		Business Code				
nue	2a	Tuition	-	30,193,472	30,193,472		
Se Se	Ь	Auxiliary Services	721,110	8,749,378		18,657	8,730,721
Program Serwce Revenue	С	Fees	-	646,440	646,440		
¥	d	Psychological Center		486,907	486,907		
<u> </u>	e						
Ē	f	All other program service revenue					
Š							
Δ	g	Total. Add lines 2a-2f					
	3	► \$ 40,076,197 Investment income (including divi	dands interest				
		other similar amounts)	·	5,744,268			5,744,268
			▶				
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties		773	773		
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental					
	c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)	· · · · · ·				
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	_	-2,525,731			-2,525,731
	8a		<u>.</u> ▶				
	oa	Gross income from fundraising events (not including					
άs		\$					
ž		of contributions reported on line 1c) See Part IV, line 18					
क ≥		Attach Schedule G if total exceeds					
Other Revenue		<i>\$15,000</i>					
<u> </u>	b	Less direct expensesb					
돌	С	Net income or (loss) from fundrais	ing events				
_	9a	Gross income from gaming					
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		а					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming					
	10-		<u>, ▶</u>				
	10a	Gross sales of inventory, less returns and allowances					
		а	1,492,355				
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales of		540,770	447,158	93,612	
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c		1				
				1,520,521	1,351,364		169,157
	d	All other revenue		1,020,021	2,331,304		133,137
	e	Total. Add lines 11a-11d	 \$ 1,520,521				
	12	Total Revenue. Add lines 1h, 2g, 3		66,790,569	33,126,114	112,269	12,118,415
		8c,					
		9c, 10c, and 11e	▶			l	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,737,612	4,737,612				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	2,263,619	1,259,562	842,272	161,785		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	20,632,758	15,866,767		947,670		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,530,021	1,161,767	295,865	72,389		
9	Other employee benefits	3,421,828	2,655,018	652,699	114,111		
10	Payroll taxes	1,238,638	927,208	251,550	59,880		
11	Fees for services (non-employees)						
а	Management	2,700		2,700			
b	Legal	100,297	39,755	60,542			
c	Accounting	291,016		291,016			
d	Lobbying						
е	Professional fundraising See Part IV, line 17						
f	Investment management fees	1,150,277		1,150,277			
g	Other	2,533,541	1,844,594	659,170	29,777		
12	Advertising and promotion	280,754	151,056	124,908	4,790		
13	Office expenses	2,414,955	1,450,377	822,032	142,546		
14	Information technology	766,165	359,738	390,741	15,686		
15	Royalties						
16	Occupancy	5,979,543	4,216,796	1,758,617	4,130		
17	Travel	1,566,525	1,245,432	229,056	92,037		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	153,327	133,878	12,735	6,714		
20	Interest	5,020,787		5,020,787			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,091,619	1,580,523	488,704	22,392		
23 24	Insurance	117		117			
	total expenses shown on line 25 below)						
_	Hospitality	654,104	366,353	134,806	152,945		
Ь	Library Acquisitions	497,947	497,947	0	0		
c	A cademic Materials	419,642	73,529	346,113	7.022		
d	Miscallaneous Expense	397,873	197,784	192,157	7,932		
e		123,721	123,625	96	0		
f	All other expenses	365,077	210,778	154,115	184		
25	Total functional expenses. Add lines 1 through 24f	58,634,463	39,100,099	17,699,396	1,834,968		
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Dart V	Balance	Shoot
Part X	l Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	12,044,482	1	5,484,116		
	2	Savings and temporary cash investments			3,826,387	2	309,031
	3	Pledges and grants receivable, net	_		273,230	3	31,300
	4	Accounts receivable, net			3,301,165		3,569,899
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			458,229		1,491,622
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	1 4958(f)(1)) and		6	
	7	Notes and loans receivable, net			2,297,936	7	1,968,512
	8	Inventories for sale or use			564,981	8	567,468
92	9	Prepaid expenses and deferred charges			1,992,910	9	6,374,770
ssets	10a						
AS	_	Land, buildings, and equipment cost basis	10a	119,842,198	-		
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	23,801,652	80,783,987	10c	96,040,546
	11	Investments—publicly traded securities			74,449,403		57,951,241
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	I of	6,684,276	12	5,724,830
	13	Investments—program-related See Part IV, line 11 Complete in of Schedule D.	II		13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	43,939,842	15	33,695,016		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	230,616,828		213,208,351		
	17	Accounts payable and accrued expenses .			4,287,222	17	5,873,694
	18	Grants payable		18			
	19	Deferred revenue			3,860,966	19	3,784,387
	20	Tax-exempt bond liabilities			54,730,000	20	54,350,000
<u>6</u> 2	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		7,736,919	23	6,940,732	
	24	Unsecured notes and loans payable		24	161,973		
	25	Other liabilities Complete Part X of Schedule D	8,477,776	25	9,456,440		
	26	Total liabilities. Add lines 17 through 25			79,092,883	26	80,567,226
S D O		Organizations that follow SFAS 117, check here F and complete for and lines 33 and 34.	plete l	ines 27			
Balance	27	Unrestricted net assets			29,494,346	27	33,652,733
<u>න</u>	28	Temporarily restricted net assets			44,758,060	28	18,268,333
Ξ	29	Permanently restricted net assets		77,271,539	29	80,720,059	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other fo			32		
Ŋĕţ	33	Total net assets or fund balances			151,523,945	33	132,641,125
_	34	Total liabilities and net assets/fund balances			230,616,828	34	213,208,351
Da	rt XI	Financial Statements and Reporting					
ГŒ	LC VI	i manciai statements and kepoliting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	b Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493097005090

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Fuller	Theolog	gical Seminary										
									95-1699394			
	rt I			harity Status (to be co	•				Instruct	ions)		
The o	rganı	ization is not a private foundation because it is (Please check only one organization)										
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Г	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	t ion 170(b	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical	research organı	zation operated in conjuncti	on with a l	hospital d	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
			name, city, and									
5	Γ	Anorganiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170((b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(o)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A commun	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiz	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross	
		receipts fro	om activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruc	tions)	
11	\sqcap	Anorganiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
				orted organizations describe						Section 5	09(a)(3). Check	
			it describes the ype I b	type of supporting organiza			nes 11e t nally Integ		h d	Γ τ _{νη} ο	III - Other	
•	\vdash	•	• •	rtify that the organization is								
е	,	•		agers and other than one or			•			•	· ·	
		section 50				,						
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>	
		check this			J 64		. 6				ı	
g		following pe		as the organization accepted	a any girt (or contrib	ution from	any of the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g		
				erson described in (i) above	_					11g(
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(
h				nation about the organizatio			supports					
			-	-								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of	
	Supported			(described on lines 1-9	_	atıon ın	_	nızatıon		atıon ın	support?	
1	Organ	nızatıon		above or IRC section (See Instructions)	col (i)		ın col (i supp) of your		rganized US?		
				(See Instructions))	your go	_	supp	ortz	In the	057		
		document? Yes No Yes N		No	Yes	No	1					

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Fuller Theological Seminary 95-1699394 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Revenues included in Form 990, Part VIII, line 1

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part		Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u> ı	ures, or Othe	<u>er Similar</u>	Asse	ts (co	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that a	re a sıgnıfıcant ı	use of its co	llection	ו	
а	Γ	Public exhibition		d	\sqcap	Loan or exc	:hange programs	3			
b	Γ	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v they	further the	organization's e	xempt purpo	se in		
5		ng the year, did the organization solicit o						nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	vered "Yes	" to Fo	orm 9	9 0,
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?	lan or other intermed	lary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	1							
									A mou	ınt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
е	Dıst	ributions during the year					1e				
f	Endi	ıng balance					1f				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete								·- ·-	
1-	Rogi	nning of year balance	(a)Current Year 104,667,942	(b) Prior	Year (c) I	wo Years Back (d)Three Years B	аск (е)Four Ye	ars Back
1a b		tributions	5,512,093								
c		estment earnings or losses	-18,194,080								
d		nts or scholarships	-2,114,651								
e		er expenditures for facilities	-2,615,053								
_		programs									
f	Adm	iinistrative expenses	-1,123,767								
g	End	of year balance	86,132,484								
2	Prov	ide the estimated percentage of the yea	r end balance held as	;							
а	Boar	d designated or quasi-endowment 🕨	5 940 %								
b	Perm	nanent endowment 🕨 84 310 %									
c	Term	n endowment 🕨 9750 %									
3a		there endowment funds not in the posse:	ssion of the organizat	ion t	hat a	re held and	admınıstered for	the			
	_	nization by nrelated organizations						Γ	3a(i)	Yes	No No
		related organizations			•	• • •			3a(ii)		No
b		es" to 3a(ii), are the related organizatio			ched	ule R?		· . · . · .	3b	Yes	
4		cribe in Part XIV the intended uses of th	·					L			
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	ation	(d) Boo	ok value
1a	and						13,514,802	_		1	3,514,802
b i	Buildii	ngs					94,463,398	17,90	6,626	70	5,556,772
c l	ease	hold improvements					294,272	19	3,789		100,483
d l	quipi	ment					8,822,724	5,70	1,237		3,121,487
е (Other		<u> </u>				2,747,002				2,747,002

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of end-of	- year market value
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Total (Column (b) Should equal (on 550) (are h) col (b) me 12)			
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			(h) Paak value
(a) Desc	ription		(b) Book value
Beneficial Interest in Perpetual Tr			2,921,724
Interest in Net Assets of Affiliate			30,773,292
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<u> </u>	33,695,016
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) Amount		
	225 127		
Annuities Payable	325,127		
Deposits	1,238,671		
Assets Held for Auxiliary Organizat	126,864		
Advances From Affiliate	3,030,366		
Perkins Loan Funds Repayable to Fed	1,208,399		
Interest Rate Swap	3,527,013		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 9,456,440	1	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	66,790,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,634,463
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,156,106
4	Net unrealized gains (losses) on investments	4	-16,531,688
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,507,238
9	Total adjustments (net) Add lines 4 - 8	9	-27,038,926
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,882,820
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	37,028,606
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-30,707,573
3	Subtract line 2e from line 1	3	67,736,179
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-945,610
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	66,790,569
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	53,589,606
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	951,585
3	Subtract line 2e from line 1	3	52,638,021
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	5,996,442
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	58,634,463
Dar	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Endowment Funds	The Organization's endowment consists of over 200 individual funds established for a variety of purposes, primarily for endowed chairs, endowed scholarships and other program related expenditures

OMB No 1545-0047

1B No 1545-004

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2008

Open to Public

	ne of the organization r Theological Seminary	Employer identification number		nber	
i ulic		95-1699394			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its of other governing instrument, or in a resolution of its governing body?	:harter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admis programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcas the period of solicitation for students, or during the registration period if it has no solicitation progra that makes the policy known to all parts of the general community it serves? If "Yes," please descriplease explain	m, ın a way	3	Yes	
	Non-discrimination policy is published in the course catalog and posted on the Fuller Website				
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nor basis?	ıdıscrımınatory	4b	Yes	
	C Copies of all catalogues, brochures, announcements, and other written communications to the public	c dealing			
	with student admissions, programs, and scholarships?		4c	Yes	
	d Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separat	e statement)			
5	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		5a		Νo
	b Admissions policies?		5b		Νo
ı	c Employment of faculty or administrative staff?		5c		Νo
•	d Scholarships or other financial assistance?		5d		Νo
•	e Educational policies?		5e		Νo
,	f Use of facilities?		5f		Νo
,	g Athletic programs?		5g		Νo
	h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separa	ite statement)	5h		Νo
6	a Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
	b Has the organization's right to such aid ever been revoked or suspended?		6b		Νο
	If you answered "Yes" to either 6a or b, please explain using an attached statement				
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01	through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explan		7	Yes	

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DLN: 93493097005090

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
Full	er Theological Seminary					95-169939	4
Pa				ide the United States	s. Complete		•
	"Yes" to Form 9	•					
1	_	_		records to substantiate rassistance, and the se		_	
	· -		_				Yes No
2	For grant makers. Descr United States	ıbe ın Part IV the	organization's pi	rocedures for monitoring th	ne use of grar	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Sou	th Asıa - South Korea	1	0	Program Services	A cademic S Theological		136,088
Tota	als ▶	1					136,088

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
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		-							
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		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other o	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Part IV	Supplemental Info	rmation provide the information required	ın Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
Procedure	for Monitoring Grants		Schedule F, Part I, Line 2 The Organization only has revenue and
Outside th			expenses outside the U S related to program service activities
Method Us	ed to Acccount for		Schedule F, Part I, Line 3 All expenditures are accounted for on
Expenditur	es		the accrual basis of accounting, and expenditures for program
-			service activities are supported by appropriate documentation

Software ID:

Software Version:

EIN: 95-1699394

Name: Fuller Theological Seminary

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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DLN: 93493097005090

OMB No 1545-0047

2008

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service	Complete in the organization answered Tes, on Form 990, Part 1V, lines 21 or 22. Attach to Form 990.							
Name of the organization Fuller Theological Seminary							fication number	
						95-1699394		
		nts and Assistance						
 Does the organization m the selection criteria use Describe in Part IV the organization 	ed to award the gra	nts or assistance?			gibility for the grants or as		✓ Yes	
Part II Grants and Ot Form 990, Part Part IV and Sch	ther Assistance IV, line 21 for an nedule I-1 if addi	e to Governments ny recipient that rece tional space is	and Organizations erved more than \$5,0	in the United Sta 00. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5,		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2 Enter total number of se		=						
organizations					-		•	

	•		
Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Grant in Aid for Students attending the Organizations Campuses in North America	1806	4,737,612	0	FMV	Does not provide non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	·	Schedule I, Part I, Line 2 The Organization only awards financial assistance or grant-in-aid to individuals are designated to meet the educational expenses of students attending Fuller Theological Seminary. The Organization has established institutional policies for awarding and monitoring of financial assistance. Each award is done in accordince with the policies and compliance is monitored by senior management, to ensure that the amount and eligibility of individuals is in accordance with established policies.

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

2008

Department of the Treasury Internal Revenue Service Compensated Employees
Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization Fuller Theological Seminary

Employer identification number

95-1699394

Pa	Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wriprovision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		,	2	Yes	
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must cor	nplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," december 1.00 and 1.00 are 1.00			7		No
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in in Part III			Ω		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
227,467		7,185	15,750	19,821	270,223	118,796
142,999		6,000	12,480	8,906	170,385	71,100
126,838		6,000	10,344	18,415	161,597	76,209
497,927				37,251	535,178	
80,182			14,668			38,563
94,927		4,000	23,062	59,287	181,276	53,800
	(i) Base compensation 227,467 142,999 126,838 497,927 80,182	(i) Base compensation 227,467 142,999 126,838 497,927 80,182	(in base compensation incentive compensation compensation compensation 7,185 142,999 6,000 126,838 6,000 497,927 80,182	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation 227,467 7,185 15,750 142,999 6,000 12,480 126,838 6,000 10,344 497,927 14,668	(i) Base compensation (iii) Bonus & incentive compensation (iii) Other compensation compensation benefits 227,467 7,185 15,750 19,821 142,999 6,000 12,480 8,906 126,838 6,000 10,344 18,415 497,927 37,251 37,251 80,182 14,668 74,942	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits (B)(i)-(D) 227,467 7,185 15,750 19,821 270,223 142,999 6,000 12,480 8,906 170,385 126,838 6,000 10,344 18,415 161,597 497,927 37,251 535,178 80,182 14,668 74,942 169,792

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		The Seminary provides a car allowance to all officers who are also employees of the Organization. This allowance is discretionary and is not part of an accountable plan. Accordingly, the car allowance is reported as other compensation on the employee's W-2.
	Part I, Line 1b	All other expense reimbursements are subject to the Organization's Expense and Travel Reimbursement Policy

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

DLN: 93493097005090

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0. Department of the Treasury Internal Revenue Service

Open to Public Inspect ion

Schedule K (Form 990) 2008

	ne of the organization									Employer i	dentificat	ion numb	er	
Full	ler Theological Seminary									95-1699	394			
Р	art I Bond Issues (Require	ed for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Des	cription of P	urpose	(g) Defeased		Beh)On alfof suer
											Yes	No	Yes	No
A _	Fuller Theological Seminary	95-1699394	196458WD1	03-16-	2004	34,	500,000	Finance con of student h campus				х		×
В_	Fuller Theological Seminary	95-1699394	19645RFG1	04-08-	2008	20,	710,000		rance library addition, purchase faculty housing and capital provemnt			х		×
Pa	art III Proceeds (Optional fo	or 2008)		-		1								
1	Total Proceeds of Issue				Α	l	3		C	D		+	E	
	Gross Proceeds in Reserve Fun	uds										+		
	Proceeds in Refunding or Defea	sance Escrows										+		
4	Other Unspent Proceeds											1		
	Issuance Costs from Proceeds											1		
6	Working Capital Expenditures fr	rom Proceeds												
7	Capital Expenditures from Proc	eeds												
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	,	No
9	Were the bonds issued as part o	of a current refunding is	sue?											
10	Were the bonds issued as part o	of an advance refunding	ıssue?											
11	Has the final allocation of proce	eds been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Us	e (Optional for 2008	3)	1		1								
					A	<u> </u>	3	_	C	D		 	<u>E</u>	
1	Was the organization a partner i which owned property financed l		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangemen which may result in private busi	nts with respect to the f	inanced property											

Cat No 50193E

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493097005090

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization Fuller Theological Seminary

Employer identification number

, and the egical commany						95	-1699	394				
Part I Excess Benefit Transac To be completed by organization										Part '	V , lıne	40b
()) () ()											Corr	
1 (a) Name of disqualifie	(a) Name of disquamed person			(b) Description of transaction							Yes	No
										+		
										士		
2 Enter the amount of tax imposed on section 4958	the orga		gers or disqualified	•	sons d	uring the ye	ar un	der ▶ ⊈	s			
3 Enter the amount of tax, if any, on li	ne 2, abo	ve, reımburse	d by the organizat	ion .				> \$	<u> </u>			
Part II Loans to and/or From												
To be completed by organiza	ations tha T	at answered "Y	es" on Form 990, T	Part	IV, lın I	e 26, or Fo	rm 99 I	0-EZ			38a T	
(a) Name of interested person and purpose	(b) Loa from organiz	the	(c)Original principal amount (d)Balance due (e) Ir default			Appr by boo	oved ard or	(g)W agree	ritten ment?			
	То	From				Yes	No	Yes	No	Yes	No	
See Additional Data Table											1	+
												\vdash
	+											\vdash
												\vdash
otal			🕨	\$		1,491,622		•	,			
art IIII Grants or Assistance E To be completed by orga				rm 9	90. P	art IV. lıne	e 27.					
(a) Name of interested person		b) Relationship	between interest the organization			(c) A mo		gran	t or typ	e of a	ssista	nce
hapman R Clark	Key	/ Employee										5,250
oward G Wilson	O ff	ıcer										3,000
Part IV Business Transactions	Tnyoly	ing Intere	sted Persons									
To be completed by orga				rm 9	90, P	art IV, line	e 28a	, 28l	o, or 2	8c.		
(a) Name of interested person	bet) Relationship ween intereste	ed (c) A mou		f	(d) Descri	ntion	of tra	nsactio	اه	e) Sha rganıza	ation's
(a) italia or interested person		erson and the organization	transac	tion		(4) 5 555	p 1			<u> </u>	reven	
		organization									Yes	No
					-+					+		
·												

Additional Data

Software ID:

Software Version:

EIN: 95-1699394

Name: Fuller Theological Seminary

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	fro	oan to or m the uzation?	(c)O riginal principal amount	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From	\$		Yes	No	Yes	No	Yes	No
Samuel L Delcamp Facilitate Relocation			249,020	174,000		No	Yes		Yes	
Richard Mouw Incentive to Attract Key Employee			128,000	92,622		No	Yes		Yes	
Sherwood Lingenfelter Incentive to Attract Key Employee			150,000	150,000		No	Yes		Yes	
Scott Cormode Incentive to Attract Key Employee			150,000	150,000		No	Yes		Yes	
Charles D Mc Connell Incentive to Attract Key Employee			275,000	275,000		No	Yes		Yes	
Howard J Loewen Incentive to Attract Key Employee			150,000	150,000		No	Yes		Yes	
Joel B Green Incentive to Attract Key Employee			500,000	500,000		No	Yes		Yes	

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DLN: 93493097005090

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization Fuller Theological Seminary

Employer identification number

					95-1699394			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	2	58,001	Mkt Val at date of g	ıft		
	Securities—Closely held stock .				_			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			0
							Yes	No
30a	During the year, did the organization hold for at least three years from the date of					 	 	
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem							
31	Does the organization have a gif	tacceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell	non-cash	32a		No
h	If "Yes", describe in Part II					_ 		
33	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	a) is			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation								
Method for Determining Number of Contributors	Part I, Column (b)	The organization reports the actual number of contributors								
Contributors										

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Fuller Theological Seminary

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

95-1699394

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Psychological Center - Student trainees provided counselling services to members of the community Expenses \$ 525744 including grants of \$ 0 Revenue \$ 486907

ldentifier	Return Reference	ference Explanation						
Form 990, Part III, line 4d	Other Program Services	Urban Youth Certification Program Expenses \$ 0 including grants of \$ 0 Revenue \$ 104744						

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ESL Classes and Fees Expenses \$ 0 including grants of \$ 0 Revenue \$ 100067

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Academic Program Fees Expenses \$ 0 including grants of \$ 0 Revenue \$ 252007

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is compiled by the Controller using CCH Engagement and Tax software. Information is verified against the Seminary's audited financial statements. All supporting information is filed in a tax work binder. Once the Form 990 and its supporting schedules and information are complete a copy of the return is furnished to the chair of the audit committee for review along with a procedural memo on the process followed by the Controller to ensure that the Form 990 is both accurate and complete. The chair of the audit committee follows up with the Controller and VP for Finance on any questions that may arise. Once all questions are adequately addressed and all corrections made, the Chair of the audit committee recommends approval by the full Board of Trustees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually, officers, trustees and key employees are required to read the conflict of interest policy and to sign and return a completed conflict of interest statement. Throughout the year, any transactions undertaken by the Seminary are reviewed for instances of conflict of interest prior to entering into the agreement/transactions. If an instance of non compliance should occurr, the Seminary would address it and make the necessary corrections if needed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Organization receives from The Association of Theological Schools & The Commission on Accrediting a special purpose report titled "Institutional Peer Profile Report" This report references opeating statistics, including salary ranges for all executives, faculty and staff. The report compares the Organization to a customized list of 20 comparable accredited institutions. Data from this report is utilized by the Executive Committee of the Board of Trustees to set executive salary ranges in a closely competitive and resource limited environment with consideration of effective performance of the individuals.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All listed documents are made available upon request. In addition, our tax return is posted on guidestar and both our annual audit and tax returns (both 990 and 990T) are available through our Fuller and Portico w ebsites

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Change in Financial Audit Oversight from Prior Year	There has been no change in the process from the prior year

DLN: 93493097005090

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name or the organization Fuller Theological Seminary				Employer Ident	tification number	
				95-1699394		
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization	tions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity state (if section 501(c)	atus (F) Direct controlling entity	
The Fuller Foundation 135 N Los Robles AveSte 660 Pasadena, CA91101 95-4124436	Support religious, charitable, educational, literary and scientifc purposes	CA	170(b)(1)(A)(vi)			

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Dort V	Transactions with Related Organizations
Partv	Transactions with Related Organizations

						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gıft, grant, or capital contribution from other organization(s)			1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organization	ion(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other organization	on(s)		1 l		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationships	and transaction thresholds			
	(A)	(B) Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)	The Fuller Foundation	С		10,	459,00	4
(2)						
(3)						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

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DLN: 93493097005090

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return Fuller Theological Seminary Form 990 Page 10 95-1699394 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 0 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 95-1699394

Name: Fuller Theological Seminary

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aas	-									1
		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert M Anderson , Trustee	0 00	Х						0	0	0
Mary Vermeer Andringa , Trustee	0 00	Х						0	0	0
David L Bere , Trustee	0 00	Х						0	0	0
Judy G Bergman , Trustee	0 00	Х						0	0	0
Russell J Bloem , Trustee	0 00	Х						0	0	0
William K Brehm , Trustee	0 00	Х						0	0	0
Gaylen J Byker , Trustee	0 00	Х						0	0	0
Merlın W Call , Trustee	0 00	Х						0	0	0
Barbara H Carlsberg , Trustee	0 00	Х						0	0	0
Peter Chao , Trustee	0 00	Х						0	0	0
Daniel L Chun , Trustee	0 00	Х						0	0	0
Sam Jı Chung , Trustee	0 00	Х						0	0	0
T Scott Daniels , Trustee	0 00	Х						0	0	0
Mary Jane Dellenback , Trustee	0 00	Х						0	0	0
Evelyn W Freed , Trustee	0 00	Х						0	0	0
Nathan O Hatch , Trustee	0 00	Х						0	0	0
Theodore W Hoehn , Trustee	0 00	Х						0	0	0
Anne M Huffman , Trustee	0 00	Х						0	0	0
Bill sung-Kook Hwang , Trustee	0 00	Х						0	0	0
Larry R Langdon , Trustee	0 00	Х						0	0	0
Dennis K Metzler , Trustee	0 00	Х						0	0	0
Shırley A Mullen , Trustee	0 00	Х						0	0	0
John C Ortberg , Trustee	0 00	Х						0	0	0
Clifford L Penner , Trustee	0 00	Х						0	0	0
Charles W Petty Jr , Trustee	0 00	Х						0	0	0
Brian T Prinn , Trustee	0 00	Х						0	0	0
Jack D Samuelson , Trustee	0 00	Х						0	0	0
Meritt Lohr Sawyer , Trustee	0 00	Х						0	0	0
Ronald Vanderpol , Trustee	0 00	Х						0	0	0
Jody De Pree Vanderwel , Trustee	0 00	Х						0	0	0
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Form 990, Part VII - Section Aaa

	(B) Average hours per week	(C) Position (check all that apply)								(F)	
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Daniel L Villanueva , Trustee	0 00	Х						0	0	0	
Gail T Weyerhaeuser , Trustee	0 00	Х						0	0	0	
Dale Wong , Trustee	0 00							0	0	0	
C Jeffrey Wright , Trustee	0 00	Х						0	0	0	
Warren V an Genderen , Treasurer/ Trustee	0 00	х		х				0	0	0	
Richard J Mouw , President/Trustee	40 00	Х		Х				234,652	0	34,394	
Sherwood G Lingenfelter , Provost and Senior V P	40 00			х				148,999	0	20,643	
Joe B Webb , VP for Institutional Adv	40 00			Х				132,838	0	28,097	
Howard G Wilson , Executive VP Finance	40 00			Х				120,116	0	23,850	
H Lee Merritt , VP for Finance & Secreta	40 00			Х				119,962	0	18,338	
Wendy Balzer , VP for Enrollment	40 00			Х				114,008	0	11,811	
Wendy s Walker , Assistant Secretary	40 00			Х				83,476	0	10,718	
Samuel L Delcamp , Vice President	0 00			Х				0	497,927	37,251	
Chapman R clark , Vice Provost/Faculty	40 00				Х			80,182	0	89,529	
Walter C Wright , Exec Director Depree Cen	40 00				х			98,927	0	81,606	
Howard J Loewen , Dean	40 00					Х		45,745	0	100,917	
Scott Cormode , Faculty	40 00					Х		57,952	0	75,198	
Joel B Green , Faculty	40 00					Х		46,981	0	86,829	
Winston E Gooden , Dean	40 00					Х		53,719	0	88,675	
Charles E McConnell , Dean	40 00					Х		65,554	0	69,712	