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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)

2012

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning	07-01-2012 , 2012, and end	ding 06	-30-2013	_		
_		pplicable	C Name of organization Fuller Theological Seminary				D Emplo	yer id	lentification number
Add	dress ch	nange	Doing Business As				95-16	993	94
Na	me cha	nge	Dolling Business As						
_ Init	tial retu	rn	Number and street (or P O box if ma	ail is not delivered to street address)	Room/	suite	E Telepho	one nu	ımber
Tei	mınate	d	135 N Oakland Avenue				· ·		
– <sub>Am</sub>	ended	return	City or town, state or country, and Z	IP + 4	<u> </u>		(626)	584	-5453
— Арі	olication	n pending	Pasadena, CA 911820001				<b>G</b> Gross r	eceipt	s \$ 62,198,000
			<b>F</b> Name and address of princ	cipal officer		H(a)	Is this a group		<del></del>
			John Ward				affiliates?	retui	⊤Yes ▼ No
			135 N Oakland Avenue Pasadena, CA 91182						
						1			luded?
<b>T</b> a	x-exem	npt status	▼ 501(c)(3)	nsert no )	527	<b>-</b>	ii No, attach	a IIS	t (see instructions)
ıw	ehsite	<b>-:  -</b> \\\\	w fuller edu			H(c)	Group exempt	ion n	umber 🟲
			Corporation Trust Association	Other 🕨		<b>L</b> Yea	r of formation 19	47	M State of legal domicile CA
Pa	rt I	Sum	ımary						
			escribe the organization's mission			D			
		Provides	s graduate degrees in Theology,P	sychology,Intercultural Studie	es,oper	ates a Psy	ch Center		
Governance	-								
<u> </u>	-								
<u>.</u>	2	Check tl	his box 🛏 if the organization dis	continued its operations or di	ISDOSEC	l of more tl	nan 25% of its	net a	assets
Ş	-	CHECK C	is box F <sub>1</sub> if the organization as	reontinued its operations of ar	эроэсс	i oi illore di	1411 23 70 01 103	11000	155005
	3	Number	of voting members of the governi	ng body (Part VI, line 1a) .				з	39
Acumines &	4	Number	of independent voting members o	of the governing body (Part VI	, line 1	b)		4	39
<u> </u>	5	Total nu	mber of individuals employed in c	alendar year 2012 (Part V , lıı	ne 2a)			5	1,278
្ន	6	Total nu	mber of volunteers (estimate if ne	ecessary)				6	0
	7a -	Total un	related business revenue from Pa	art VIII, column (C), line 12				7a	26,785
	ь	Net unre	elated business taxable income fro	om Form 990-T, line 34 .				7b	-3,002
							Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, lin	11,272,	842	12,493,387			
Ę	9	Progra	am service revenue (Part VIII, lir	ne 2g)			39,990,0		39,108,549
Revenu	10	Inves	tment ıncome (Part VIII, column	(A), lines 3, 4, and 7d) .		5,840,	2,154,724		
亡	11	Other	revenue (Part VIII, column (A), I	lines 5, 6d, 8c, 9c, 10c, and 1	1e)		1,448,	523	908,422
	12		revenue—add lines 8 through 11			ne	58,552,	144	54,665,082
	13		s and sımılar amounts paid (Part 1				4,958,		5,061,923
	14		its paid to or for members (Part I)				1,550,	0	0
	15		es, other compensation, employed					$\dashv$	
\$	13	5-10		e beliefies (Fare 1x, column (A	, iiics		30,467,	241	32,757,714
Expenses	16a	Profes	ssional fundraising fees (Part IX, o	column (A), line 11e)				0	0
ੜੇ	ь	Total fu	indraising expenses (Part IX, column (D)	, line 25) 🛌 3,012,986					
	17	Other	expenses (Part IX, column (A), li	ınes 11a-11d, 11f-24e) .			23,068,	935	23,804,310
	18	Total	expenses Add lines 13–17 (mus	st equal Part IX, column (A), lı	ine 25)		58,494,	951	61,623,947
	19	Reven	ue less expenses Subtract line 1	18 from line 12			57,	193	-6,958,865
হৈ পূঁ						Begi	nning of Curre	nt	End of Year
9 4 4 4 4 4						-	Year		
Net Assets of Fund Balances	20		assets (Part X, line 16)			<u> </u>	287,246,	-	292,971,949
5 S	21		liabilities (Part X, line 26)			•	82,715,	-+	82,245,335
	22 11   11		ssets or fund balances Subtract I nature Block	ine 21 from line 20	• •		204,530,	380	210,726,614
Jnde ny k	r pena nowled	alties of dge and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
Sigr	1	Signa	ature of officer				Date		
Her			Ward VP for Finance						
			e or print name and title						
		F	Print/Type preparer's name	Preparer's signature		Date	Check I if	PTIN	
Paid	d	-	Firm's name 🕨	1			self-employed Firm's EIN	<u> </u>	
Pre	pare						5 LIV F		
	Onl		rim's address 🕨				Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par		nt of Program Serv			tIII	
1	Briefly describe t	he organization's missio	n			
The :	Seminary is an inte	rnational, multi-denomir ations through its schoo	national, post-ba	acculaureate scho	ol of religious learning that prepare	ares students for a wide
	ty or omistian voc	actions chrough its sense	13 01 1 110010977	i sychology and i	recreation of courses	
2	the prior Form 99				year which were not listed on	
3	Did the organizati		make significar	nt changes in how	t conducts, any program	
4	Describe the orga expenses Section	nızatıon's program servı	ce accomplishn 4) organizations	s are required to re	s three largest program service port the amount of grants and a	
4a	(Code School of Theology -	) (Expenses \$ · 1,042 full-paid equivalent st	25,621,152 udents served	including grants of \$	2,743,229 ) (Revenue \$	18,678,969 )
4b	(Code School of Psychology	) (Expenses \$ / - 242 full-paid equivalent st	10,352,343 udents served	including grants of \$	1,318,857 ) (Revenue \$	6,271,435)
4c	(Code School of Intercultur	) (Expenses \$ al Studies - 283 full-paid equi	6,037,220 valent students ser	ıncludıng grants of \$	941,312 ) (Revenue \$	5,313,667 )
	(Code Psychological Center	) (Expenses \$ - Student trainees provided o	624,667 counseling services	including grants of \$ to members of the co	• • • • • • • • • • • • • • • • • • • •	621,490 )
	(Code Urban Youth Certifica	) (Expenses \$ ation Program	403,277	ıncludıng grants of \$	58,525 ) (Revenue \$	98,472 )
	(Code Other Misc Programs	) (Expenses \$		including grants of \$	) (Revenue \$	377,255 )
	(Code Conference and Prog	) (Expenses \$ gram Even Revenue		ıncludıng grants of \$	) (Revenue \$	219,911 )
	(Code Miscellaneous Incom	) (Expenses \$		including grants of \$	) (Revenue \$	168,571 )
	(Code Cost Recovery Reve	) (Expenses \$		including grants of \$	) (Revenue \$	349,658)
	(Code Sales of Instructiona	) (Expenses \$ I Materials		including grants of \$	) (Revenue \$	11,435 )
	(Code Miscellaneous Royali	) (Expenses \$ ties on Educational Publication	ıs	including grants of \$	) (Revenue \$	14,031 )
	(Code Net Income from Sa	) (Expenses \$ le of Books to Students		including grants of \$	) (Revenue \$	1,284 )
4d	Other program s (Expenses \$	ervices (Describe in Sch 1,027,944 in	nedule O ) cluding grants o	of \$	58,525 ) (Revenue \$	1,862,107)
4e	Total program se	ervice expenses 🕨	43,038,659			

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school 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 United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		No
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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	· · · · · · · · · · · · · · · · · · ·			
37	Did the organization conduct more than 5% 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 VI	37		No
37 38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	38	Yes	No (2012)

ŒΠ	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   247			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
			V	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
•	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	 		
-	Does the organization have applied gross resounts that are normally greater than \$100,000, and did the	5c		NI a
d	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		
,	required?	7g	Yes	
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12d		
,	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	[		
1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI	

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	je Code	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12-	· · · · · · · · · · · · · · · · · · ·		100	
⊥∠a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
		12a 12b		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13		Yes	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes	
b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes Yes Yes	
b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

### 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 made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)
- 9 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- 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 (626) 584-5453

Form	990	(2012)	
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### 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d in is l	ne l both	oox, an d	heck unless officer stee)	(E) Reportable compensation from related organizations (W-	amou com fi	(F) stimat unt of ipensa rom th	other ition e		
		for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	-	nizatio relate anizat	d
1b	Sub-Total			•				►					
С	Total from continuation sheet			١.		•		<b>F</b>					
d	Total (add lines 1b and 1c) .				•	•	•	•	1,495,043				394,411
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
												'es	No No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee,	, or highest compen	sated employee	3	-3	No
4	For any individual listed on line organization and related organ individual									uch	4 Y	es	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
C-	stion D. Indonesidant C-	mtun eta									•		
<u>Se</u> 1	ction B. Independent Co Complete this table for your five		ensated	d inde	epen	dent	t contr	acto	rs that received mo	re than \$100,000 o	of		
	compensation from the organiz	ation Report co								thin the organizatio			
		(A)							1	(B)	1	(C)	

(A) Name and business address	(B) Description of services	(C) Compensation
Royal Oaks Renovation 3731 Los Amigos Street La Crescenta CA 91214	Construction	280,005
Rogelio Sanchez Painting 3400 E Milton St Pasadena CA 91107	Painter	276,705
ValleyCrest Landscape Maintenance PO Box 57515 Los Angeles CA 90074	Landscape	144,446
ABM Services Inc File 53120 Los Angeles CA 90074	Janitorial Service	131,493
Post Alarm Systems 47 E St Joseph St Arcadia CA 91066	Security Service	110,939
Takal annula ang Candan and akan ankan akan Manaladan akah ankan kalanda da akan akan akan akan akan akan ak	· · · · · · · · · · · · · · · · · · ·	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

		Check if Schedule O contains a respons	e to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
	1a	Federated campaigns 1a					
tributions, Giffs, Grants Other Similar Amounts	b	Membership dues 1b					
֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising events 1c					
its,	d	Related organizations 1d	153,856				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) <b>1e</b>	179,591				
Sis	f	All other contributions, gifts, grants, and <b>1f</b>	12,159,940	İ	i		
탈	•	sımılar amounts not ıncluded above		ļ			
<u> </u>	g	Noncash contributions included in lines 1a-1f \$	1,512,423				
and	h	Total. Add lines 1a-1f		12,493,387			
			Business Code				
Program Service Revenue	2a	Tuition	611310	30,205,030	30,205,030		
£9.	b	Auxiliary Services	721110	7,748,261		26,785	7,721,476
93	c	Psychological Center	611310	621,490	621,490		
er er	d	Fees	611310	533,768	533,768		
رم 1	e						
<u>Š</u>	f	All other program service revenue					
<u>¥</u>	g	Total. Add lines 2a-2f	>	39,108,549			
	3	Investment income (including dividends	s, interest,	1,276,566			1,276,566
		and other similar amounts)  Income from investment of tax-exempt bond pro	<b>-</b>	1,276,366			1,270,300
	4 5	Royalties		14,031	14,031		
	•	(i) Real	(II) Personal	· ·	·		
	6a	Gross rents	,				
	b	Less rental expenses					
	С	Rental income					
	d	or (loss)  Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 8,397,201 assets other than inventory					
	b	Less cost or other basis and sales expenses 7,519,043					
	С	Gain or (loss) 878,158					
	d	Net gain or (loss)		878,158			878,158
Omer Revenue	8a	s of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	ь	Less direct expenses <b>b</b>					
5	c	Net income or (loss) from fundraising ev	/ents . ▶				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activi	ties				
1	10a	Gross sales of inventory, less returns and allowances .	15,159				
	b	Less cost of goods sold b	13,139				
		Net income or (loss) from sales of inver		1,284	1,284		
		Miscellaneous Revenue	Business Code				
[3	11a						
	b						
	С						
	d	All other revenue		893,107	750,575		142,532
	е	Total. Add lines 11a-11d	• • • ▶	893,107			
1	12	<b>Total revenue.</b> See Instructions		54,665,082	32,126,178	26,785	10,018,732

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 5,061,923 5,061,923 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,079,904 151,919 692,577 235,408 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 24,854,334 19,409,560 4,067,291 1,377,483 Pension plan accruals and contributions (include section 401(k) 1,229,837 998,572 93,044 and 403(b) employer contributions) . . . . 138,221 4,117,027 3,320,298 393,978 Other employee benefits . . . . 402,751 10 1,476,612 1,163,018 145,046 168,548 11 Fees for services (non-employees) Management . . . . 161,827 14,641 147,186 Legal . . . . . . . . Accounting . . . . . . . . . . . . . 110,473 110,381 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 460,411 460,411 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,328,621 1,838,496 392,057 98,068 Schedule O) . . . . . . . Advertising and promotion . . 398,261 144,041 224,793 12 29,427 13 Office expenses . . . . . 4,433,256 2,686,404 1,603,893 142,959 1,023,659 402,339 592,089 14 Information technology . . 29,231 15 Royalties . 5,204,629 2,251,690 16 Occupancy . . . . . . 2,952,614 325 **17** 1,955,368 1,316,204 465,595 173,569 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 217,581 169,788 36,141 11,652 20 2,567,499 2,567,499 Payments to affiliates . . . . . . 21 2,957,258 22 Depreciation, depletion, and amortization . 2,199,081 727,401 30,776 1,686 23 1,686 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 469,175 a Hospitality 847,069 216,002 161,892 Miscellaneous Expense 336,020 303,262 20,782 11,976 Academic Materials 285,950 91,608 194,342 0 d Other Expense 139,398 113,222 26,176 0 e All other expenses 375,344 232,402 142,242 700 Total functional expenses. Add lines 1 through 24e 25 61,623,947 43,038,659 15,572,302 3,012,986 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Check if Schedule O contains a response to any question in this Pa	rt X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		3,624,851	1	2,485,218
	2	Savings and temporary cash investments		12,684	2	159,209
	3	Pledges and grants receivable, net		1,611,427	3	1,862,661
	4	Accounts receivable, net		3,145,180	4	4,868,130
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part I Schedule L	I of	475.000	_	225 000
Assets	6	Loans and other receivables from other disqualified persons (as de $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and containd sponsoring organizations of section $501(c)(9)$ voluntary employeranizations (see instructions) Complete Part II of Schedule L	rıbutıng employers	475,000	6	325,000
8	7	Notes and loans receivable, net		2,060,492	7	1,978,037
⋖	8	Inventories for sale or use		120,387	8	105,037
	9	Prepaid expenses and deferred charges		6,190,561	9	6,004,294
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	447 070 004			
	ь	Less accumulated depreciation 10b	26,620,653	93,327,213	10c	90,652,731
	11	Investments—publicly traded securities		66,438,140	11	76,271,574
	12	Investments—other securities See Part IV, line 11		26,183,611	12	20,874,993
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		84,056,747	15	87,385,065
	16	Total assets. Add lines 1 through 15 (must equal line 34)		287,246,293	16	292,971,949
	17	Accounts payable and accrued expenses		2,612,630	17	9,996,827
	18	Grants payable			18	
	19	Deferred revenue		4,503,721	19	4,451,168
	20	Tax-exempt bond liabilities		52,137,500	20	51,437,500
ø	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified	trustees,			
gej		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,982,549	23	6,124,986
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$		16,238	24	0
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X	of Schedule	12,463,275	25	10,234,854
	26	D		82,715,913	26	82,245,335
— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ a lines 27 through 29, and lines 33 and 34.		02,710,010	20	02,240,000
ř	27	Unrestricted net assets		32,945,350	27	35,707,114
<u> </u>	28	Temporarily restricted net assets		69,499,094	28	69,222,381
	29	Permanently restricted net assets		102,085,936	29	105,797,119
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.				<u> </u>
ō	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
455	32	Retained earnings, endowment, accumulated income, or other fund			32	
Net /	33	Total net assets or fund balances		204,530,380	33	210,726,614
Ž	34	Total liabilities and net assets/fund balances		287,246,293	34	292,971,949
	1	. Staabilities and net assets/land balances	• •	201,240,290		Z92,971,949

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,6	565,082
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,6	523,947
3	Revenue less expenses Subtract line 2 from line 1	3			58,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			30,380
5	Net unrealized gains (losses) on investments	5			.55,805
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6,9	99,294
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		210,7	26,614
Par	t XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d <b>3b</b>	Yes	

# Software ID: Software Version:

**EIN:** 95-1699394

Name: Fuller Theological Seminary

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Compensated Employees, and Indeper (A) Name and Title	Adent Contra (B) Average hours per week (list	Positio more unless and	(C) n (do than pers office ctor/	not one on i r an trust	ched box s bot d a tee)	ck , th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			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
Thomas G Bost 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
Merlin 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
Andrew H Crouch 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
David K Gibbons Trustee	0 00	х						0	0	0
Nathan O Hatch Trustee	0 00	х						0	0	0
Theodore W Hoehn III Trustee	0 00	х						0	0	0
Anne M Huffman Trustee	0 00	х						0	0	0
James R Hunt Trustee	0 00	х						0	0	0
Bill Sung-Kook Hwang Trustee	0 00	х						0	0	0
Richard Kannwischer Trustee	0 00	х						0	0	0
Charles Kım 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustaa or diliector Institutional Trustee hours organizations for employee related organızatıons below dotted line) 0 00 Daniel D Meyer Χ 0 0 0 Trustee 0 00 Shirley A Mullen 0 0 Х 0 Trustee 0 00 John C Ortberg Jr 0 0 0 Х 0 00 Clifford L Penner Х 0 0 0 Trustee 0 00 Jack D Samuelson 0 0 0 Χ Trustee 0 00 Mentt Lohr Sawyer 0 0 0 Х Trustee 0 00 Larry A Smith 0 0 0 Х Trustee 0 00 Jody A De Pree Vanderwel 0 0 0 Х Trustee 0 00 Grant A Wacker Χ 0 0 Trustee 0 00 Gail T Weyerhaeuser 0 0 0 X Trustee 0 00 Dale C Wong Χ 0 0 0 Trustee 0 00 C Jeffrey Wright 0 Х 0 Trustee 0 00 Daniel L Villanueva 0 0 0 Х Х Treasurer/Trustee 40 00 Richard J Mouw Х Χ 228,371 0 36,433 President/Trustee 40 00 Joe B Webb Х 118,981 0 22,654 VP for Institutional Advan 40 00 John R Yasuda Χ 0 0 0 VP for Institutional Advan 40 00 John Ward 0 Χ 148,658 28,991 VP for Finance 40 00 Wendy Balzer Χ 127,651 0 14,650 VP for Enrollment 40 00 Wendy S Walker Х 70,523 0 12,484 Secretary 40 00 Charles D McConnell 0 Χ 116,121 74,789 Provost and Senior VP 40 00 Mary H Given Х 89,961 0 22,890 VP for Alumni and Church Relations 40 00 Steven Simpson Х 116,137 0 30,027 Faculty, School of Psychol 40 00 Earl Frederick Messick 20,497 Χ 108,041 0 Associate VP for Public Af 40 00 Justin Barrett Х 131,945 0 6,428 Faculty, School of Psychol 40 00 Gideon J Strauss 129,148 0 18,278 Executive Director - Max De Pree Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Endepe							ı		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	than	one one son is er and trust	box s bot d a ee)	, th	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Chapman R Clark Assoc Provost for RC's & Strategic Projects	40 00				×		109,506	0	106,290

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As Filed Data -

DLN: 93493038009404

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

Fuller Theological Seminary

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

									95-1699		
	rt I			blic Charity Sta						nstruction	S
	rganı		•	te foundation becaus	•		- ,	•	•		
1	<u> </u>		•	on of churches, or a				ection 170	(b)(1)(A)(i).		
2	고			in <b>section 170(b)(1</b>			•				
3				perative hospital se							
4				h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)(	(1)(A)(iii).	Enter the
5	Г			ty, and state erated for the benefi	t of a college	or liniversi	ty owned or o	nerated by	, a dovernmen	tal unit des	cribed in
•	'	_	•	(A)(iv). (Complete P	_	. Of dilliversi	cy owned or o	peracea by	a governmen	car anne acc	icribed iii
6	г			local government o	*	al unit desc	ribed in <b>secti</b>	ion 170(b)	(1)(A)(v).		
7	, _			at normally receives	_			• •		rom the ae	neral nublic
•	,			on 170(b)(1)(A)(vi).			Support from	a governii	ientai unit or i	rom the ge	neral public
8	$\sqcap$	A com	munity trust	described in <b>section</b>	170(b)(1)(	<b>A)(vi)</b> (Cor	mplete Part II	[ )			
9	$\sqcap$	An org	anızatıon th	at normally receives	(1) more th	an 331/3% d	of its support	from contr	ıbutıons, mem	bership fee	es, and gross
		receipt	s from activ	ities related to its e	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	ore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ess taxable ın	come (less	s section 511	tax) from b	ousinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (C	omplete Pa	art III )		
10	Γ	An org	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See <b>sectio</b>	on 509(a)(4).		
11	Γ	_		ganized and operated	•				,	•	
				ly supported organız bes the type of supp						ee <b>section</b>	<b>509(a)(3).</b> Check
				<b>b</b> Type II <b>c</b>						on-functior	nally integrated
e	Г			ox, I certify that the			-				
_	•			on managers and ot							
_			1 509(a)(2)								
f			rganızatıon thıs box	received a written d	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Type	III suppor	ting organization,
g				2006, has the organ	ızatıon accer	oted any gift	or contributi	on from an	v of the		ı
•			ng persons?			, 3			,		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (ii)	)	Yes No
		and (111	) below, the	governing body of th	ne supported	organızatıo	n?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organızat	cion(s)				
(	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	suppo			organization	organizati		the organiz		organizat		monetary
OI	ganiz	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor	•	col (i) org		support
				or IRC section	docume		Suppor	.,	III the o	3 '	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
							1	1	1	1	
Tota						<del> </del>					

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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) 2012

DLN: 93493038009404

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization	·	Emp	oloyer identification number				
ruii	er Theological Seminary		95-1699394					
Pa	Organizations Maintaining Donor Adv		unds	or Accounts. Complete if the				
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts				
L	Total number at end of year	(a) beneficially and		(2)				
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
1	Aggregate value at end of year							
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor adv	rsed <b>∀es                                   </b>				
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene							
Da	conferring impermissible private benefit?  rt II Conservation Easements. Complete if	the organization answered "Ves" i	to Forr	<u> </u>				
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	anization (check all that apply) or education)  Preservation of a	n histor certifie	rically important land area d historic structure				
	easement on the last day of the tax year			Held at the End of the Year				
а	Total number of conservation easements		2a	ried at the Liu of the real				
ь	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c					
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	, ,	2d					
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminat	ed by th	ne organization during				
	the tax year ►		·					
ŀ	Number of states where property subject to conservat	ion easement is located 🗕						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and <b>Yes No</b>				
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (	during the year				
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year				
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)				
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l state	ments that describes				
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.				
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve	or rese	earch in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education,						
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$				
	(ii) Assets included in Form 990, Part X			<b>►</b> \$				
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			ncial gain, provide the				
а	Revenues included in Form 990 Part VIII line 1			<b>b-</b> ¢				

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	itorical i	<u>reasures, or C</u>	<u>itne</u>	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck any of	the following that	are a	significant use	e of its	
а	Public exhibition		d	┌ Loan	or exchange prog	rams	;		
b	Scholarly research		e	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expl	ain ho	w thev furth	er the organization	n's ex	cempt purpose	ın	
•	Part XIII				_			•••	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						nılar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang		-				es" to Form 9	<u>'</u>	,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	nediary	for contrib	utions or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	e follov	wing table	-				
							1A	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iıı	ne 21?	•				┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in f	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	<b>b</b> (c)Two years back	+	·		ears back
1a	Beginning of year balance	171,432,090		165,587,336		_	86,132,484	1	04,667,942
Ь	Contributions	3,878,885		7,053,292	15,891,428	3	70,339,751		5,512,093
С	Net investment earnings, gains, and losses	9,598,429		8,300,812	20,499,957	7	-14,980,638	-	18,194,080
d	Grants or scholarships	-4,373,293		-4,240,073	-2,487,695	5	-1,633,100		-2,114,651
e	Other expenditures for facilities	-5,232,006		-4,369,212	-3,180,327	7	-2,713,720		-2,615,053
_	and programs								
t	Administrative expenses	-462,447 174,841,658		-900,065 171,432,090		-	-1,099,927 136,044,850		-1,123,767
g	End of year balance				<u> </u>	<u>'</u>	136,044,630		86,132,484
2	Provide the estimated percentage of the cur		nce (lır	ne 1g, colun	nn (a)) held as				
а	Board designated or quasi-endowment 🕨	8 670 %							
b	Permanent endowment ► 63 590 %								
C	Temporarily restricted endowment > 27 The percentages in lines 2a, 2b, and 2c sho	740 % uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organi:	zatıon	that are hel	d and admınıstere	d for	the		T
	organization by  (i) unrelated organizations						3a	(i) Yes	No No
	(ii) related organizations		•			•			1110
ь	If "Yes" to 3a(II), are the related organization					٠.		_	<del> </del>
4	Describe in Part XIII the intended uses of the							<u> </u>	
Par	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 9	90, Pa	art X, line	10.				
	Description of property			(a) Cost of basis (inves			(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land				11,880	),999		1	11,880,999
b	Buildings				92,130	,661	17,474,56	_	74,656,094
c	Leasehold improvements				532	2,393	124,70	12	407,691
d	Equipment				11,253	3,875	8,763,28	15	2,490,590
e	Other				1,475	,456	258,09	19	1,217,357
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), lıne	10(c).)			9	90,652,731

Part VII Investments—Other Securities. See		2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) Trust Deeds & Notes Rec	16,856,474	С
(B) Cash & Cash Equivalents	1,953,328	F
(C) Money Market Funds	2,065,191	С
(e) Honey Harket Lands	2,003,131	, , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
(1) Property Held for Sale		3,125,331
(2) Beneficial Interest in Perpetual Tr		3,474,706
(3) Interest in Investments of Financially Interrelated Enti	ty	49,161,807
(4) Interest in Net Assets of Affiliate		31,623,221
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15		▶ 87,385,065
Part X Other Liabilities. See Form 990, Part >		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Annuities Payable	296,586	
Deposits	1,170,332	
Assets Held for Auxiliary Organizat	108,016	
Advances From Affiliate	1,200,000	
Perkins Loan Funds Repayable to Fed	1,208,399	
Interest Rate Swap	4,873,131	
Preoria Repurchase Liability	1,378,390	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	10,234,854	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex		nization's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	59,930,042
2	Amounts 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	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,254,646
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,675,396
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-10,314
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	54,665,082
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s pei	Return
1	Total expenses and losses per audited financial statements	1	56,115,486
2	A mounts 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	Other losses	_	
d	Other (Describe in Part XIII ) 2d 13,875	<u>;                                    </u>	
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,875
3	Subtract line <b>2e</b> from line <b>1</b>	3	56,101,611
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 XIII ) 4b 5,522,336	5	
c	Add lines <b>4a</b> and <b>4b</b>	4c	5,522,336
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	61,623,947

### Part XIII 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	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
Part XI, Line 2d - Other Adjustments		Scholarships -5,061,923 Change in Net Assets of Financially Interrelated Entity 3,180,360 Assessment Fees -460,413 Gain on Disposal of Asset 1,440,817
Part XI, Line 4b - Other Adjustments		Bookstore Cost of Goods Sold -13,875 Misc Account Reclassifications 3,561
Part XII, Line 2d - Other Adjustments		Bookstore Cost of Goods Sold 13,875
Part XII, Line 4b - Other Adjustments		Scholarships 5,061,923 Assessment Fees 460,413

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As Filed Data -

DLN: 93493038009404

OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

Fuller Theological Seminary 95-1699394 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a 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 nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 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 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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," explain on Part II Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	Non-discrimination policy is published in the course catalog and posted on the Fuller Website
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Fuller Theological Seminary received funds for Student Financial Aid from the U.S. Department of Education, through the Federal Direct Loan Program, the Federal Graduate PLUS Loan Program, the Federal Work-Study Program and the Federal Perkins Loan Program

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493038009404

OMB No 1545-0047

2012

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# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Name of the organization
Fuller Theological Seminary

Department of the Treasury

Employer identification number
95-1699394

Part I	General Information on Activities Outside the United States. Complete	e if the organization answered
	"Yes" to Form 990 Part IV line 14h	_

- the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	( <b>b</b> ) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
South Asia - South Korea	1	0		A cademic Support for Theological Education	126,960
<b>3a</b> Sub-total	1	0			126,960
<b>b</b> Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			126,960

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete of the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

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

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities.

ო

Schedule F (Form 990) 2012

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

appraisal, other) (h) Method of (book, FMV, valuation (g) Description of non-cash assistance (f) A mount of assistance non-cash (e) Manner of cash disbursement (d) A mount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	হ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<b>₽</b>	No

Schedule F (Form 990) 2012

### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants O utside the U S		Schedule F, Part I, Line 2 The Organization only has revenue and expenses outside the U S related to program service activities
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 All expenditures are accounted for on the accrual basis of accounting, and expenditures for program service activities are supported by appropriate documentation
		Schedule F (Form 990) 2012

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493038009404

Open to Public

Internal Revenue Service

Schedule I

(Form 990)

Department of the Treasury ► Attach to Form 990

Inspection

lame of the organization						Employer identification	on number
uller Theological Seminary						95-1699394	
Part I General Informat	ion on Grants and	d Assistance				•	
<ol> <li>Does the organization mainta the selection criteria used to</li> <li>Describe in Part IV the organ</li> </ol>	award the grants or as	sıstance?					⊽ Yes
				<b>United States.</b> Com ort II can be duplicated			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
<ul><li>Enter total number of section</li><li>Enter total number of other or</li></ul>						<b>-</b>	
or Paperwork Reduction Act Notice, s				Cat No 50055P			e I (Form 990) 2012

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(f)Description of non-cash assistance Schedule I, Part I, Line 2 The Organization only awards financial assistance or grant-in-aid to individuals are designated to and compliance is monitored by senior management, to ensure that the amount and eligibility of individuals is in accordance institutional policies for awarding and monitoring of financial assistance. Each award is done in accordince with the policies Does not provide non-cash assistance meet the educational expenses of students attending Fuller Theological Seminary The Organization has established (e)Method of valuation FMV, appraisal, other) Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information 0 FMV non-cash assistance (d)A mount of 5,061,923 with established policies (c)A mount of cash grant **Explanation** 1875 (b)Number of recipients Supplemental Information. **Return Reference** Organizations Campuses in North America (1) Grant in Aid for Students attending the Part I, Line 2 (a)Type of grant or assistance Procedure for Monitoring Grants in the U S Part IV Identifier

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493038009404

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Par	rt I Questions Regarding Compensation	n			
				Yes	No
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		rganızatıon follow a written policy regardıng payment or escribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to r directors, trustees, and the CEO/Executive Director	reimbursing or allowing expenses incurred by all officers, r, regarding the items checked in line 1a?	2	Yes	
			┢═╌		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens				
	∇ Compensation committee	Written employment contract			
	☐ Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, for a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	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, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p	paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	Tregulations section 33 4730 4(a)(3). If Tes, describe	8		No
9	If "Yes" to line 8 did the organization also follow the	e rebuttable presumption procedure described in Regulations	بّ		1,10
	section 53 4958-6(c)?	e resuccasie presumption procedure described in Regulations	9		

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported in Schedule 3, 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		( <b>B)</b> Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c) Retirement and	(D) Nontaxable	nmns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred In prior Form 990
(1)Rıchard J Mouw President/Trustee	(ii)	222,371	0	000'9	16,223	20,750	265,344	0
<b>(2)</b> John Ward VP for Finance	(ii)	143,408	0	5,250	9,57,6 0	19,724 0	178,116	0
(3)Charles D McConnell Provost and Senior VP	(ii)	105,792	0	10,329	21,975	53,312 0	191,408	0
(4)Justin Barrett Faculty, School of Psychol	(ii)	130,445	0	1,500	0 005'ε	18,626 0	154,071	0
( <b>5)</b> Chapman R Clark Assoc Provost for RC's & Strategic P	(ii)	106,211	0	3,295	17,514	89,182	216,202	0

Schedule J (Form 990) 2012

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Partiti Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	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

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493038009404

2012

OMB No 1545-0047

Open to Public

**Inspection** 

# **Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Fuller Theological Seminary

**Employer identification number** 

95-1699394

C

No

Χ

Х

Yes

									95-1099594						
P	art I Bond Issues			·											
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue price		<b>(f)</b> Description	of purpose		feased	(h) beha ıssı	ılf of uer	finar	Pool ncing	
l						$\bot$			Yes	No	Yes	No	Yes	No	
A_	Fuller Theological Seminary	95-1699394	196458WD1	03-16-2004	34,500,00	0 un Pa	inance construct inits of student he asadena campus	ousing on the	х			Х		Х	
В_	Fuller Theological Seminary	95-1699394	19645RFG1	04-08-2008	20,710,00	0 pu	inance library ad urchase of facult apital improvemi	ty housing and	×			Х		Х	
c	Fuller Theological Seminary	95-1699394		02-25-2011	52,980,00		rovide funds to c 004 and 2008 is			х		Х		Х	
Pa	TTT Proceeds														
					Α		В			С			D		
1	A mount of bonds retired														
2	Amount of bonds legally defea	sed													
3	Total proceeds of issue														
4	Gross proceeds in reserve fun	nds													
5	Capitalized interest from proce	eeds													
6	Proceeds in refunding escrows	5													
7	Issuance costs from proceeds	3													
8	Credit enhancement from proc	:eeds													
9	Working capital expenditures f	from proceeds									$\overline{}$				
10	Capital expenditures from prod	ceeds									o				
11	Other spent proceeds	_													
12	Other unspent proceeds														
13	Year of substantial completion	ı			2006		200	9	2	011					
		_	_		Yes I	No	Yes	No	Yes	N	<u>-                                    </u>	Yes		No	
14	Were the bonds issued as part	t of a current refundi	ng issue?			Х		Х	Х	$\overline{\mathbf{I}}$					
15	Were the bonds issued as part	t of an advance refur	ıdıng issue?			Х		Х		×					
16	Has the final allocation of proc	eeds been made?			Х		Х		Х						
17	Does the organization maintain allocation of proceeds?	n adequate books aı	nd records to suppo	ort the final	Х		х		Х						

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Part IIII Private Business Use

financed property?

property financed by tax-exempt bonds?

No

Х

В

No

Χ

Χ

Yes

Α

Yes

Yes

D

No

Sche	Schedule K (Form 990) 2012									Page 2
Par	Part III Private Business Use (Continued)									
			∢		8			C		۵
			Yes	N <sub>o</sub>	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busines of bond-financed property?	business use		×		×		×		
<b>a</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other o counsel to review any management or service contracts relating to the financed property?	other outside								
U	Are there any research agreements that may result in private business use of bond-financed property?	e of bond-		×		×		×		
פ	If "Yes" to line 3c, does the organization routinely engage bond counsel or other ocounsel to review any research agreements relating to the financed property?	other outside								
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government	y entities		%000000		%000000		%000000		%
N.	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 section 501(c)(3) organization, or a state or local government	s a result of er section		%000000		%0000000		%000000		0/0
9	Total of lines 4 and 5			%000000		%000000		%000000		%
	Does the bond issue meet the private security or payment test?			×		×		×		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?	o a nds were		×		×		×		
q	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	disposed of		%		%		%		%
U	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	sections								
6	Has the organization established written procedures to ensure that all nonqualifiec bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	qualıfied der		×		X		×		
Par	Part IV Arbitrage									
		¥		B			ပ		D	
		Yes	₽	Yes	2	Yes	S	9	Yes	8
<b>.</b>	Has the Issuer filed Form 8038-T?		×		×			×		
7	If "No" to line 1, did the following apply?									
6	Rebate not due yet?		×		×	×				
٩	Exception to rebate?		×		×			×		
v	No rebate due?		×		×			×		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
m	Is the bond issue a variable rate issue?	×		×		×				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		×	×				
Ф	Name of provider	Wells Fargo Bank (3) and US Bank (	v Bank Bank (1)			Wells F (3) and	Wells Fargo Bank (3) and US Bank (1)	1)		
U	Term of hedge				•					
ם	Was the hedge superintegrated?		×					×		
σ	Was a hedge terminated?		×					×		

Schedule K (Form 990) 2012

Part IV Arbitrage (Continued)

		A		В		<b>၁</b>		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>2a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×	×			
٩	Name of provider	Bayern LB				Bayern LB			
U	Term of GIC	00000	000000000000			00000	7 000000000000		
P	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				×			
9	Were any gross proceeds invested beyond an available temporary period?		×		×		×		
7	Has the organization established written procedures to monitor the requirements of section $148^{7}$		×		×		×		
Par	Part V Procedures To Undertake Corrective Action								
		٧		В		<b>၁</b>		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>H</b>	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×							
Pa	Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)	ıde addıtıona	al information	n for respon	ses to duest	ions on Sche	dule K (see	instructions)	

Schedule K (Form 990) 2012

Explanation

Return Reference

Identifier

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493038009404

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

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

Open to Public Inspection

Name of the Fuller Theologic	organization cal Seminary										fication	number	•
Dowt T. Gr	rooss Ponot	it Tron	caction	c (coctio	n E01/c\/2\	and costion	501(c)(4) or		5-169				
							25a or 25b, or					40b	
	ame of disqual				hıp between d		(c) Descri					(d) Corre	ected?
1 (-)					and organiza		(5, 2 555	,				Yes	No
						+							
2 Enterth 4958.		ix incurre	d by orga	nızatıon m	anagers or di	squalified pers	ons during the	year	under	section			
		· ·		above re	· · · ·	ha arganizatio	n	• •	•	<b>►</b> \$			
3 Enter th	e amount of ta	ıx, 11 ally,	on line 2,	above, re	illibursed by t	ille organizatio		•	•	<b>-</b> >			
	Loans to ar												
							line 38a, or Fo	orm 99	0, Pa	t IV, lın	e 26, o	rıfthe	
(a) Name of	organization re					(e)O riginal	(f)Balance	(g)	In	(h)		(i)Wri	tton
interested	with organiza		loan	or from		principal	due	defa		Appro		agreem	
person				organızat	cion? amount			by board o			rd or	r   -	
				<u> </u>	T_	4			·	commit	1	1,,	T
(1 ) ) ) (	<u> </u>	7		То	From	50,000	50,000	Yes	No	Yes	No	Yes	No
(1) Wendy S <i>W</i> alker			ntive to act Key		X	30,000	30,000		No	Yes		Yes	
			loyee										
(2) Charles			ntive to		×	275,000	275,000		Νo	Yes		Yes	
O Mc Connell			act Key Ioyee										
		2.1119	10 y C C			<u> </u>						<u> </u>	<u> </u>
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Γotal		•		►	\$		325,000					]	
	Grants or A												
						·	rt IV, line 27			1	_		
• •	finterested son		latıonshıp ted persor		(c) A mount	of assistance	( <b>d</b> ) Type o	otassis	stance	(e)	Purpos	e of assi	stance
per	3011		organizatio										
(1) John Ward		Officer			5,250		Tuition						
(2) Justin Bar	rett	Highly C Employe	ompensat e	ed	1,500		Tuition						
(3) Gideon J S	Strauss	Highly C Employe	ompensat e	:ed	5,250		Tuition						
(4) Chapman	R Clark	Highly C Employe	ompensat	ed	3,295		Tuition						

Part W Business Transactions I					
Complete if the organization	<u>n answered "Yes" on I</u>	<del>Form 990, Part IV, lın</del>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493038009404

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization Fuller Theological Seminary

**Employer identification number** 

_				L	95-1699394			
Pa	Types of Property	(-)	(1-2	(-)				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of d noncash contrib	letermi		ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
•	Cars and other vehicles							
,	Boats and planes							
3	Intellectual property							
)	Securities—Publicly traded .	Х	12	1,449,037	Mkt Val at date of g	jift		
)	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures Q ualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ►()							
	O ther ► ()	L			<u> </u>			
	Number of Forms 8283 received for which the organization comple				29			
	io. Which the organization comple	1 01111 0	200, I dic IV, Dollee ACKII	omeagement [			Yes	No
)a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		1 3	
	must hold for at least three year							
	for exempt purposes for the enti					30-		No
b	If "Yes," describe the arrangem					30a		110
	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31		Νo
a	Does the organization hire or us contributions?	e third parti	_	to solicit, process, or sell r	noncash	32a		No
h	If "Yes," describe in Part II					32a		110
	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a	a) ıs checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization Fuller Theological Seminary **Employer identification number** 

95-1699394

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	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 and to all audit committee members 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 audit committee follows up with the Controller and VP for Finance on any questions that may arise and a meeting is held to discuss the Form 990. Once all questions are adequately addressed and all corrections made, the audit committee approves the Form 990 and the Chair of the audit committee recommends approval by the full Board of Trustees. A copy of the finalized 990 is then distributed to the full Board of Trustees prior to filing the return.
	Form 990, Part VI, Section B, line 12c	Annually, officers, trustees and key employees are required to read the conflict of interest policy and to sign and return a completed conflict of interest statement. Throughout the year, any transactions undertaken by the Seminary are reviewed for instances of conflict of interest prior to entering into the agreement/transactions. If an instance of non-compliance should occur, the Seminary would address it and make the necessary corrections if needed.
	Form 990, Part VI, Section B, line 15	The Organization receives from The Association of Theological Schools & The Commission on Accrediting a special purpose report titled "Institutional Peer Profile Report" This report references operating statistics, including salary ranges for all executives, faculty and staff. The report compares the Organization to a customized list of 20 comparable accredited institutions. Data from this report is utilized by the Executive Committee of the Board of Trustees to set executive salary ranges in a closely competitive and resource limited environment with consideration of effective performance of the individuals
	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 (external) and Portico (Internal) websites
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Change in Interest in Net Assets of Financially Interelated Entity 3,180,360 Change in Interest Rate Swap 2,381,678 Gain on Disposal of Assets 1,440,817 Reclass Adjustment from Audit -3,561
Explanation for Audit Committee Roles	Form 990, Part XII, Line 2c	There has been no change in the process followed by the Audit Committee from the prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

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

DLN: 93493038009404

OMB No 1545-0047

**Employer identification number** 

2012

Open to Public Inspection

Schedule R (Form 990) 2012

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Fuller Theological Seminary				95-1699394	l.		
Part I Identification of Disregarded Entities (Con	nplete if the organizatio	n answered "Yes" to	o Form 990, Part				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) nd-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during (a)  Name, address, and EIN of related organization	anizations (Complete ing the tax year.)  (b) Primary activity	f the organization a  (c)  Legal domicile (state	nswered "Yes" to	(e)	(f)	1 (	ne (g) n 512(b)
·····-, ·····-, ······· · · · · · · ·	,	or foreign country)		(if section 501(c)(		(13) co	ontrolled itity?
(1) The Fuller Foundation	Support religious,	CA	170(b)(1)(A)(vi)				No
385 E Colorado Blvd Suite 250	charitable, educational, literary and scientific purposes						
Pasadena, CA 91101 95-4124436	parposes					$\bot$	_
				_		+	
						_	-
						+	<u> </u>
						+	_

Cat No 50135Y

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

	(k) Percentage ownership					
	(j) eral or naging tner?	٥ ۷				
	M Gen par par par (1)	Υœ				
	(i) Code V—UE amount in b 20 of Schedule K- (Form 1065)					
	tionate ons?	No				
	(h) Dispropr allocatie	Yes				
	(g) Share of I end-of-year assets	•				
	(f) (g) (h) (i) (j)  Share of Share of Disproprtionate Code V—UBI General or total income end-of-year allocations? amount in box managing 20 of sasets Schedule K-1 (Form 1065)					
נמע אכמוי)	Predominant income(related, to unrelated, excluded from tax under sections 512-514)	(110				
י ממוווק כונ	(d) Direct controlling entity					
	(c) Legal domicile (state or foreign					
ם מס מ הם ה	Primary activity Legal domicile (state or foreign country)					
because it had one of more related organizations are as a particularly daring the tax feat.)	<b>(a)</b> Name, address, and EIN of related organization					

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

						1				1.0
					No					00,00
	(i) Section 512	(b)(13)	controlled	entity?	Yes					Schodulo D (Form 000) 2012
	(h) Derrentade	ownership								Cohodulo
	(g) Share of end-	of-year	assets							
ıe tax year.)	(f) Share of tots	Income								
ıst aurıng tr	(e) Type of entity	(C corp, S	corp,	or trust)						
poration or tru	(d)	entity	•							
ا ج	(c)	domicile	(state or foreign	country)						
	(b) Primary activity	יווומו) מכניוני								
line 34 because it nad one or mo	( <b>a)</b> Name address and FIN of	related organization								

Schedule R (Form 990) 2012					Page 3	m
Part V Transactions With Related Organizations (Complete of the organization answered	ered "Yes" to Form	990, Part IV, line	34, 35b, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<b>\</b>	Yes No	0
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations lis	ted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	<b>₽</b>	اہ
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	2	اہ
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c Y	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)				p1	No	اہ
e Loans or loan guarantees by related organization(s)				1e	2	
<b>f</b> Dividends from related organization(s)				11	N	۵
<b>g</b> Sale of assets to related organization(s)				1g	No	اہا
<b>h</b> Purchase of assets from related organization(s)				1h	No	0
i Exchange of assets with related organization(s)				11	<b>№</b>	。
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1,	8	اہ
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				‡	₽	اہ
I Performance of services or membership or fundraising solicitations for related organization(s)				Ħ	2	ا ہ
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	<b>№</b>	ا ہ
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	N <sub>O</sub>	ا ہ
o Sharing of paid employees with related organization(s)				10	2	اه
				1	Ž	
<b>p</b> Keimbursement paid to related organization(s) for expenses				d ,	<b>2</b> ;	اه
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>5</b> 1	<b>2</b>	اه
						ļ
$oldsymbol{r}$ Other transfer of cash or property to related organization(s)				ä	2	اہ
<b>s</b> Other transfer of cash or property from related organization(s)				1s	€	اه
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	who must complete this line, including covered relationships	vered relationships	and transaction thresholds	spl		
	(b)	(3)	(p)			
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount invo	olved	
(1) The Fuller Foundation	၁	153,856	153,856 Cash Gıft Transfered			

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete organization answered "Yes" to Form 990, Part IV, line 37.)
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross

Percentage ownership Schedule R (Form 990) 2012 Ŷ (j) General or managing partner? Yes (i) Code V—UBI (Form 1065) amount in of Schedule box 20 ŝ (h) Dispropitionate allocations? Yes (g) Share of end-of-year assets (f) Share of total income revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships section 501(c)(3) organizations? (e) Are all partners Yes excluded from tax under section 512-(d) Predominant income (related, unrelated (c) Legal domicile foreign country) (state or Primary activity (a)
Name, address, and EIN of entity

Software ID:

Software Version:

**EIN:** 95-1699394

Name: Fuller Theological Seminary

Schedule R (Form 990) 2012

**Supplemental Information** Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Explanation

Page **5** 

Identifier

**Return Reference** 

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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493038009404 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Form 990 Page 10 Name(s) shown on return Fuller Theological Seminary 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. 500,000 1 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) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 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 2013 Add lines 9 and 10, less line 12 . | 13 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 ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service 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 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **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 and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 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** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Part V

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support t	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Гпо		24	<b>ib</b> If "Y	es," is f	the ev	idence	written?	<del>,</del> Г <sub>Y</sub> е	s L N	<b>5</b>
(a) (b)  Type of property (list vehicles first)  (b)  Date placed in service  service  (c)  Business/ investment  use percentage			I iniisiness/investment				(f) Recovery period	ecovery Method/			<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	ın service	during the	tax year	and u	used more	e than	Ī									
50% in a qualified busi	•									25	<u> </u>					
<b>6</b> Property used more	e than 50%   	in a qualified b	usiness	use				Ι			$\overline{}$			$\neg$		
		%														
		%														
<b>27</b> Property used 50%	orless in a		ness us	е	1				lc /I		_					
		%							S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	nes 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1								29			
					mation	on U	se d	of Veh	icles							
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		mpletir T						<u></u>
<b>30</b> Total business/in			ng the		<b>a)</b> icle 1	(b) Vehicle 2		Ve	(c) Vehicle 3		<b>(c</b> Vehic	_		<b>e)</b> icle 5	5 Vehicle	
year ( <b>do not</b> inclu	de commutin	ng miles) .	•									<u> </u>		, o venicie		
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•									-						
through 32 .																
<b>34</b> Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	٥ ١	es (	No	Yes	No	Yes	No
during off-duty ho	urs? .															
<b>35</b> Was the vehicle u	sed primarily	by a more that	an 5%													
owner or related p							ļ	_	_	_				—		+
<b>36</b> Is another vehicle		'												<u> </u>		
<b>Sectio</b> nswer these questio owners or related %	ns to determ		t an exc												<b>not</b> mo	re tha
37 Do you maintain a employees?				nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•					•	• • •			
<b>38</b> Do you maintain a employees? See t												your •				
<b>39</b> Do you treat all us	se of vehicles	s by employee	s as per	sonal us	se?											
<b>40</b> Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
<b>41</b> Do you meet the r	eauirements	concernina ai	ualified a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions	) .					
Note: If your answ	-							-			-					
	rtization	, 3 3 , 1 0 , 01 1 1	. 15 10.	3, do 110	-c compre		.1011 L	7 101 1110		cu vei	iicic.					
Part VI Allio	TUZACIOII	(b)			_					(e)						
(a)		Date		(c)					Αn	( <b>e)</b> A mortizati		on		<b>(f)</b> ortizati	on for	
Description of costs amortization		A mortizable smount s				code perio			od or			:his ye				
		begins							pe	ercent	age					
<b>42</b> A mortization of co	sts that beg	ııns durıng you	r 2012	tax year	(see ins	tructio	ns)									
			_													
										-						
<b>43</b> A mortization of co	sts that beg	ıan before your	2012 t	ax year			•			· L	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	nere to re	port				.	44					

# TY 2012 Reasonable Cause Explanation

Name: Fuller Theological Seminary

**EIN:** 95-1699394

Explanation: Our audit is not completed until late October as as such we do not have adequate time to file by the 11/15 due date. I completed the extensions and mailed them on 11/15/13. I received a notice the first week of January stating that our extension request was denied due to a late postmark date and to file the return without delay, which I am complying with. Unfortunately, I had left work extremely sick on 11/15 and instead of bringing them into the post office, I put them in a mailbox on my way home from work. I made a good faith effort to mail them on time and do not understand why the extension was not approved, but have worked diligently to complete the returns as soon as physically possible. Thank you for your understanding in this situation.