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CLIENT'S COPY

STANISLAWSKI & HARRISON CPA'S
301 N. LAKE AVE, SUITE 900
PASADENA, CA 91101
626-793-3600

MAY 12, 2014

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY
1325 N. COLLEGE AVE.
CLAREMONT, CA 91711

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2012 FORM 990

2012 CALIFORNIA FORM 199

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

BARED DILACAR

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY 1325 N. COLLEGE AVE. CLAREMONT, CA 91711
Prepared by	STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2014.

Return of Organization Exempt From Income Tax

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

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

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1325 N. COLLEGE AVE. City, town, or post office, state, and ZIP code CLAREMONT, CA 91711 F Name and address of principal officer: KAH-JIN JEFFREY KUAN SAME AS C ABOVE	D Employer identification number 95-1904355 E Telephone number (909) 447-2500 G Gross receipts \$ 9,077,891. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CST.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1957 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSTILL STUDENTS WITH ETHICAL INTEGRITY, RELIGIOUS INTELLIGENCE, AND INTERCULTURAL UNDERSTANDING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 35 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 241 6 Total number of volunteers (estimate if necessary) 6 34 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
------------------------------------	--	--

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,998,800.	2,891,726.
	9 Program service revenue (Part VIII, line 2g)	4,230,457.	3,197,206.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	931,710.	1,520,665.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,665.	163,303.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,313,632.	7,772,900.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,796,006.	1,459,471.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,417,403.	7,475,356.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	341,651.	91,947.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,185,649.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,416,273.	4,497,057.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,971,333.	13,523,831.
	19 Revenue less expenses. Subtract line 18 from line 12	-657,701.	-5,750,931.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	50,777,230.	46,459,165.
	21 Total liabilities (Part X, line 26)	7,064,645.	8,230,487.
	22 Net assets or fund balances. Subtract line 21 from line 20	43,712,585.	38,228,678.

Part II Signature Block

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

Sign Here	Signature of officer GAMWARD C. QUAN, VP FOR BUSINESS AFFAIRS/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BARED DILACAR	Preparer's signature
	Date 05/12/14	Check <input type="checkbox"/> if self-employed PTIN P00157338
	Firm's name ▶ STANISLAWSKI & HARRISON, CPAS Firm's address ▶ 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101	Firm's EIN ▶ 95-4749365 Phone no. 626-793-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CLAREMONT SCHOOL OF THEOLOGY IS UNITED METHODIST IN ORIGIN AND
AFFILIATION AND ECUMENICAL IN SPIRIT. STUDENTS ARE NURTURED BY
SCRIPTURE, TRADITION, EXPERIENCE, AND REASON AND ARE PREPARED FOR
LIVES OF CHRISTIAN MINISTRY, LEADERSHIP, AND SERVICE. GRADUATES ARE

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,147,366. including grants of \$ 1,459,471.) (Revenue \$ 3,360,509.)
INSTRUCTION: 42 STUDENTS IN THE GRADUATING CLASS OF MAY 2013: 21 MASTER
OF DIVINITY; 8 MASTER OF ARTS; 8 DOCTOR OF MINISTRY; AND 5 PH.D. 2,653
TUITION UNITS WERE TAUGHT DURING THE ACADEMIC YEAR.

PUBLIC SERVICE: PUBLIC PROGRAMS INCLUDED SEVERAL PUBLIC LECTURES ON
CAMPUS HOSTED BY THE CENTER FOR PROCESS STUDIES AND BY THE FACULTY.
OVER 400 PRIVATE AND PUBLIC LECTURES HAVE BEEN RECORDED TO VIDEO FOR
INTERNET DISTRIBUTION WITH AN INTERNATIONAL AUDIENCE.

RESEARCH: FACULTY RESEARCH OUTPUT FOR THE YEAR INCLUDED NUMEROUS BOOKS,
PUBLISHED ARTICLES, AND INVITED LECTURES. THE FACULTY REMAINS ACTIVE IN
RELEVANT PROFESSIONAL AND ACADEMIC SOCIETIES TO ADVANCE SCHOLARSHIP AND

4b (Code:) (Expenses \$ 4,301,891. including grants of \$) (Revenue \$)
FOR THE YEAR ENDED JUNE 30, 2013, THE SCHOOL INCURRED COSTS OF
\$4,301,891 ON BEHALF OF CLAREMONT LINCOLN UNIVERSITY WHICH WAS RECORDED
IN VARIOUS EXPENSE LINE ITEMS OF THE SCHOOL.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 10,449,257.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY

Form 990 (2012)

95-1904355 Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	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.		
	1a 35		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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)

19 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: **GAMWARD QUAN - 909-447-2560**
1325 N COLLEGE AVE, CLAREMONT, CA 91711

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEGGY ADAMS TRUSTEE	1.00	X						0.	0.	0.
(2) MARK BOLLWINKEL TRUSTEE	1.00	X						0.	0.	0.
(3) MARIAN BROWN TRUSTEE/SECRETARY	1.00	X		X				0.	0.	0.
(4) MICHAEL BROWN TRUSTEE	1.00	X						0.	0.	0.
(5) BISHOP MINERVA CARCANO TRUSTEE	1.00	X						0.	0.	0.
(6) LARRY DEJARNETT TRUSTEE/VICE CHAIR	1.00	X						0.	0.	0.
(7) PATRICIA FARRIS TRUSTEE	1.00	X		X				0.	0.	0.
(8) JOHN FLOWERS TRUSTEE	1.00	X						0.	0.	0.
(9) MARIAN GILL TRUSTEE	1.00	X						0.	0.	0.
(10) GARY GREENEBAUM TRUSTEE	1.00	X						0.	0.	0.
(11) STEPHEN P. JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(12) STEVE HORSWILL-JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(13) ROBERT HOSHIBATA TRUSTEE	1.00	X						0.	0.	0.
(14) SPENCER KIM TRUSTEE	1.00	X		X				0.	0.	0.
(15) DOROTHY KNOX TRUSTEE FOR LIFE	1.00	X						0.	0.	0.
(16) DAVID LINCOLN TRUSTEE	1.00	X						0.	0.	0.
(17) JULIE MADORSKY TRUSTEE	1.00	X						0.	0.	0.

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY

Form 990 (2012)

95-1904355 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THEA MATEU TRUSTEE	1.00	X						0.	0.	0.
(19) BRIAN MCLAREN TRUSTEE	1.00	X						0.	0.	0.
(20) MATTHEW MENGERINK TRUSTEE	1.00	X						0.	0.	0.
(21) MOON HEE NAM TRUSTEE	1.00	X						0.	0.	0.
(22) ELHAMI B. NASR TRUSTEE	1.00	X						0.	0.	0.
(23) JONATHAN OSKINS TRUSTEE	1.00	X						0.	0.	0.
(24) DAVID RICHARDSON TRUSTEE/CHAIR	1.00	X		X				0.	0.	0.
(25) FRANK ROGERS TRUSTEE/FACULTY	38.00	X						81,870.	0.	10,232.
(26) ALI SAHABI TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								81,870.	0.	10,232.
c Total from continuation sheets to Part VII, Section A								718,290.	0.	306,861.
d Total (add lines 1b and 1c)								800,160.	0.	317,093.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

232008 12-10-12

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
 DBA CLAREMONT SCHOOL OF THEOLOGY

95-1904355

Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JIM STANDIFORD TRUSTEE	1.00	X						0.	0.	0.
(28) DIANE SCHUSTER TRUSTEE	1.00	X						0.	0.	0.
(29) GEORGE STRAWN TRUSTEE	1.00	X						0.	0.	0.
(30) BRETT WATTERSON TRUSTEE	1.00	X						0.	0.	0.
(31) GINNY WHEELER TRUSTEE	1.00	X						0.	0.	0.
(32) TOM TROTTER TRUSTEE	1.00	X						0.	0.	0.
(33) JON BERQUIST TRUSTEE	1.00	X						0.	0.	0.
(34) JAMES WINKLER TRUSTEE	1.00	X						0.	0.	0.
(35) JERRY CAMPBELL PRESIDENT	38.00	X		X				197,986.	0.	70,376.
(36) PHILIP CLAYTON INTERIM DEAN	38.00			X				134,898.	0.	42,632.
(37) LYNN O'LEARY-ARCHER VP ADMIN, CFO	38.00			X				115,333.	0.	34,531.
(38) GAMWARD QUAN ASSOC VP	38.00					X		114,814.	0.	23,408.
(39) DAVID NIENAS SENIOR DIRECTOR OF PLANNING GIVING	38.00					X		155,259.	0.	135,914.
Total to Part VII, Section A, line 1c								718,290.		306,861.

232201 07-25-12

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY

Form 990 (2012)

95-1904355 Page **9**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,891,726.				
	g Noncash contributions included in lines 1a-1f: \$	84,032.				
	h Total. Add lines 1a-1f	▶ 2,891,726.				
	Program Service Revenue	2 a TUITION AND FEES	Business Code 611600	2,067,626.	2,067,626.	
b STUDENT HOUSING		532000	1,129,580.	1,129,580.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 3,197,206.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 343,077.			343,077.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,482,579.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,304,991.			
		c Gain or (loss)	1,177,588.			
	d Net gain or (loss)	▶ 1,177,588.			1,177,588.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	163,303.	163,303.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 163,303.				
12 Total revenue. See instructions.	▶ 7,772,900.	3,360,509.	0.	1,520,665.		

232009 12-10-12

Form **990** (2012)

**SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY**

Form 990 (2012)

95-1904355 Page 10

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,459,471.	1,459,471.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	704,364.	336,875.	153,120.	214,369.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,335,616.	4,304,391.	597,025.	434,200.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	439,016.	329,262.	74,633.	35,121.
9 Other employee benefits	637,608.	478,206.	108,393.	51,009.
10 Payroll taxes	358,752.	269,064.	60,988.	28,700.
11 Fees for services (non-employees):				
a Management				
b Legal	103,083.		103,083.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	91,947.			91,947.
f Investment management fees	35,908.		35,908.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	736,973.	165,234.	523,437.	48,302.
12 Advertising and promotion	242,990.	218,691.		24,299.
13 Office expenses	222,222.	142,221.	28,889.	51,112.
14 Information technology	67,838.	56,625.	6,105.	5,108.
15 Royalties				
16 Occupancy	540,549.	459,467.	54,055.	27,027.
17 Travel	386,307.	303,251.	34,768.	48,288.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	188,650.	188,650.		
20 Interest	231,756.	231,756.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	703,670.	598,120.	70,367.	35,183.
23 Insurance	209,879.	209,879.		
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.)				
a INSTRUCTIONAL AND STUDENT	358,704.	358,704.		
b FURNITURE AND EQUIPMENT	246,762.	157,928.	32,079.	56,755.
c BANK FEES	120,523.	96,418.		24,105.
d COPYING AND PRINTING	101,243.	85,044.	6,075.	10,124.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,523,831.	10,449,257.	1,888,925.	1,185,649.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY

Form 990 (2012)

95-1904355 Page 11

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	933,633.	1	1,272,068.	
	2 Savings and temporary cash investments	2,676,439.	2	3,147,070.	
	3 Pledges and grants receivable, net	3,895,014.	3	2,358,500.	
	4 Accounts receivable, net	94,681.	4	39,403.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	100,000.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	737,912.	7	734,863.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	55,275.	9	52,147.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	29,224,736.			
	b Less: accumulated depreciation	12,553,288.			
	11 Investments - publicly traded securities	16,807,386.	10c	16,671,448.	
	12 Investments - other securities. See Part IV, line 11	13,887,628.	11	10,472,447.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
15 Other assets. See Part IV, line 11	11,589,262.	15	11,711,219.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	50,777,230.	16	46,459,165.		
Liabilities	17 Accounts payable and accrued expenses	268,648.	17	564,639.	
	18 Grants payable		18		
	19 Deferred revenue	36,745.	19	36,745.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	625,098.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,116,631.	23	3,547,966.	
	24 Unsecured notes and loans payable to unrelated third parties	1,388,525.	24	1,238,525.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,254,096.	25	2,217,514.	
	26 Total liabilities. Add lines 17 through 25	7,064,645.	26	8,230,487.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,256,793.	27	652,487.	
	28 Temporarily restricted net assets	7,414,858.	28	3,402,011.	
	29 Permanently restricted net assets	34,040,934.	29	34,174,180.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	43,712,585.	33	38,228,678.	
34 Total liabilities and net assets/fund balances	50,777,230.	34	46,459,165.		

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,772,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,523,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,750,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,712,585.
5	Net unrealized gains (losses) on investments	5	714,587.
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	-447,563.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,228,678.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY**
DBA CLAREMONT SCHOOL OF THEOLOGY Employer identification number **95-1904355**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Total. 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 (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY**

Employer identification number
95-1904355

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,035,866.	24,628,379.	26,631,061.	26,754,511.	31,097,461.
b Contributions	186,652.	150,925.	215,733.	941,322.	427,900.
c Net investment earnings, gains, and losses	2,354,379.	386,996.	234,374.	1,525,059.	-3,618,626.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,509,293.	1,130,434.	2,452,789.	2,589,831.	1,152,224.
f Administrative expenses					
g End of year balance	21,067,604.	24,035,866.	24,628,379.	26,631,061.	26,754,511.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|--------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	835,265.	315,253.		1,150,518.
b Buildings		18,059,749.	7,018,424.	11,041,325.
c Leasehold improvements				
d Equipment		5,400,018.	4,626,116.	773,902.
e Other		4,614,451.	908,748.	3,705,703.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,671,448.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GIFT ANNUITIES	754,058.
(2) PERPETUAL TRUSTS	9,184,048.
(3) CHARITABLE REMAINDER TRUSTS	1,773,113.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,711,219.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM FEDERAL GOVERNMENT	308,159.
(3) SPLIT-INTEREST AGREEMENT PAYABLE	1,789,477.
(4) STUDENT DEPOSITS	119,878.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,217,514.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,980,453.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	714,587.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,507,034.
e	Add lines 2a through 2d	2e	-792,447.
3	Subtract line 2e from line 1	3	7,772,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,772,900.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,064,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,064,360.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,459,471.
c	Add lines 4a and 4b	4c	1,459,471.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,523,831.

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.

PART III, LINE 1A: THE SCHOOL'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF

HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL,

RESEARCH, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED,

PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND

ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE

SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO

ACQUIRE OTHER ITEMS FOR COLLECTIONS.

Part XIII Supplemental Information (continued)

DURING JUNE 2000, A SIGNIFICANT NUMBER OF ASIAN ARTIFACTS WERE CONTRIBUTED TO THE SCHOOL, WITH A RESTRICTION THAT LIMITED ANY FUTURE PROCEEDS FROM DEACCESSIONS TO ACQUISITIONS OF ARTIFACTS FROM A SIMILAR PERIOD. NO OTHER COLLECTION ITEMS WERE DEACCESSIONED OR DESTROYED AS OF JUNE 30, 2013.

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE SCHOOL'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4: A SIGNIFICANT NUMBER OF ARTWORKS AND ARTIFACTS ARE ON PERMANENT DISPLAY. OTHER ITEMS ARE EXHIBITED PERIODICALLY, ESPECIALLY DURING THE ACADEMIC YEAR, USUALLY CORRELATED WITH COURSE EMPHASIS AND/OR SPECIAL EVENTS ON CAMPUS. ALL MATERIALS ARE AVAILABLE FOR SCHOLARLY USE BY APPOINTMENT.

PART IV, LINE 2B: AS OF JUNE 30, 2013, THE SCHOOL HAS APPROXIMATELY \$625,000 PAYABLE TO THE CLAREMONT LINCOLN UNIVERSITY FROM COLLECTIONS OF TUITION REVENUE AND CONTRIBUTIONS ON BEHALF OF THE UNIVERSITY.

PART V, LINE 4: THE SCHOOL'S ENDOWMENT DIRECTLY SUPPORTS STUDENTS (66%), FACULTY (21%), AND ACADEMIC PROGRAMMING (9%), WITH THE REMAINING (4%) SUPPORTING GENERAL OPERATIONS AND BUILDINGS AND GROUNDS.

Part XIII Supplemental Information (continued)

PART X, LINE 2: GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES ALL OF THE POSITIONS TAKEN BY THE SCHOOL ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES GENERALLY THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-47,563.
FINANCIAL AID AND SCHOLARSHIPS	-1,459,471.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,507,034.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID AND SCHOLARSHIPS	1,459,471.
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SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY**

Employer identification number
95-1904355

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
THE SCHOOL INCLUDED A RACIALLY NONDISCRIMINATORY POLICY IN ITS MAY 2013 STUDENT RECRUITING ADVERTISING IN THE CLAREMONT COURIER.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
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	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

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.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL PARTICIPATES IN THE COLLEGE WORK-STUDY PROGRAM AND IS
AUTHORIZED TO DISBURSE FEDERALLY-SUBSIDIZED STUDENT LOANS.

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY**

**Employer identification number
95-1904355**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2012)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
 DBA CLAREMONT SCHOOL OF THEOLOGY

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	98	0.	1,459,471.	FMV	FINANCIAL AID

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE SCHOLARSHIPS AWARDED TO QUALIFIED STUDENTS. QUALIFICATIONS INCLUDE DEMONSTRATED FINANCIAL NEED PER THE DEPARTMENT OF EDUCATION'S FAFSA, AND/OR MERIT-BASED SCHOLARSHIPS. FAFSA INFORMATION IS ANNUALLY UPDATED. MERIT-BASED SCHOLARSHIP RECIPIENTS ARE MONITORED FOR GRADE-POINT AVERAGE, PROGRESS TOWARD THE DEGREE OBJECTIVE, AND OTHER SIGNALS OF ACADEMIC PERFORMANCE. SCHOLARSHIP AWARDS ARE MADE IN ACCORDANCE WITH DONOR RESTRICTIONS WHERE THOSE EXIST. THE PROCESS IS MANAGED BY THE SCHOOL'S FINANCIAL AID OFFICER WHO DETERMINES AMOUNTS, AND A SCHOLARSHIP COMMITTEE WHO ASSIGNS THE SCHOLARSHIPS. SCHOLARSHIPS WERE

Part IV Supplemental Information

AWARDED TO 98 STUDENTS IN FALL 2012.

Blank lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY**

Employer identification number
95-1904355

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2012

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

DBA CLAREMONT SCHOOL OF THEOLOGY

95-1904355

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JERRY CAMPBELL PRESIDENT	(i)	197,986.	0.	0.	27,810.	42,566.	268,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP CLAYTON INTERIM DEAN	(i)	134,898.	0.	0.	14,153.	28,479.	177,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID NIENAS SENIOR DIRECTOR OF PLANNING GIVING	(i)	66,581.	0.	88,678.	129,097.	6,817.	291,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

PART I, LINE 1A: TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: DAVID

NIENAS RECEIVED A GROSS-UP PAYMENT FOR THE COBRA INCLUDED IN HIS SEVERANCE
PAY.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: ORDAINED INDIVIDUALS MAY
DESIGNATE A PORTION OF THEIR SALARY AS A CLERGY HOUSING ALLOWANCE. THIS
COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF
THEIR DUTIES.

PART I, LINE 4A: IN 2012, DAVID NIENAS RECEIVED A SEVERANCE PAYMENT OF
\$50,000, INCLUDED IN COLUMN (B)(III) OF PART II. IN ADDITION, HE RECEIVED
ACCRUED SEVERANCE OF \$119,789, WHICH IS INCLUDED IN COLUMN (C) OF PART II.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

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.**

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY** Employer identification number **95-1904355**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	84,032.	FMV ON DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II

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.

SCHEDULE M, LINE 32B: GIFTS OF SECURITIES ARE TRANSFERRED TO A
BROKERAGE ACCOUNT TO BE SOLD AS ADVANTAGEOUSLY AS POSSIBLE, PRIMARILY
TO NOT ADVERSELY AFFECT PRICES WHEN LARGE NUMBERS OF SHARES ARE
INVOLVED.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY	Employer identification number	95-1904355
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREPARED TO BECOME AGENTS OF TRANSFORMATION AND HEALING IN CHURCHES,
LOCAL COMMUNITIES, SCHOOLS, NON-PROFIT INSTITUTIONS, AND THE WORLD AT
LARGE. A FOUNDING MEMBER OF CLAREMONT LINCOLN UNIVERSITY, CST ALSO
EQUIPS STUDENTS TO PURSUE PEACEFUL COEXISTENCE AND COLLABORATION WITH
OTHER CULTURES AND RELIGIONS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING THE YEAR ENDED JUNE 30, 2013, IT WAS DETERMINED THAT CLINEBELL
INSTITUTION IS A SEPARATE NONPROFIT ENTITY, THEREFORE, ALL OF
CLINEBELL'S ACCOUNTS WERE REMOVED FROM THE CLAREMONT SCHOOL OF
THEOLOGY'S BOOKS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH. SEVERAL FACULTIES ARE ACTIVE BLOGGERS, CONTRIBUTING TO THE
PUBLIC DISCOURSE ON CURRENT EVENTS.

FORM 990, PART VI, SECTION A, LINE 2: F. THOMAS TROTTER (TRUSTEE) AND
BRETT WATTERSON (TRUSTEE) HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION IS COMPOSED OF
MEMBERS OF THE TWO CONFERENCES, CALIFORNIA-PACIFIC AND DESERT SOUTHWEST.
THE CONFERENCES ALSO HOLD EX OFFICIO SEATS ON THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A: THE CORPORATION ELECTS THE
ORGANIZATION'S BOARD OF TRUSTEES.

Name of the organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY	Employer identification number 95-1904355
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FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS POSTED TO A SECURE WEBSITE. THE BOARD OF TRUSTEES WILL BE SENT LOGIN INFORMATION TO ACCESS THE DOCUMENT. THE RETURN WILL BE ELECTRONICALLY SIGNED AND SUBMITTED BY THE CFO ON BEHALF OF MANAGEMENT AND THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: WE REQUIRE SELF-REPORTING. WHEN SIGNIFICANT SITUATIONS ARISE, WE EXAMINE THE SITUATION FOR POTENTIAL CONFLICTS. A FAILURE TO SELF-DISCLOSE WOULD SUBJECT THE INDIVIDUAL TO DISCIPLINE.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S COMPENSATION IS SET BY THE BOARD OF TRUSTEES. THE COMPENSATION OF THE OTHER OFFICERS IS REVIEWED BY THE PRESIDENT. THE BOARD OF TRUSTEES APPROVED COMPENSATION FOR THE PRESIDENT, THE DEAN AND VICE PRESIDENT FOR ACADEMIC AFFAIRS, AND THE CFO AND VICE PRESIDENT FOR ADMINISTRATION. THE PRESIDENT'S INITIAL COMPENSATION WAS SET IN 2006 BASED ON MARKET COMPARISON WITH OTHER UMC SEMINARIES AND ADJUSTED FOR HIS LONG EXPERIENCE IN HIGHER EDUCATION, FOR HIS QUALIFICATIONS, AND FOR THE GEOGRAPHIC REGION. SINCE HIS HIRING, HIS COMPENSATION HAS ONLY BEEN INCREASED AT THE LOWER PART OF ACROSS-THE-BOARD INCREASES FOR THE ENTIRE EMPLOYEE POPULATION. WE DO NOT HAVE ANY KEY EMPLOYEES AS DEFINED BY THE IRS.

FORM 990, PART VI, SECTION C, LINE 18: THE 990, WITHOUT SCHEDULE B, IS AVAILABLE ON THE SCHOOL'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE ON THE SCHOOL'S WEBSITE. OTHER DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON

Name of the organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY	Employer identification number 95-1904355
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REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-47,563.
LOSS ON WRITE-OFF OF PLEDGE RECEIVABLE	-400,000.
TOTAL TO FORM 990, PART XI, LINE 9	-447,563.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THE COMPLETED AUDIT IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL AND ADOPTION.

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.

Name of the organization **SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY**
DBA CLAREMONT SCHOOL OF THEOLOGY Employer identification number **95-1904355**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DESERT S.W. ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH - 95-3954544, 1550 E MEADOWBROOK AVE, PHOENIX, AZ 85014	CHURCH ADMINISTRATION	ARIZONA	501(C)(3)	1	N/A		X
CAL-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH - 95-3310804, 110 S. EUCLID AVE, PASADENA, CA 91101	CHURCH ADMINISTRATION	CALIFORNIA	501(C)(3)	1	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if 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.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "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.

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH	C	43,524.	CASH CONTRIBUTION
(2) CALIFORNIA PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH	C	40,300.	CASH CONTRIBUTION
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the 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 revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Lined area for supplemental information with multiple horizontal lines.

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY	Employer identification number 95-1904355
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Name and title of officer
**LYNN M. O'LEARY-ARCHER, PH.D.
VP FOR BUSINESS AFFAIRS/CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7772900</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize STANISLAWSKI & HARRISON, CPAS to enter my PIN 04355
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95449604355
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/12/14

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... JUNE 30, 2013

Prepared for	SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY 1325 N. COLLEGE AVE. CLAREMONT, CA 91711
Prepared by	STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

California Exempt Organization
Annual Information Return

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

Corporation/Organization Name SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY		California corporation number C0314031
Address (suite, room, or PMB no.) 1325 N. COLLEGE AVE.		FEIN 95-1904355
City CLAREMONT	State CA	ZIP Code 91711

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: _____	
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)	
G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	6,186,165.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,891,726.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	9,077,891.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	1,304,991.00
	7 Total costs. Add line 5 and line 6	7	1,304,991.00
	8 Total gross income. Subtract line 7 from line 4	8	7,772,900.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	13,523,831.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-5,750,931.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here	Signature of officer VP FOR BUSINESS	Title	Date	• Telephone
	Preparer's signature	Date 05/12/14	Check if self-employed <input type="checkbox"/>	• PTIN P00157338
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address STANISLAWSKI & HARRISON, CPAS 301 N. LAKE AVE, SUITE 900 PASADENA, CA 91101	• FEIN 95-4749365	• Telephone 626-793-3600	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	343,077.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	2,482,579.00
	7	Other income	SEE STATEMENT 4	•	7	3,360,509.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	6,186,165.00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	1,459,471.00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	704,364.00
	12	Other salaries and wages		•	12	5,335,616.00
	13	Interest		•	13	231,756.00
	14	Taxes		•	14	358,752.00
	15	Rents		•	15	540,549.00
	16	Depreciation and depletion (See instructions)		•	16	00
	17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	4,893,323.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	13,523,831.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		3,610,072.		• 4,419,138.
2 Net accounts receivable		94,681.		• 39,403.
3 Net notes receivable STMT 8		837,912.		• 734,863.
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 9		13,887,628.		• 10,472,447.
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	27,506,486.		28,074,218.	
b Less accumulated depreciation	(11,849,618.)	15,656,868.	(12,553,288.)	15,520,930.
11 Land		1,150,518.		• 1,150,518.
12 Other assets STMT 10		15,539,551.		• 14,121,866.
13 Total assets		50,777,230.		46,459,165.
Liabilities and net worth				
14 Accounts payable		268,648.		• 564,639.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable STMT 11				• 625,098.
17 Mortgages payable		3,116,631.		• 3,547,966.
18 Other liabilities STMT 12		3,679,366.		• 3,492,784.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		43,712,585.		• 38,228,678.
22 Total liabilities and net worth		50,777,230.		46,459,165.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -5,483,907.	7 Income recorded on books this year not included in this return. STMT 14	• -47,563.
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	• -714,587.	9 Total. Add line 7 and line 8	-47,563.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return STMT 13	• 400,000.	Subtract line 9 from line 6	-5,750,931.
6 Total. Add line 1 through line 5	-5,798,494.		

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
			PURCHASED	
	1,304,991.	0.	0.	2,482,579.
TOTAL TO FORM 199, PAGE 2, LN 6	1,304,991.	0.	0.	2,482,579.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS	163,303.
TUITION AND FEES	2,067,626.
STUDENT HOUSING	1,129,580.
TOTAL TO FORM 199, PART II, LINE 7	3,360,509.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: FINANCIAL AID AND SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
APPROX. 98 STUDENTS	1325 N. COLLEGE AVE - CLAREMONT, CA 91711	NONE	1,459,471.
TOTAL FOR THIS ACTIVITY			1,459,471.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			1,459,471.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FRANK ROGERS 1325 N. COLLEGE AVE. CLAREMONT, CA 91711	TRUSTEE/FACULTY 38.00	91,882.
JERRY CAMPBELL 1325 N. COLLEGE AVE. CLAREMONT, CA 91711	PRESIDENT 38.00	269,726.
PHILIP CLAYTON 1325 N. COLLEGE AVE. CLAREMONT, CA 91711	INTERIM DEAN 38.00	185,334.
LYNN O'LEARY-ARCHER 1325 N. COLLEGE AVE. CLAREMONT, CA 91711	VP ADMIN, CFO 38.00	157,422.
TOTAL TO FORM 199, PART II, LINE 11		704,364.

FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		703,670.	
INSTRUCTIONAL AND STUDE		358,704.	
FURNITURE AND EQUIPMENT		246,762.	
BANK FEES		120,523.	
COPYING AND PRINTING		101,243.	
PENSION PLAN CONTRIBUTIONS		439,016.	
OTHER EMPLOYEE BENEFITS		637,608.	
LEGAL FEES		103,083.	
PROFESSIONAL FUNDRAISING FEES		91,947.	
INVESTMENT MANAGEMENT FEES		35,908.	
OTHER PROFESSIONAL FEES		736,973.	
ADVERTISING AND PROMOTION		242,990.	
OFFICE EXPENSES		222,222.	
INFORMATION TECHNOLOGY		67,838.	
TRAVEL		386,307.	
CONFERENCES AND CONVENTIONS		188,650.	
INSURANCE		209,879.	
TOTAL TO FORM 199, PART II, LINE 17		4,893,323.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER			
KEY EMPLOYEES	100,000.	0.	
NOTES AND LOANS RECEIVABLE, NET	737,912.	734,863.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	837,912.	734,863.	

FORM 199	INVESTMENTS IN STOCK	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PUBLICLY TRADED SECURITIES	13,887,628.	10,472,447.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	13,887,628.	10,472,447.	

FORM 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	3,895,014.	2,358,500.	
PREPAID EXPENSES AND DEFERRED CHARGES	55,275.	52,147.	
GIFT ANNUITIES	828,523.	754,058.	
PERPETUAL TRUSTS	8,837,455.	9,184,048.	
CHARITABLE REMAINDER TRUSTS	1,923,284.	1,773,113.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,539,551.	14,121,866.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ESCROW ACCOUNT LIABILITIES	0.	625,098.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	0.	625,098.	

FORM 199	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ADVANCES FROM FEDERAL GOVERNMENT	308,159.	308,159.	
SPLIT-INTEREST AGREEMENT PAYABLE	1,835,674.	1,789,477.	
STUDENT DEPOSITS	110,263.	119,878.	
DEFERRED REVENUE	36,745.	36,745.	
UNSECURED NOTES AND LOANS PAYABLE	1,388,525.	1,238,525.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,679,366.	3,492,784.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	13
DESCRIPTION		AMOUNT	
LOSS ON WRITE-OFF OF PLEDGE RECEIVABLE		400,000.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		400,000.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 14
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DESCRIPTION	AMOUNT
NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-47,563.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-47,563.

FORM 199	FUND BALANCES	STATEMENT 15
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	2,256,793.	652,487.
TEMPORARILY RESTRICTED ASSETS	7,414,858.	3,402,011.
PERMANENTLY RESTRICTED ASSETS	34,040,934.	34,174,180.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	43,712,585.	38,228,678.

TAXABLE YEAR
2012

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY	Identifying number 95-1904355
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	9,077,891	00
2 Total gross income (Form 199, line 8)	2	7,772,900	00
3 Total expenses and disbursements (Form 199, line 9)	3	13,523,831	00

Part II Settle Your Account Electronically for Taxable Year 2012

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (MM/DD/YYYY)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2012 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here		Date		Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	STANISLAWSKI & HARRISON, CPAS			FEIN 95-4749365
		301 N. LAKE AVE, SUITE 900			ZIP Code 91101
		PASADENA, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
	Firm's name (or yours if self-employed) and address	STANISLAWSKI & HARRISON, CPAS			FEIN 95-4749365
		301 N. LAKE AVE, SUITE 900			ZIP Code 91101
		PASADENA, CA			