Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



CliftonLarsonAllen LLP 301 North Lake Avenue, Suite 900 Pasadena, CA 91101 626-793-3600 | fax 626-793-3631 CLAconnect.com

May 16, 2016

Southern California School of Theology 1325 N. College Ave. Claremont, CA 91711 Attention: Attn: Gamward C Quan

Attention: Attn: Gamward C Quan

Dear Mr. Quan

Enclosed are the 2014 Exempt Organization returns, as follows...

2014 Form 990

2014 California Form 199

For public inspection purposes, organizations are required to provide a copy of their annual returns (Form 990) for the last three years and their exemption application (Form 1023 or 1024) to anyone who requests them. You must provide the entire Form 990, Form 990-T, and all filed schedules. However, the names and addresses of the donors may be omitted from the public inspection copy of Schedule B. For your convenience, we will provide an electronic version of the public inspection copy of your return. Please sign this copy and retain for your records.

The copies stamped "Client Copy" are to be retained for your files. Before filing the returns, review them carefully to assure there are no omissions or misstatements. To have evidence of timely filing, we suggest the returns be mailed by certified mail, return receipt requested.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Bared Dilacar, CPA Principal

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Southern California School of Theology 1325 N. College Ave. Claremont, CA 91711
Prepared by	Cliftonlarsonallen LLP 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 16, 2016.

IRS e-file Signature Authorization for an Exempt Organization

			•			
calendar year 2014, or fiscal year beginning	\mathtt{JUL}	1	, 2014, and ending	JUN	30	,20 1

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

Internal Revenue Service	► Information about Form 8879-EO and its instructions is at www.irs.gov/form	n8879eo.	
Name of exempt organization		Employer i	dentification number
SOUTHERN CALI	FORNIA SCHOOL OF THEOLOGY	95-19	904355
Name and title of officer			
GAMWARD C. QU			
	BUSINESS AFFAIRS Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	urn for which you are using this Form 8879-EO and enter the applicable amount, if any below, and the amount on that line for the return being filed with this form was bland lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the application.	ik, then leave l	ine 1b , 2b , 3b , 4b , or 5b ,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	10,048,072.
2a Form 990-EZ check he	ere 🕨 🔲 b Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL check	k here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check h			
5a Form 8868 check here	e ▶	5b _	
	tion and Signature Authorization of Officer 1. I declare that I am an officer of the above organization and that I have examined a co		
the date of any refund. If a debit) entry to the financia return, and the financial ir 1-888-353-4537 no later the processing of the electror payment. I have selected	of receipt or reason for rejection of the transmission, (b) the reason for any delay in proapplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a all institution account indicated in the tax preparation software for payment of the organistitution to debit the entry to this account. To revoke a payment, I must contact the Unan 2 business days prior to the payment (settlement) date. I also authorize the financial payment of taxes to receive confidential information necessary to answer inquiries a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal. box only	an electronic funization's fede I.S. Treasury Fial institutions and resolve iss	unds withdrawal (direct eral taxes owed on this inancial Agent at involved in the sues related to the
X Lauthorize CI	IFTONLARSONALLEN LLP	to enter my	/PIN 04355
Tadillonze	ERO firm name	_ 10 cmc my	Enter five numbers, b
			do not enter all zeros
is being filed wit enter my PIN or As an officer of	e on the organization's tax year 2014 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also in the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 20 this return that a copy of the return is being filed with a state agency(ies) regulating class.	authorize the a	aforementioned ERO to
	inter my PIN on the return's disclosure consent screen.	iantico do par	to the me real edite
Officer's signature	Date ▶		
Part III Certifica	ation and Authentication		
	our six-digit electronic filing identification		
•	y your five-digit self-selected PIN. 9536900435 do not enter all zero		
•	meric entry is my PIN, which is my signature on the 2014 electronically filed return for ng this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mass Returns.	•	
ERO's signature 🕨	Date ▶ 05	5/16/16	

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

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Tax vear beginning JUL 1, 2014 and ending JUN 30, 2015

Α	For the	2014 calendar year, or tax year beginning $\mathrm{JUL}1$, 2014	<u>J</u> ŬN 30, 2015							
В	Check if applicable:	C Name of organization	D Employer identifi	cation number						
	Address change	SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY								
	Name change	Doing business as CLAREMONT SCHOOL OF THEOLOGY	95-1	904355						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite E Telephone numbe	r						
	Final return/	1325 N. COLLEGE AVE.	(909) 447-2500						
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,911,497.						
F	return CHANGMONT, CA 91/11 H(a) is this a group retu									
	Applica tion pending		for subordinates							
_		SAME AS C ABOVE	H(b) Are all subordinates in							
		······································		list. (see instructions)						
		e: ► WWW · CST · EDU organization: X Corporation Trust Association Other ► L Y	H(c) Group exemption							
		Summary	ear of formation: 1937	State of legal domicile: CA						
		Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t INSTI}$	T.T. STIIDENTS W	ТТН ЕТНТСАТ.						
Activities & Governance	'	INTEGRITY, RELIGIOUS INTELLIGENCE, AND INTER	CIII.TIIRAI. IINDE	RSTANDING.						
nar	I -	Check this box if the organization discontinued its operations or disposed of n								
Ver		Number of voting members of the governing body (Part VI, line 1a)	ı	35						
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		32						
φ		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		267						
iţie	1	otal number of volunteers (estimate if necessary)		33						
ξį		otal unrelated business revenue from Part VIII, column (C), line 12		0.						
⋖		Net unrelated business taxable income from Form 990-T, line 34		0.						
		,	Prior Year	Current Year						
συ.	8	Contributions and grants (Part VIII, line 1h)	2,295,222.	2,260,665.						
Revenue	1	Program service revenue (Part VIII, line 2g)	3,044,370.	5,980,315.						
eve	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	933,503.	1,422,957.						
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	433,912.	384,135.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,707,007.	10,048,072.						
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,036,623.	1,994,735.						
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,690,519.	6,771,921.						
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
χb	b T	otal fundraising expenses (Part IX, column (D), line 25) 1,089,115.								
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,536,327.							
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,263,469.	13,079,576.						
. (19 F	Revenue less expenses. Subtract line 18 from line 12	-3,556,462.							
Net Assets or Fund Balances			Beginning of Current Year	End of Year						
sset 3ala	20 T	otal assets (Part X, line 16)	43,080,579.	40,455,154.						
et A	21 T	otal liabilities (Part X, line 26)	6,943,939. 36,136,640.	8,225,594.						
	22 N art II	let assets or fund balances. Subtract line 21 from line 20	30,130,040.	32,229,300.						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	v knowledge and helief it is						
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y Kilowicage and Delici, it is						
uuu	, 0011000	and complete. Deciding of property (office shall officer) to be seen an an information of which prop	arer rias arry knowledge.							
Sig	n	Signature of officer	Date							
Hei		▲ GAMWARD C. QUAN, CFO & VP FOR BUSINESS AF	FAIRS							
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check	PTIN						
Pai		BARED DILACAR	05/16/16 if self-employ	P00157338						
		Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749						
		Firm's address 301 N. LAKE AVE., SUITE 900								
		PASADENA, CA 91101	Phone no.62	6-793-3600						
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	·	X Yes No						

Pai	Check if Schedule O contains a response or note to any line 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?
	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 X 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 \$ 10,426,370 · including grants of \$ 1,994,735 ·) (Revenue \$ 5,980,315 ·)
	INSTRUCTION: 69 STUDENTS IN THE GRADUATING CLASS OF MAY 2015: 20 MASTER
	OF DIVINITY; 24 MASTER OF ARTS; 10 DOCTOR OF MINISTRY; AND 15 PH.D.
	4,359 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.
	INTERNET DIDIKIDOTION 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 \$ including grants of \$) (Revenue \$
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 10 , 426 , 370 . Form 990 (2014
	Form 990 (2014

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)?					
	If "Yes," complete Schedule A	1	Х			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x		
	public office? If "Yes," complete Schedule C, Part I					
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? If "Yes," complete Schedule C, Part II					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete					
	Schedule D, Part III	8	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?					
	If "Yes," complete Schedule D, Part IV	9		X		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent					
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a	Х			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?					
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х			
b	3 3 3 7					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х			
15				v		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v		
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X		
18				v		
	1c and 8a? If "Yes," complete Schedule G, Part II			X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v		
••	complete Schedule G, Part III	19		X		
20a		20a		X		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0044)		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operament on Part IX, column (A), in 17 II "Ne"s, complete Schedule J, Part I and III Part I P				Yes	No	
22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 23 Did the organization answer "Yes" to Part IVI, Saction A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. It was used after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. If yo to line 25a 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 used after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. If you to line 25a Did the organization have a tax-exempt bonds suse with an a retunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a retunding escrow at any time during the year of defease any tax-exempt bonds? 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year III "Yes," complete Schedule I., Part II 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year III "Yes," complete Schedule I., Part II 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any purrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II II 27d Did the organization aparty to a business transaction with one of the foliawing parties (see Schedule I., Part IV II III III III III III III III III	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 1982, schedule I, I may be a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I, I mice 25s 24		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	
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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No! 90 to line 25a 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27c Did the organization invest as an "no behalf of" issuer for bonds outstanding at any time during the year 10 defease any tax-exempt bonds? 27d Did the organization as an 'no behalf of' issuer for bonds outstanding at any time during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of unit transaction with a disqualified person of unit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former difficer, stustees, key employees, highest compensated employees, or disqualide persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, of exemple, or key employee? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II and the organization receive more than 25% obtine to make any time t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 240 and complete Schedule I, "No.", or or line 25s 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d and complete 24d of 24d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28c Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 26b A ramity member of a current or former officer, director, trustee, or key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27c A nentty of which a current or former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family member thereof) was an officer, or high with a current of former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee or a family m	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to him 25a b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization act as an "on behalf of" issuer for bonds outstanding 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? 24c 25S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I 25b Did the organization peror any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in gless to complete Schedule L, Part II 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 which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds; conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29b X 20b A		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 A X		instructions for applicable filing thresholds, conditions, and exceptions):				
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
Note. All Form 990 filers are required to complete Schedule O	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	38	X		

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 0 0 0 10 the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 10 0 10 10 10 10 10 10 10 10 10 10 1		Check if Schedule O contains a response or note to any line in this Part V										
b Enter the number of Forms W.2G included in line 1a. Enter 0 if not applicable 1b			ı	1 15		Yes	No					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 2 Did the organization have unline 2a, dif the organization flea life required feedral employment tax returns? 2 Did the organization have unrelated business goss income of \$1,000 or more during the year? 3 Did the organization have unrelated business goss income of \$1,000 or more during the year? 3 Did the organization have unrelated business goss income of \$1,000 or more during the year? 3 Did the organization the unrelated business goss income of \$1,000 or more during the year? 3 Did the organization the unrelated business goss income of \$1,000 or more during the year? 3 Did the organization the unrelated business goss income of \$1,000 or more during the year? 3 Did the organization the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; IP Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Did any taxable party nortify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party nortify the organization file Form 8866 T? 5 Did any taxable party nortify the organization file Form 8866 T? 5 Did any taxable party nortify the organization file Form 8866 T? 5 Did any taxable party nortify the organization file Form 8866 T? 5 Did 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? 5 Did 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. 5 Did the				12								
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b If Yes, Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, 'has it filed a Form 990.T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 4 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)? 4 b If 'Yes, 'tent en the name of the foreign country. ► 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did 2 Yes, 'to line 5 aor 5b, did the organization tile Form 8886-T7 5 Companization that were not tax deductible as charitable contributions? 6 If 'Yes, 't did the organization to receive that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c). 6 Did the organization receive a payment in excess of \$5 made party as a contributions and party for goods and services provided to the payor? 7 Di 'Yes, ' did the organization notify the donor of the value of the goods or services provided? 7 Different 8282? 7 D												
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if "Yes," the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization in an unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b Did the organization in a freeling country. If "Yes," enter the name of the foreign country, which as a bank account, securities account, or other financial accountry? 4a If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If yes, are large in the organization a party to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization by a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8888.7? 5c Did be 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? 5c Did the organization that were not tax deductible as charitable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization shall in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Did the organi	С											
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h 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.	f						X					
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 15 Section 501(c)(29) qualified nonprofit health insurance issuers.	8		•									
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	0				•							
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b 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.	a a				92							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 15 Section 501(c)(29) qualified nonprofit health insurance issuers.	a h											
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 15 Section 501(c)(29) qualified nonprofit health insurance issuers.	10				0.5							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10a									
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.	_											
b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11											
b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	· · · · · · ·	11a									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against										
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b									
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a							
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
·	а				13a							
Note. See the instructions for additional information the organization must report on Schedule O.												
b Enter the amount of reserves the organization is required to maintain by the states in which the	b		l	ı								
organization is licensed to issue qualified health plans												
c Enter the amount of reserves on hand 13c			13c	l	4.		v					
							X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	d	if res, rias it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	⊎ U			gan	(201 <i>1</i> /					

432005 11-07-1 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 or note to any line in this Part VI					X					
Sec	tion 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	1a	35								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 32										
2	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?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed	?	4	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х					
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or	•								
	more members of the governing body?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders,	or								
	persons other than the governing body?			7b	Х						
8	$ Did the \ organization \ contemporaneously \ document \ the \ meetings \ held \ or \ written \ actions \ undertaken \ during \ the \ years \ years \ during \ the \ years \ year$	ear by the follow	ving:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code	e.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	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?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\shortparallel}$	Yes," describe	•								
	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by indeper	ident								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?									
а	The organization's CEO, Executive Director, or top management official			15a	Х	Х					
b	b Other officers or key employees of the organization										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic										
	exempt status with respect to such arrangements?			16b							
	tion 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 50	1(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
	, ,	n in Schedule	,								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inter	est policy, and	finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's b GAMWARD QUAN $-\ 909-447-2560$	ooks and reco	ords: ▶								
	1325 N COLLEGE AVE. CLAREMONT. CA 91711										

CLA-6001

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

Check if Schedule O contains a response or note to any line 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 (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		CCI aii			T a da		from the	from related	other
	(list any hours for	· director				P		organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	ustee			en sate		(W-2/1099-MISC)	,	organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) JEFFREY KUAN	37.50	<u> </u>	=	0		Ξē	Œ			
PRESIDENT		Х		Х				214,587.	0.	44,793.
(2) PEGGY ADAMS	1.00									
TRUSTEE		Х						0.	0.	0.
(3) JOHN BERQUIST	1.00	l								
TRUSTEE	1	Х						0.	0.	0.
(4) MARK BOLLWINKEL	1.00	١,,							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(5) MARIAM BROWN	1.00	x		х				0.	0.	0.
(6) G. MICHAEL BROWN	1.00	^		^				0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(7) MARCELINO GALIMLIM	1.00	125			_			0.	0.	•
TRUSTEE	100	x						0.	0.	0.
(8) BISHOP MINERVA CARCANO	1.00							-		
TRUSTEE		Х						0.	0.	0.
(9) MARILEE MILLER CLARKE	1.00									
TRUSTEE		Х						0.	0.	0.
(10) ANNA CREWS CAMPHOUSE	1.00									
TRUSTEE		Х						0.	0.	0.
(11) LARRY DEJARNETT	1.00	ļ								
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(12) I. DOUGLAS DUNIPACE	1.00	Į ,,							0	0
TRUSTEE (12) PARPIGE	1.00	Х						0.	0.	0.
(13) PATRICIA FARRIS CHAIR	1.00	x		х				0.	0.	0.
(14) JOANNE FUKUMOTO	1.00	^		^				0.	0.	•
TRUSTEE	1.00	X						0.	0.	0.
(15) MARGARET GONG	1.00	 						•	•	
TRUSTEE		x						0.	0.	0.
(16) GREGORY GORHAM	1.00									
TRUSTEE - STUDENT REPRESENTATIVE		Х						0.	0.	0.
(17) STEPHEN P. JOHNSON	1.00									
TREASURER		Х		Х			ĺ	0.	0.	0.

432007 11-07-14

Form **990** (2014)

CLA-6001

Form 990 (2014) SOUTHED Part VII Section A. Officers, Directors, 7								OF THEOLOGY	95-1904	333	P	age 8
(A)	(B)	pioye	.e s,	and (C		gnes	,	(D)	(E)		(F)	
Name and title	Average hours per week	box, office	not ch unles	Posi neck i ss per	ition more rson is	than o	an	Reportable compensation from	Reportable compensation from related	an	stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensa om th anizat d relat anizati	e ion ed
18) STEVE HORSWILL-JOHNSTON RUSTEE	1.00	Х						0.	0.			0.
19) ROBERT HOSHIBATA	1.00								-			
RUSTEE		x						0.	0.			0.
20) GARY BARTON KENNEDY	1.00											
RUSTEE		Х						0.	0.			0.
21) SPENCER KIM	1.00	_							•			^
RUSTEE	1 00	Х				\sqcup		0.	0.			0.
22) DOROTHY KNOX	1.00	х						0.	0.			0.
RUSTEE 23) RENE MARTIN	1.00	^	\dashv			$\vdash \vdash$		0.	0.			<u> </u>
RUSTEE	1.00	x						0.	0.			0.
24) MOON HEE NAM	1.00		_						•			
RUSTEE		x						0.	0.			0.
25) SHARON RHODES-WICKETT	1.00											
RUSTEE		x						0.	0.			0.
26) DAVID RICHARDSON	1.00											
RUSTEE		Х						0.	0.			0.
1b Sub-total						J	>	214,587.	0.		$\frac{4}{2}, \frac{7}{6}$	
c Total from continuation sheets to Pa						J	>	886,536.	0.	11	0,6	56.
d Total (add lines 1b and 1c)						J	<u> </u>	1,101,123.	0.	15	5,4	49.
2 Total number of individuals (including becompensation from the organization)		iose l	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			6
											Yes	No
Did the organization list any former offi line 1a? If "Yes," complete Schedule J								nighest compensated e	• •	3	X	
4 For any individual listed on line 1a, is th	ne sum of reportable											
and related organizations greater than	\$150,000? If "Yes,	" con	nple	te S	Sche	edule	J f	or such individual		4	Х	
Did any person listed on line 1a receive	e or accrue comper	nsatio	on fi	om	any	unre	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes,"	complete Schedule	e J fo	or su	ich į	oers	on				5		X
Section B. Independent Contractors									.			
Complete this table for your five highes										ation f	rom	
the organization. Report compensation (A)		ear e	nair	ng w	/itn d	or wi	tnir	the organization's tax y	/ear.	((<u> </u>	
(م) Name and busir		NO	NE	:				Description of s	ervices C	ompe		n
							\forall	<u> </u>				
							\perp					
							\dashv					
							\dashv					

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

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

	CALIFO	RN.	LA	SC	CHC	OOT	<u>, (</u>	OF THEOLOGY	95-190	4355
Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average			Posi	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	director				emp		organization	(W-2/1099-MISC)	from the
	related	eord	stee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al frus		yee	mper				organizations
	below	ndividual trustee or	Institutional trustee	Je .	Key employee	Highest compensated employee	ъ			3
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) ALI SAHABI	1.00									
TRUSTEE		Х						0.	0.	0.
(28) DIANE SCHUSTER	1.00									
TRUSTEE		Х						0.	0.	0.
(29) NITIN SHAH	1.00									
TRUSTEE		Х						0.	0.	0.
(30) HELENE SLESSARAV-JAMIR	37.50									
TRUSTEE - FACULTY REPRESENTATIVE		Х						88,572.	0.	807.
(31) LUAN-VU TRAN	1.00									
TRUSTEE		Х						0.	0.	0.
(32) TOM TROTTER	1.00									
TRUSTEE		Х						0.	0.	0.
(33) TOM WALLACE	1.00									
TRUSTEE		Х						0.	0.	0.
(34) PETER WERNETT	1.00									
TRUSTEE		Х						0.	0.	0.
(35) GINNY WHEELER	1.00									
TRUSTEE		Х						0.	0.	0.
(36) ALLISON BUSH	1.00									
TRUSTEE		Х						0.	0.	0.
(37) TONI BOND LEANARD	1.00									
TRUSTEE		Х						0.	0.	0.
(38) BRIAN MCLAREN	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(39) ELHAMI B. NASR	1.00								_	
TRUSTEE		Х						0.	0.	0.
(40) GEORGE STRAWN	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(41) JAMES WINKLER	1.00	l								•
TRUSTEE	25 50	Х						0.	0.	0.
(42) GAMWARD QUAN	37.50	4						422 604	•	6 015
CHIEF FINANCIAL OFFICER	27 50			Х				133,621.	0.	6,015.
(43) SHERYL KUJAWA-HOLBROOK	37.50	4						05 101	_	15 000
DEAN OF EDUCATION	27 50	_		Х				85,101.	0.	17,828.
(44) WENDY LEE	37.50	4		,,				100 665	_	^
VP FOR ADVANCEMENT & COMMUNICATIONS	27 50	_		Х				109,667.	0.	0.
(45) PHILIP CLAYTON	37.50					,		105 540		47 252
PROFESSOR OF THEOLOGY	27 52					Х	_	195,748.	0.	47,350.
(46) NAJEEBA SAYWEED	37.50	1						105 010		•
ASSISTANT PROFESSOR						X		125,812.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 SOUTHERN CALIFORNIA SCHOOL								95-190	4355	
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	neck	Pos	C) ition that		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) LYNN O'LEARY-ARCHER	37.50						x	148,015.	0.	30 656
FORMER CHIEF OPERATING OFFICER							_	140,015.	0.	38,656
Fotal to Part VII, Section A, line 1c								886,536.		110,656

Form 990 (2014) SOUTHER Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		Officer in Goriedatic G conta	ans a response	or riote to arry iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues	1b					
s, (Am	(c Fundraising events	1c					
Gift lar	(d Related organizations	1d	101,749.				
imi	•	e Government grants (contribution	ons) 1e					
tior S S	f	f All other contributions, gifts, grants	s, and					
ibu		similar amounts not included abov	e 1f	2,158,916.				
d C	ç	g Noncash contributions included in lines	1a-1f: \$	112,791.				
a C	ŀ	h Total. Add lines 1a-1f		▶	2,260,665.			
				Business Code				
ice	2 8			611600	3,769,971.	3,769,971.		
erv		b TEACHING REVENUE FROM C	LU	611600	1,184,422.	1,184,422.		
n S	(C STUDENT HOUSING		532000	1,025,922.	1,025,922.		
Jrar Rev	(d						
Program Service Revenue		e						
ъ.		f All other program service rever						
		g Total. Add lines 2a-2f			5,980,315.			
	3	Investment income (including of			162 070			160.070
		other similar amounts)			162,079.			162,079.
	4 5	Income from investment of tax						
	3	Royalties	(i) Real	(ii) Personal				
	6 -	a Gross rents	(i) Neai	(II) Personal				
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	<u> </u>	•				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	5,126,803.	997,500.				
	k	b Less: cost or other basis		,				
		and sales expenses	4,198,425.	665,000.				
	(c Gain or (loss)	928,378.	332,500.				
		d Net gain or (loss)			1,260,878.			1,260,878.
Ð		a Gross income from fundraising						
nue		including \$	of					
}eve		contributions reported on line	1c). See					
er F		Part IV, line 18	а					
Other Revenu	k	b Less: direct expenses	b					
		c Net income or (loss) from fund	-	▶				
	9 a	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gami	•					
	10 a	a Gross sales of inventory, less r						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 -	a MISCELLANEOUS	•	900099	384,135.			384,135.
		b			,_,,_,,			122,230.
		c						
		d All other revenue						
		e Total. Add lines 11a-11d			384,135.			
	12	Total revenue. See instructions.			10,048,072.	5,980,315.	0.	1,807,092.
43200 11-07	9 14							Form 990 (2014)

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).

00011	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 or note to any line in this Part IX								
	not include amounts reported on lines 6b, 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 domestic organizations		'	,	,				
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	1,722,909.	1,722,909.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	271,826.	271,826.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	824,780.	329,912.	206,195.	288,673				
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	4,758,445.	3,854,340.	523,429.	380,676				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	293,663.	220,247.	49,923.	23,493				
9	Other employee benefits	578,304.	433,728.	98,312.	46,264				
10	Payroll taxes	316,729.	237,547.	53,844.	25,338				
11	Fees for services (non-employees):								
а	Management								
b	Legal	74,903.		74,903.					
	Accounting	-							
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
	Other. (If line 11g amount exceeds 10% of line 25,								
ŭ	column (A) amount, list line 11g expenses on Sch O.)	381,747.	167,583.	214,164.					
12	Advertising and promotion	31,232.	28,109.		3,123				
13	Office expenses	537,160.	343,782.	69,831.	123,547				
14	Information technology	72,409.	60,440.	6,517.	5,452				
15	Royalties	•	,	,	, , , , , , , , , , , , , , , , , , ,				
16	Occupancy	682,520.	580,142.	68,252.	34,126				
17	Travel	247,848.	194,561.	22,306.	30,981				
18	Payments of travel or entertainment expenses	,	- ,	,	,				
.0	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	636,584.	636,584.						
20	Interest	180,489.	180,489.						
21	Payments to affiliates	11, 200	, =						
22	Depreciation, depletion, and amortization	764,253.	649,615.	76,425.	38,213				
23	Insurance	194,648.	194,648.	3, ==30	,				
24	Other expenses. Itemize expenses not covered	7	= = , = = = =						
7	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 0.)								
а	BANK FEES	137,237.	109,790.		27,447				
a b	INSTRUCTIONAL AND STUDE	85,146.	85,146.		,,				
C	COPYING AND PRINTING	59,897.	50,313.	3,594.	5,990				
d	FURNITURE AND EQUIPMENT	46,015.	29,450.	5,982.	10,583				
	All other expenses	180,832.	45,209.	90,414.	45,209				
25	Total functional expenses. Add lines 1 through 24e	13,079,576.	10,426,370.	1,564,091.	1,089,115				
26	Joint costs. Complete this line only if the organization	_5,5,5,5,6	_0,120,570	±,50±,05±•	±,000,±±0				
20	reported in column (B) joint costs from a combined								
	, , , ,								
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2014				

Form **990** (2014)

Form 990 (2014) Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	744,620.	1	806,988.
	2	Savings and temporary cash investments	3,183,174.	2	3,247,154.
	3	Pledges and grants receivable, net	1,053,877.	3	961,417.
	4	Accounts receivable, net	618,509.	4	772,630.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	50,000.
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	400,000.	7	250,000.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	109,966.	9	104,886.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 29, 365, 408.			
	b	Less: accumulated depreciation 10b 14,085,066.	16,329,275.	10c	15,280,342.
	11	Investments - publicly traded securities	8,035,437.	11	6,504,079.
	12	Investments - other securities. See Part IV, line 11	0.50 464	12	0.44 0.56
	13	Investments - program-related. See Part IV, line 11	278,464.	13	241,876.
	14	Intangible assets	40 000 000	14	10 005 500
	15	Other assets. See Part IV, line 11	12,327,257.	15	12,235,782.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,080,579.	16	40,455,154.
	17	Accounts payable and accrued expenses	372,981.	17	482,677.
	18	Grants payable	21 005	18	1 240 706
	19	Deferred revenue	31,985.	19	1,348,706.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ξ		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L	3,461,445.	22	3,366,678.
	23	Secured mortgages and notes payable to unrelated third parties	1,088,524.	23 24	938,525.
	24 25	Unsecured notes and loans payable to unrelated third parties	1,000,324.	24	750,525.
	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			
			1,989,004.	25	2,089,008.
	26	Total liabilities. Add lines 17 through 25	6,943,939.	26	8,225,594.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0,010,000	20	0,120,001.
S		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	-241,863.	27	-3,946,047.
alaı	28	Temporarily restricted net assets	1,372,912.	28	1,278,216.
Ö	29	Permanently restricted net assets	35,005,591.	29	34,897,391.
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		-	
		and complete lines 30 through 34.			
)ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	36,136,640.	33	32,229,560.
_	34	Total liabilities and net assets/fund balances	43,080,579.	34	40,455,154.
			· · · · · · · · · · · · · · · · · · ·		Form 990 (2014

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,0		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,1		
5	Net unrealized gains (losses) on investments	5	<u> </u>	05,3	143.
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		29,	567.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32,2	29,	560.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		28	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	3	38	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3k	x c	
	, , , , , , , , , , , , , , , , , , , ,				(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
The (organi	ization is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2	X	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	· ·				-	the hospital's name,			
		city, and state:	•	, ,			(,			
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in			
_		section 170(b)(1)(A)(iv). (C				, 9					
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v)				
7	一	· · · · · · · · · · · · · · · · · · ·	-				•	nublic described in			
•		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 describe		(1)(A)(vi) (Complete Par	+ 11 \						
9	H	An organization that norma				contribution	one momborehin fooe a	and gross receipts from			
9		activities related to its exen	•	-	-			•			
			-	•			· · · · · · · · · · · · · · · · · · ·	•			
		income and unrelated busin		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.			
10		See section 509(a)(2). (Con An organization organized a	•	ively to test for public so	ofaty Saa	saction 50	10(2)(4)				
11	H	An organization organized	·	•	•			nurnoses of one or			
• •		•	•	•	•		•	• •			
		more publicly supported or	-					DIRECK THE DOX III			
_		lines 11a through 11d that	* *			•		, giving			
а		Type I. A supporting organization	•	· ·	•						
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
		1 ·	- ·				- d				
b		Type II. A supporting org	•					-			
		control or management o			same perso	ons that co	ontroi or manage the sup	pported			
_		organization(s). You mus	-		:			ملاند، الم			
С		Type III functionally inte					· ·	ea with,			
		its supported organizatio		•				!+!(-)			
d		Type III non-functionally						• •			
		that is not functionally int	-		•			iveness			
		requirement (see instruct	•	-							
е		Check this box if the orga					турет, турет, туреті				
	Coto	functionally integrated, or	• •								
-		er the number of supported of									
g	-	ride the following information i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	organization	(.,,	(described on lines 1-9		n your	support (see	other support (see			
				above or IRC section	Yes	No	Instructions)	Instructions)			
				(see instructions))	100	110					
Гotа	ı										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 Page 2

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	s listed below, plea	se complete Part	III.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						_
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
800	organization, check this box and storetion C. Computation of Publ	here	roontogo				> L
	<u> </u>			. (5)		11	
	Public support percentage for 2014 (14	%
	Public support percentage from 2013					15	<u>%</u>
16a	33 1/3% support test - 2014. If the c	•		•		•	
	stop here. The organization qualifies						
D	33 1/3% support test - 2013. If the constitution and the state of the						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		ŭ	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 160, 1/a, or 17	b, check this box a	and see instruction	<u>ıs</u>

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.)

Celledar year (or fiscal year hespinning (i)) Gilto, grants, contributions, and membeship fees received. (Do not include any "unusual grants.") Gross receipts from activities. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leved for the organization or the organization is traveled in any activity that is related to the organization's tax exempl purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leved for the organization or the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Totals. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructed or lines 2 as it received by accounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 6 Totals. Add lines 1 through 5 7 A a mounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 7 A mounts included on lines 1, 2, and 8 Public support injuries (reminist) Gelledar year (or fiscal year beginning iii) by 9 Amounts from line 6 10a Gross income from interest, dividending, symments received on securities loans, rants, royalties and riccome from similar sources by Lines with a come of the capital 11 Net Income from unrelated observed on securities loans, rants, royalties and riccome from similar sources by Lines with a capital 12 First five years, if the Form 900 is for the organization first, second, third, fourth, or fifth tax year as a section 501(ci)(3) organization, chock this box and stop here. 9 Public support percentage for 2014 (line 8, ochumn (f) divided by line 13, column (f)) 17 Institution from percentage for 2014 (line 10, ochumn (f) divided by line 13, column (f)) 18 Investment income percentage for 2014 (line 10, ochumn (f) divided by line 13,	Sec	ction A. Public Support	low, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from activities, that are not an unrelated trade of the organization's tix-exempt purpose 3. Gross neceipts from activities that are not an unrelated trade of business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its obhalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities for the value of the value of services or facilities for the value of the va	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membrandis sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions and the organization's tax-exempt purpose 3 Gross receipts from admission that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization organization is benefit and either paid to or expanded on its behalf 5 The value of services or scalibles furnished by a governmental unit to the organization without charge the organization of the organization without charge the organization without charge the organization without charge the organization without charge the organization of the organization without charge the organization of the organization without charge the organization of the organization or		· ` ` · · · · · · · · · · · · · · · · ·			` '			,
include any *unusual grants.*) Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the organizations trave-empt 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 trave-empt purpose 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and offitney paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's whorld charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons but be received by the property of the property		, , , , , , , , , , , , , , , , , , , ,						
2 Gross receipts from admissions, menchandles 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 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended or expended on its behalf or expended or expended on its behalf or expended on its behalf or expended or expen		' '						
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	20							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Jd		
	9b		
	9c		
	10a		
	401-		
- O	10b 90 or 99	0-EZ\	2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must con	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	ganization (see
	instructions).	_		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 Page 7

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt purposes							
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
		(i) Excess Distributions	(ii) Underdistributions	(iii)					
Sect	ion E - Distribution Allocations (see instructions)	Distributable							
		Amount for 2014							
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
a									
b									
c									
d									
	From 2013								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2014 distributable amount								
_ <u>i</u>	Carryover from 2009 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2014 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
b	Applied to 2014 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.								

Schedule A (Form 990 or 990-EZ) 2014

5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount

6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

7 Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions).

instructions).

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

a b

art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

Pai			s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor adv	Lead funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor o		•
		, , , , ,	
Pai	impermissible private benefit? t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		rarry, me r.
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Freservation of a ce	Timed historic structure
2	·	ied concernation contribution in the form	n of a concentration assembnt on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic stru		
q	Number of conservation easements included in (c) acquired a		<u> </u>
u	• • • • • • • • • • • • • • • • • • • •	· ·	
3	listed in the National Register		
3	year	eased, extiliguished, or terminated by ti	le organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	-	f
J	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion o imanolal statemente that describe	o the organization o accounting for
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
	historical treasures, or other similar assets held for public exh	•	·
	the text of the footnote to its financial statements that describ		ariod of public dervice, provide, in Fare Arii,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed	· · · · · ·	
	relating to these items:	ducation, or research in furtherance of p	ublic service, provide the following amounts
	· ·		> \$
	(i) Revenue included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating the second seco		
~	the following amounts required to be reported under SFAS 1:		iai gaili, piovide
_			\$
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
b	ASSETS HICHARD III LOUITI ARO' LALLY		Ψ Ψ

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

		N CALIFORN						0435		ige 2
	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi-	on, and other records	s, check any of the	following that ar	e a sign	ificant ι	use of its	collection	ı item	3
	(check all that apply): d X Loan or exchange programs									
а	X Public exhibition	d		hange programs	;					
b										
С	Preservation for future generations									
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 ma							Yes	X	No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes	s" to Fo	rm 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7		1
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
	Did the organization include an amount on Fo	· ·	•		•	?	L	Yes	X	No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	T V Endowment Funds. Complete in	f the organization ans								
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Four		
1a	Beginning of year balance	19,321,452.	21,067,604.				28,379.		631,	
b	Contributions	50,000.		186,6		1	50,925.		215,	733.
	Net investment earnings, gains, and losses	-352,102.	2,424,092.	2,354,3	79.	3	86,996.		234,	374.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,280,950.	4,170,244.	5,509,2	93.	1,1	30,434.	2,	2,452,789	
f	Administrative expenses									
g	End of year balance	17,738,400.	19,321,452.	21,067,6	04.	24,0	35,866.	24,	628,	379.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	.00	%							
b	Permanent endowment ► 100.00	%	_							
С	Temporarily restricted endowment ▶	• 0 0 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered	for the	organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(**)							3a(ii)	Х	
b	If "Yes" to 3a(ii), are the related organizations							3b	Х	
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accı	ımulate	d	(d) Book	value	
		basis (investm	ent) basis	` '	depre	ciation				
1a	Land	170,2	265. 31	5,253.					5,52	
	Buildings		18,05	9,749.	7,62	0,41	L6. 1	0,439		
	Leasehold improvements									
	Equipment		5,70	3,095.	5,16	5,64	10.	537	7,45	55.
	Other				1,29			3,818		
	I. Add lines 1a through 1e. (Column (d) must e							5,280		
				,						

Part VII	Investments -	- Other	Securiti

Part VIII III Vestille III - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.

(7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GIFT ANNUITIES	511,020.
(2) PERPETUAL TRUSTS	9,857,259.
(3) CHARITABLE REMAINDER TRUSTS	1,867,503.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	12,235,782.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	ADVANCES FROM FEDERAL GOVERNMENT	307,194.	
(3)	SPLIT-INTEREST AGREEMENT PAYABLE	1,659,733.	
(4)	STUDENT DEPOSITS	122,081.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,089,008.	

2. Liability for uncertain tax positions. 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 X

Part XIII Supplemental Information.

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.

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, 2015.

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:

PORTIONS OF THE COLLECTIONS ARE ARTIFACTS OF THE HISTORY OF JOHN WESLEY, THE WESLEYAN TRADITION, AND THE UNITED METHODIST CHURCH. OTHER PORTIONS ARE USED TO FULFILL THE SCHOOL'S EDUCATIONAL MISSION. ITEMS THAT ARE NOT RELATED TO ANY PORTION OF THE SCHOOL'S MISSION ARE SOLD TO ACHIEVE A REASONABLE RETURN NET OF SALES COSTS. CURRENT GIFT ACCEPTANCE POLICIES DICTATE THE SPECIFIC CONDITIONS UNDER WHICH SUCH FUTURE GIFTS WOULD BE ACCEPTED.

PART V, LINE 4:

THE SCHOOL'S ENDOWMENT CONSISTS OF APPROXIMATELY 300 FUNDS THAT ARE USED TO PROVIDE FINANCIAL AID AND INSTRUCTIONAL PROGRAMS FOR STUDENTS, TO PROVIDE DEVELOPMENT OPPORTUNITIES FOR FACULTY, AND TO SUPPORT SCHOOL OPERATIONS.

PART X, LINE 2:

THE SCHOOL IS A NONPROFIT, TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME
AND STATE FRANCHISE TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF
THE CODE AND SIMILAR PROVISIONS OF THE CALIFORNIA FRANCHISE TAX CODE. THE
SCHOOL DOES NOT ENGAGE IN ANY SIGNIFICANT UNRELATED TRADES OR BUSINESSES.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED.

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	29,567.
FINANCIAL AID AND SCHOLARSHIPS	-1,994,735.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,965,168.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID AND SCHOLARSHIPS	1,994,735.

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 95-1904355

			YES	+
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		3,7	
	other governing instrument, or in a resolution of its governing body?	1	X	Ļ
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	l
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	1
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			l
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			l
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		.,	ı
	If you need more space, use Part II THE SCHOOL INCLUDED A RACIALLY NONDISCRIMINATORY POLICY IN	3	X	1
				l
	ITS MAY 2015 STUDENT RECRUITING ADVERTISING IN THE CLAREMONT			l
	COURIER.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	1
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? \dots	4b	Х	1
;	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		_	
	admissions, programs, and scholarships?	4c	Х	1
t	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	⊥
	If you are all the second the second			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:	5 2		
3	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
)	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
)	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
a >	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
a c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		
a c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	Y	
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
a o c d e f g n	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
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.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2014

SOT	JTHERN CALIFO	RNIA SCH	OOL OF T	HEOLOGY		95-19043	55
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered	'Yes" on
	Form 990, Part I						
1				ds to substantiate the amount of its gra			1
		-		the selection criteria used to award the			Yes No
2	United States.			procedures for monitoring the use of it		ther assistance ou	tside the
3				an be duplicated if additional space is			1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EAST	ASIA AND THE			GRANTS TO RECIPIENTS			
	FIC	0	0		N/A		271,826.
3 a	Sub-total	0	0				271,826.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		0				271 826

432071 09-24-14

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash disbursement non-cash assistance cash grant non-cash assistance EAST ASIA AND THE PACIFIC 0.FINANCIAL AID FINANCIAL AID 34 271,826. FMV

	1 Totelgit Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

432075 09-24-14 Schedule F (Form 990) 2014

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

		CAT THOUSTT	3 GGTTOOT OF		i			Employer identification number
Part I General In	formation on Grants a		A SCHOOL OF	THEOLOGY				95-1904355
	ation maintain records		amount of the grants	or assistance the	arantees' eligibilit	v for the grants or ass	sistance and the selec	etion.
_	ward the grants or assi		-		-			
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants and	d Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
	at received more than					(f) Mathada of	1	1
` '	dress of organization ernment	(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
	er of section 501(c)(3) a			I ne line 1 table		<u> </u>		>

(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	134	1,722,909.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2, Part III, column	ı (b), and any other a	dditional information.	
PART I, LINE 2:					
GRANTS ARE SCHOLARSHIPS AWARDED T	O QUALIFI	ED STUDENT	S. QUALIFI	CATIONS	
INCLUDE DEMONSTRATED FINANCIAL NE	ED PER TH	E DEPARTME	NT OF EDUC	ATION'S	
FAFSA, AND/OR MERIT-BASED SCHOLAR	SHIPS. FA	FSA INFORM	ATION IS A	NNUALLY	
UPDATED. MERIT-BASED SCHOLARSHIP	RECIPIENT	S ARE MONI	TORED FOR	GRADE-POINT	
AVERAGE, PROGRESS TOWARD THE DEGR	EE OBJECT	IVE, AND C	THER SIGNA	LS OF	
ACADEMIC PERFORMANCE. SCHOLARSHIP		•			
RESTRICTIONS WHERE THOSE EXIST. T					
FINANCIAL AID OFFICER WHO DETERMI				DOTTOOH B	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

	·		Yes	No
1 a	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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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) 2014

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) JEFFREY KUAN	(i)	214,587.	0.	0.	25,534.	19,259.	259,380.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) PHILIP CLAYTON	(i)	195,748.	0.	0.	21,384.	25,966.		0.
PROFESSOR OF THEOLOGY	(ii)	0.	0.	0.	0.	0.		0.
(3) LYNN O'LEARY-ARCHER	(i)	125,015.	0.	23,000.	15,480.	23,176.		0.
FORMER CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
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 4A
IN 2014, PHILIP CLAYTON RECEIVED A SEVERANCE PAYMENT OF \$23,000.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

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Part I	Excess Bene	efit Transac	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	11(c)(29) organization	ns only	/).				
	Complete if the	organization ar	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	line 40	b.			
1 , , , ,		(b) Relationship bet	ween o	disqua	lified ,					(d)	Corre	cted?
(a) Nan	ne of disqualified p	person	person and o			(0	(c) Description of transaction				Y	es	No
2 Enter t	the amount of tax i	incurred by the	organization mar	nagers	or disc	qualified persons dur	ring the year under						
sectio	n 4958								\$				
3 Enter t						ganization			> \$				
Part II	Loans to and	d/or From I	nterested Per	sons	.								
	Complete if the	organization ar	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lir	ne 26;	or if th	e orga	anizati	on	
	reported an amo	ount on Form 9	90, Part X, line 5,	6, or 2	2.								
) Name of	(b) Relationsh			an to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved ard or	(i) W	ritten
intere	interested person with organ		of loan		ization?	principal amount		defa	ult?	comm	ittee?	agree	ment?
				То	From			Yes	No	Yes	No	Yes	No
HELENE	E SLESSARA	TRUSTEE	/HOUSING		X	50,000.	50,000.		X	X		X	
Total						> \$	50,000.						
Part III	Grants or As	ssistance B	enefiting Inte	reste	d Pe	rsons.							
	Complete if the	organization ar	swered "Yes" on	Form 9	990, Pa	art IV, line 27.							
(a) Na	ame of interested p	person	(b) Relationship			(c) Amount of	(d) Type			•) Purp		f
			interested per		ıd	assistance	assistan	ce			assista	ance	
			the organiz	ation									
						23,52	0.FINANCIA	<u>.L А</u>	IDF	INA	NCI	AL_	AID
									_				
									_				
									_				
									_				

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

Schedule L (Form 990 or 990-EZ) 2014

SEE PART V FOR CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

Pa	rt I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of	Noncash contr			od of determ	•	
		applicable		amounts repor Form 990, Part V		noncasn	contribution	amouni	:S
1	Art - Works of art				,e . <u></u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		1,	868.	RETAIL	PRICE		
6	Cars and other vehicles			,					
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	7	109,	940.	FMV ON	DATE O	F GI	FT
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	77	1.2		000	m T C T D M	DDTGE		
25	Other (ATTRACTION PA)	X	13		983.	TICKET	PRICE		
26	Other ()								
27	Other ()								
28	Other ()		<u> </u>						
29	Number of Forms 8283 received by the organization and the second state of Forms 8283		•					0	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29				
20-	Devices the constitution of the constitution of the least			and a lin David Lilia	4 46	-l- 00 4l4 :4		Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date								
	•		,	•			20.		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	·					30	1	
31	Does the organization have a gift acceptance p	ooliev that r	aguiros tha raviow	of any non standa	ord contrib	utions?	31	Х	
	Does the organization have a grit acceptance p							+**	
JZd			•				32:	,	х
h	contributions? If "Yes," describe in Part II.							4	
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which colum	nn (a) is ch	necked			
55	describe in Part II.		or a type or prope	ty for willon colum	1111 (a) 13 UI	iconcu,			

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

Schedule M (Form 990) (2014)

432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Attach to Form 990 or 990-EZ.

2014 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

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.

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 1:

THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTING

OF THE PRESIDENT OF THE SCHOOL, THE CHAIR AND VICE CHAIR OF THE BOARD OF

TRUSTEES, THE SECRETARY OF THE BOARD OF TRUSTEES, THE TREASURER OF THE

BOARD OF TRUSTEES, AND THE CHAIRS OF ALL TRUSTEE STANDING COMMITTEES. THE

CHAIR AND VICE CHAIR OF THE CORPORATION SHALL ALSO SERVE ON THE EXECUTIVE

COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE POWER DURING THE

INTERVALS BETWEEN THE SESSIONS OF THE BOARD OF TRUSTEES TO EXERCISE MANY OF

THE POWERS OF THE BOARD AND, SPECIFICALLY, SHALL BE EMPOWERED TO AUTHORIZE

ACTIONS PREVIOUSLY DISCUSSED AND AFFIRMED BY THE FULL BOARD. THE EXECUTIVE

COMMITTEE SHALL NOT HAVE THE POWER TO:

- (I) REMOVE THE OFFICERS OF THE BOARD OF TRUSTEES OR OF THE SCHOOL
- (II) APPROVE ANY ACTION FOR WHICH APPROVAL OF MEMBERS IS ALSO REQUIRED
- (III) FILL VACANCIES ON THE BOARD OF TRUSTEES OR IN ANY COMMITTEE THAT HAS

THE AUTHORITY OF THE BOARD

(IV) FIX COMPENSATION OF TRUSTEES FOR SERVING ON THE BOARD OF TRUSTEES OR

ON ANY COMMITTEE

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 (V) AMEND OR REPEAL OR ADOPT BYLAWS (VI) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR SUBJECT TO REPEAL (VII) APPOINT COMMITTEES OF THE BOARD OF TRUSTEES AND THE MEMBERS THEREOF (VIII) EXPEND CORPORATE FUNDS TO SUPPORT A NOMINEE FOR TRUSTEE AFTER THERE ARE MORE PEOPLE NOMINATED FOR TRUSTEE THAN CAN BE ELECTED (IX) APPROVE OF ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED IN THE CALIFORNIA CORPORATIONS CODE, SECTION 5233(D)(3) THE EXECUTIVE COMMITTEE SHALL CONSULT WITH THE PRESIDENT OF THE SCHOOL AND SHALL HAVE GENERAL SUPERVISION OVER AND CARE OF ALL PROPERTY BELONGING TO THE CORPORATION. THE CHAIR OF THE BOARD OF TRUSTEES SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION A, LINE 4: AMENDMENTS TO BYLAWS ARE AS FOLLOWS: MEMBERS OF THE CORPORATION THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE FOLLOWING: THE RESIDENT BISHOP OF THE LOS ANGELES AREA, CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE RESIDENT BISHOP OF THE PHOENIX AREA, DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH TWO DISTRICT SUPERINTENDENTS OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY THE BISHOP OF SAID CONFERENCE ONE DISTRICT SUPERINTENDENT OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY THE BISHOP OF SAID CONFERENCE TWO MEMBERS OF THE BOARD OF TRUSTEES OF THE CALIFORNIA-PACIFIC ANNUAL

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY SAID BOARD ONE MEMBER OF THE BOARD OF TRUSTEES OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY SAID BOARD THE CHAIR OF THE BOARD OF ORDAINED MINISTRY OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE CHAIR OF THE BOARD OF ORDAINED MINISTRY OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE ASSOCIATE GENERAL SECRETARY OF THE DIVISION OF ORDAINED MINISTRY OF THE GENERAL BOARD OF HIGHER EDUCATION AND MINISTRY OF THE UNITED METHODIST CHURCH THE CHAIR OF THE HIGHER EDUCATION AND CAMPUS MINISTRY COUNCIL OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE CHAIR OF THE BOARD OF HIGHER EDUCATION AND CAMPUS MINISTRIES OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE LAY LEADER OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE LAY LEADER OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH THE PRESIDENT OF CLAREMONT SCHOOL OF THEOLOGY THE CHAIR OF THE BOARD OF TRUSTEES OF CLAREMONT SCHOOL OF THEOLOGY THE VICE CHAIR OF THE BOARD OF TRUSTEES OF CLAREMONT SCHOOL OF THEOLOGY ANY SUCH MEMBER SHALL CONTINUE TO BE A MEMBER OF THE CORPORATION AS LONG AS HE OR SHE SHALL CONTINUE IN SUCH OFFICE OR POSITION.

A. POWERS OF MEMBERS

RIGHTS AND RESPONSIBILITIES OF MEMBERS

Name of the organization **Employer identification number** SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 MEMBERS SHALL HAVE THE AUTHORITY TO: (I)ELECT TRUSTEES (II) REMOVE ANY ELECTED TRUSTEE IN ACCORDANCE WITH THE CALIFORNIA CORPORATIONS CODE, SECTION 5222 (III)APPROVE AMENDMENTS TO THE BY-LAWS (IV)APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION (V)APPROVE SALE, LEASE, EXCHANGE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL ASSETS OF SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY (DBA CLAREMONT SCHOOL OF THEOLOGY) NOT MADE IN THE ORDINARY COURSE OF BUSINESS (VI)APPROVE ANY MERGERS (VII)APPROVE ANY ACQUISITIONS OF REAL PROPERTY OR BUSINESSES OF OTHER CORPORATIONS (VIII)APPROVE VOLUNTARY DISSOLUTIONS B. VOTING RIGHTS OF MEMBERS EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. MEMBERS MAY VOTE IN ONE OF THREE WAYS: (I) BY ACTION AT A DULY NOTICED MEETING (II) BY WRITTEN BALLOT IN CONFORMITY WITH THE PROVISIONS OF THE CALIFORNIA CORPORATIONS CODE (III) BY UNANIMOUS WRITTEN CONSENT

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

PROXY. WRITTEN PROXY IS THE AUTHORIZATION GIVEN BY ONE CORPORATION MEMBER

PROXY. WRITTEN PROXY IS THE AUTHORIZATION GIVEN BY ONE CORPORATION MEMBER

TO ANOTHER TO VOTE ON HIS/HER BEHALF; SUCH WRITTEN PROXY MUST BE CONVEYED

BY THE AUTHORIZING CORPORATION MEMBER TO THE CHAIR OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CORPORATION ELECTS THE ORGANIZATION'S BOARD OF TRUSTEES. BOARD OF

TRUSTEES SHALL INCLUDE DESIGNATED TRUSTEES WHO SERVE WITH VOICE AND VOTE BY

VIRTUE OF THE OFFICES THEY HOLD AND MAY INCLUDE THE FOLLOWING:

- (I) RESIDENT BISHOP OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE
- (II) RESIDENT BISHOP OF THE DESERT SOUTHWEST ANNUAL CONFERENCE
- (III) PRESIDENT OF THE SCHOOL
- (IV) PRESIDENT OF THE ALUMNI ASSOCIATION OF THE SCHOOL
- (V) CHAIR OF THE FACULTY POLICY COMMITTEE OF THE FACULTY OF THE SCHOOL
- (VI) TWO STUDENT REPRESENTATIVES FROM THE SCHOOL'S STUDENT COUNCIL, ONE OF

WHOM SHALL BE A MASTERS STUDENT AND THE OTHER A DOCTORAL STUDENT

(VII) A REPRESENTATIVE OF THE INTERNATIONAL ADVISORY BOARD NAMED BY SAID BOARD; AND

(VIII) A REPRESENTATIVE OF THE FIRST UNITED METHODIST FOUNDATION OF SUN CITY, ARIZONA, NAMED BY SAID FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS SHALL HAVE THE AUTHORITY TO:

- (I) ELECT TRUSTEES
- (II) REMOVE ANY ELECTED TRUSTEE IN ACCORDANCE WITH THE CALIFORNIA

CORPORATIONS CODE, SECTION 5222

- (III) APPROVE AMENDMENTS TO THE BY-LAWS
- (IV) APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION
- (V) APPROVE SALE, LEASE, EXCHANGE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL
 432212
 08-27-14
 Schedule O (Form 990 or 990-EZ) (2014)

ASSETS OF SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY (DBA CLAREMONT SCHOOL OF

THEOLOGY) NOT MADE IN THE ORDINARY COURSE OF BUSINESS

(VI) APPROVE ANY MERGERS

(VII) APPROVE ANY ACQUISITIONS OF REAL PROPERTY OR BUSINESSES OF OTHER

CORPORATIONS

(VIII) APPROVE VOLUNTARY DISSOLUTIONS

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:

ANY TRUSTEE, OFFICER, OR MEMBER OF A COMMITTEE, WHO HAS A DIRECT OR

INDIRECT FINANCIAL INTEREST MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL

INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

BOARD OR THE MEMBERS OF THE COMMITTEE CONSIDERING THE PROPOSED TRANSACTION

OR ARRANGEMENT. AFTER THE DISCLOSURE, HE OR SHE SHALL LEAVE THE BOARD OR

COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS

DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL

DECIDE IS A CONFLICT OF INTEREST EXISTS. HE OR SHE MAY MAKE A PRESENTATION

AT THE MEETING OF THE BOARD OR THE COMMITTEE, BUT AFTER THE PRESENTATION,

HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE

ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF

INTEREST. PROCEEDINGS WILL BE DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization **Employer identification number** SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY 95-1904355 THE BOARD OF TRUSTEES ANNUALLY REVIEWS THE PRESIDENT'S JOB PERFORMANCE AND THE PRESIDENT'S COMPENSATION. THE PRESIDENT, AS A MEMBER OF THE BOARD, RECUSES HIMSELF FROM THE REVIEW. PRESIDENTIAL COMPENSATION WAS BENCHMARKED AGAINST COMPARABLE UNITED METHODIST INSTITUTIONS AND OTHER SIMILAR SCHOOLS, LOCALLY AND NATIONALLY, PER DATA REPORTED THROUGH VARIOUS SOURCES INCLUDING THE ASSOCIATION OF THEOLOGICAL SCHOOLS. THE SECRETARY OF THE BOARD RECORDS THE MINUTES OF THESE DELIBERATIONS AND DECISIONS. COMPENSATION WAS DETERMINED IN 2014. PEER DATA FOR CRITICAL POSITIONS ARE REPORTED TO THE ASSOCIATION OF THEOLOGICAL SCHOOLS BY ALL OF ITS MEMBER INSTITUTIONS. THAT DATA IS RELEASED TO THE MEMBERSHIP FOR THEIR USE. THE DATA WAS REVIEWED BY THE SENIOR MANAGEMENT TEAM. 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 REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567. LOSS ON WRITE-OFF OF PLEDGE RECEIVABLE TOTAL TO FORM 990, PART XI, LINE 9 29,567.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number 95-1904355

(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" on 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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		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)	LINE 1	N/A		Х
CAL-PACIFIC ANNUAL CONFERENCE OF THE UNITED							
METHODIST CHURCH - 95-3310804, 110 S EUCLID							l
AVE, PASADENA, CA 91101	CHURCH ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 1	N/A		Х
	-						
	-						
	_						

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

Schedule R (Form 990) 2014

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

	organizations treated as a partitioning during the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership		
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>		
											<u> </u>		
										\vdash	 		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sec 512(b contr enti	o)(13) olled ity?
		country)		or tructy		465515		Yes	No
									<u> </u>
									<u> </u>
									<u> </u>
									<u> </u>
									ĺ
		67							

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
а	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 							
	Sharing of paid employees with related organization(s)				1n 1o		X
_							
р	Reimbursement paid to related organization(s) for expenses				1р		Х
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses							
•							
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must com						
	(a) (b) Name of related organization Transacti type (a-		(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
٥١ -							
3)							
4)							
-\							
5)							
6)							
3216	63 08-14-14	8		Schedule R	(Form	990)	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	-											
	-											
				\vdash	_			-			\vdash	
	4											
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	1			Ш				1	<u> </u>			000) 0044

Schedule R (Form 990) 2014

Form 886	8 (Rev. 1-2014)					Page 2
If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	box		X
	ly complete Part II if you have already been granted a					
If you a	are filing for an Automatic 3-Month Extension, comp	olete only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	pies need	ed).
	•		Enter filer's	identifyir	ig number, s	ee instructions
Type or	Name of exempt organization or other filer, see ins	tructions.		Employer	identification	number (EIN) or
print						, ,
File by the	SOUTHERN CALIFORNIA SCHOOL	OF TH	EOLOGY		95-190	4355
due date for	Number, street, and room or suite no. If a P.O. box	, see instruc	tions.	Social se	curity numbe	r (SSN)
filing your return. See	1325 N. COLLEGE AVE.					
instructions.	City, town or post office, state, and ZIP code. For a CLAREMONT, CA 91711	a foreign add	Iress, see instructions.			
	CHARMONI, CA 91711					
	5					[] []
Enter the	Return code for the return that this application is for	(file a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Applicati Is For	on	Code	Is For			Code
	or Form 990-EZ	01	is roi			Code
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	,	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a prev	iously file	d Form 8868	
	GAMWARD QUAN		•			
• The bo	ooks are in the care of > 1325 N COLLEG	E AVE	- CLAREMONT, CA 91	711		
Teleph	one No. ► 909-447-2560		Fax No. ▶ 909-447-62	78		
If the c	organization does not have an office or place of busin	ess in the Ur	nited States, check this box			▶ □
If this i	s for a Group Return, enter the organization's four dig	git Group Exe	emption Number (GEN) I	f this is fo	r the whole gr	oup, check this
box ▶ [$oxed{igsqc}$. If it is for part of the group, check this box $igs igsqc$	and atta	ch a list with the names and EINs of	all memb	ers the exten	sion is for.
4 I red	quest an additional 3-month extension of time until		15, 2016			
5 For	calendar year, or other tax year beginning	JUL 1	, 2014 , and ending	g JUN	30, 20)15
6 If th	ne tax year entered in line 5 is for less than 12 months	s, check reas	on: Initial return	Final r	eturn	
	☐ Change in accounting period					
7 Sta	te in detail why you need the extension					
	FORMATION NECESSARY TO FIL	E A CO	MPLETE AND ACCURAT	E TAX	RETURI	I IS NOT
AV	AILABLE AT THIS TIME.					
0 - 1641-	sis and lighting is for Former 000 DL 000 DE 000 T. 47	00 0000	and a standard and a			
	nis application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069,	enter the tentative tax, less any	0-	*	0.
	refundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 60	NGO optor op	v refundable gradite and estimated	8a	\$	
	payments made. Include any prior year overpayment	•	•			
	eviously with Form 8868.	. allowed as a	a credit and any amount paid	8b	\$	0.
<u></u>	ance due. Subtract line 8b from line 8a. Include your	navment wit	th this form if required by using	0.5	Ψ	
	PS (Electronic Federal Tax Payment System). See ins		arting form, in required, by dailing	8c	\$	0.
<u> </u>			st be completed for Part II o		₩	
Under pena it is true, co	alties of perjury, I declare that I have examined this form, inc orrect, and complete, and that I am authorized to prepare thi	luding accomp	-	-	f my knowledge	e and belief,
Signature		► CPA		Date	•	
-19.14.410	Title			Duit	•	368 (Rev. 1-2014)
						(1.01. 1.2017)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Southern California School of Theology 1325 N. College Ave. Claremont, CA 91711
Prepared by	Cliftonlarsonallen LLP 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. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit the return electronically to the FTB and no further action is required.

TAXABLE YEAR

California Exempt Organization Annual Information Return

428941 11-26-14 FORM

201	4 Annual Information Retu	ırn			199
Calendar Year	2014 or fiscal year beginning (mm/dd/yyyy) 07/0	1/2014 , and ending ((mm/dd/yyyy)	06/	30/2015 .
Corporation/O	ganization Name		Californi	ia corporation num	iber
CUITURE	RN CALIFORNIA SCHOOL OF THEO	I.OCV	0.3	314031	
	mation. See instructions.	подт	FEIN	314031	
			95	5-19043	55
Street address	(suite or room)		PN	MB no.	
1325 N	. COLLEGE AVE.				
City	ONTE			P code	
CLAREM Foreign countr	1	oo/atata/agunty		1711 preign postal code	
Foreign country	name Foleign provinc	e/state/county		reigii postai code	
A First Retu	rn Yes X	No J If exempt under R&TC S	ection 23701d	t, has the organi	 ization
B Amended	Return • Yes X				
	on 4947(a)(1) trust Yes 🔀				
D Final Info	rmation Return?	If "Yes," enter the gross	receipts from n	nonmember	
	Dissolved • Surrendered (Withdrawn)				
	Merged/Reorganized Enter date: (mm/dd/yyyy)	L If organization is exemp			
	counting method: Cash (2) X Accrual (3) Other	and meets the filing fee		-	
(1) <u></u> F Federal re	」Cash (2) LX Accrual (3) L Other eturn filed?	fee is required. M Is the organization a Lin			
(1) ●		N Did the organization file			0 103 22 100
` '	roup filing? See instructions.				• Yes X No
		No 0 Is the organization unde			
If "Yes," v	hat is the parent's name?	IRS audited in a prior ye	ar?		• Yes X No
		P Is an IRS Form 1023/10			Yes X No
I Did the o	ganization have any changes to its guidelines $ullet$ Yes ${f X}$ ted to the FTB? See instructions.	No Date filed with IRS			
	omplete Part I unless not required to file this form. See Gener	ral Instructions B and C.			
Tarer	1 Gross sales or receipts from other sources. From Side 2,			• 1	12,650,832.00
	2 Gross dues and assessments from members and affiliates	S		• 2	00
Receipts	3 Gross contributions, gifts, grants, and similar amounts re	ceived	STMT 1	1. • 3	2,260,665.00
and	 Gross contributions, gifts, grants, and similar amounts re Total gross receipts for filing requirement test. Add line 1 through lir This line must be completed. If the result is less than \$50,000, see 6 	ne 3. General Instruction B	STMT 2	<u>2.</u> • 4 ∶	14,911,497. ₀₀
Revenues	5 Cost of goods sold	• 5		00	
	6 Cost or other basis, and sales expenses of assets sold	• 6 4,8	63,425	• 00 7	4,863,425.00
	7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4				10,048,072.00
-	 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, I 			• 9	13,079,576.00
Expenses	10 Excess of receipts over expenses and disbursements. Sul				-3,031,504.00
	11 Filing fee \$10 or \$25. See General Instruction F				N/A 00
Filing	12 Total payments			12	00
Filling	13 Penalties and Interest. See General Instruction J			13	00
100				• 14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subt Under penalties of perjury, I declare that I have examined this return, includit is true, correct, and complete. Declaration of preparer (other than taxpayor	ract line 12 from the result ding accompanying schedules and state	ments, and to the	15 15 e best of my knowle	edge and belief,
Sian	it is true, correct, and complete. Declaration of preparer (other than taxpaye				
Sign Here	Signature of officer	CFO & VP FOR	Date B	*	Telephone
11010	of officer	Date	Check if	•	PTIN
	Preparer's signature	05/16/1		oyed $ ightharpoonup$	00157338
Paid	Firm's name	•	-		FEIN
Preparer's	(or yours, if self-				1-0746749
Use Only	employed) 301 N. LAKE AVE., SUIT and address PAGAPENA GA 01101	E 900			Telephone
	PASADENA, CA 91101	O Coo implementing		● X Yes [6]	26-793-3600
	May the FTB discuss this return with the preparer shown above	?? See Instructions	<u></u>	▼ A Yes	No

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

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.

428951	11-26-1	

		1	Gross sales or receipts from all b	ousine	ss activities. See instruc	tions				•	1	00
		2	Interest							•	2	00
		3	Bull I								3	162,079.00
Receip	ts	4	Gross rents								4	00
from		5	Gross royalties								5	00
Other		6	Gross amount received from sale	e of as	sets (See Instructions)			STA	TEMENT	3•	6	6,124,303.00
Source	s	7	Other income				S	SEE STA	TEMENT	4•	7	6,364,450.00
		8	Total gross sales or receipts from								8	
		9	Contributions, gifts, grants, and	simila	r amounts paid			STA	TEMENT	5•	9	1,994,735.00
		10	Disbursements to or for member Compensation of officers, direct	rs						<u>.</u> •	10	00
		11	Compensation of officers, direct	ors, ar	nd trustees		S	SEE STA	TEMENT	6•	11	824,780.00
		12	Other salaries and wages								12	4,758,445.00
Expens	es	13	Interest								13	180,489.00
and		14	Taxes								14	316,729.00
Disburs	se-	15	Rents							•	15	682,520.00
ments		16	Depreciation and depletion (See	inetru	ctions)					•	16	00
		17	Other Expenses and Disburseme	ents			٤	SEE STA	TEMENT	7•	17	4,321,878.00
		18	Total expenses and disburseme	nts. Ad	dd line 9 through line 17	. Enter	here an	d on Side 1, P	art I, line 9			13,079,576.00
Sche	dul	e L	Balance Sheets		Beginning of	taxabl	e year				of tax	kable year
Assets					(a)		(b		(с)		(d)
1 Cas								7,794.				• 4,054,142.
2 Net	t acco	ounts	s receivable					.8,509.				• 772,630.
3 Net	t note	es red	ceivable STMT 8				40	0,000.				• 300,000.
												•
5 Fed	deral	and	state government obligations									•
6 Inv	estm	nents	in other bonds									•
7 Inv	estm	nents	in stock									•
8 Mo		-										•
			ments STMT 9				<u>8,31</u>	3,901.				• 6,745,955.
10 a [Depre	eciab	le assets	2	8,499,570.				28,87			
					,320,813.)				(14,085	,066	•)	14,794,824.
11 Lar	nd .		STMT 10					0,518.				• 485,518.
								1,100.				• 13,302,085.
13 To	tal as	ssets				4	3,08	0,579.				40,455,154.
			et worth									
			yable				37	2,981.				 482,677.
15 Co	ntribi	ution	s, gifts, or grants payable									•
			otes payable									•
17 Mo		•	44					1,445.				• 3,366,678.
18 Oth							3,10	9,513.				4,376,239.
19 Cap	pital s	stock	or principal fund									•
			tal surplus. Attach reconciliation									•
			nings or income fund					6,640.				• 32,229,560.
			ties and net worth				3,08	0,579.				40,455,154.
Sche	dul	e M	1-1 Reconciliation of income Do not complete this sched		the amount on Schedule	e L, lind	e 13, col	umn (d), is le	ss than \$50,000.			
1 Net	t inco	ome p	per books		−3,907,08	80.	7 Inc	ome recorded	d on books this y	ear		
			me tax		•		no	t included in t	his return. S	TMT	13	• 29,567.
3 Exc	cess	of ca	pital losses over capital gains		•		1		is return not cha			
			recorded on books this year		•		aga	ainst book inc	ome this year			•
			corded on books this year not				1	tal. Add line 7				29,567.
ded	ducte	ed in 1	this return STMT	12	• 905,1	43.	10 Ne	t income per r	eturn.			
6 Tot	tal A	dd Iir	ne 1 through line 5		-3,001,9	37.	Su	htract line 9 fr	om line 6			-3,031,504.

FORM 199 GROSS AMOUN	T FROM	SALE O	F ASSE	TS	 S'	TATEMENT	3
DESCRIPTION		DA ACQU		DAT SOL		THOD UIRED	
					 PUR	CHASED	
		T OR BASIS	DEPR:	EC.	PENSE SALE	GROSS SALES PR	
	4,19	8,425.		0.	 0.	5,126,8	03.
DESCRIPTION		DA ACQU		DAT SOL		THOD UIRED	
					 PUR	CHASED	
		T OR BASIS	DEPR	EC.	 PENSE SALE	GROSS SALES PR	
	66	5,000.		0.	 0.	997,5	00.
TOTAL TO FORM 199, PAGE 2, LN 6	4,86	3,425.		0.	 0.	6,124,3	03.
FORM 199	OTHER	INCOME			 S'	TATEMENT	4
DESCRIPTION						AMOUNT	
MISCELLANEOUS TUITION AND FEES STUDENT HOUSING TEACHING REVENUE FROM CLU						384,1 3,769,9 1,025,9 1,184,4	71. 22.
TOTAL TO FORM 199, PART II, LINE	7					6,364,4	50.

FORM 199 CASE	H CONTRIBUTIONS, (AND SIMILAR AMO		5	STATEMENT	5
ACTIVITY CLASSIFICATION	ON: FINANCIAL AID	AND SCHOLARS	SHIPS		
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT	Г
APPROX. 145 STUDENTS	1325 N. COLLEGE A		NONE	1,994,73	35.
	TOTAL FOR THIS A	CTIVITY		1,994,73	35.
TOTAL INCLUDED ON FORM	M 199, PART II, L	INE 9		1,994,73	35.
FORM 199 COMPENSAT	FION OF OFFICERS,	DIRECTORS AN	ND TRUSTEES	STATEMENT	6
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSATI	ION
NAME AND ADDRESS JEFFREY KUAN 1325 N. COLLEGE AVE. CLAREMONT, CA 91711			WORKED/WK	294,37	
JEFFREY KUAN 1325 N. COLLEGE AVE.	R	PRESIDENT 37.50	WORKED/WK O ACULTY REPRESEN	294,37	79.
JEFFREY KUAN 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 HELENE SLESSARAV-JAMIE 1325 N. COLLEGE AVE.	3	PRESIDENT 37.50 TRUSTEE - FA 37.50	WORKED/WK CULTY REPRESEN CIAL OFFICER	294,37	79.
JEFFREY KUAN 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 HELENE SLESSARAV-JAMIE 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 GAMWARD QUAN 1325 N. COLLEGE AVE.		AVERAGE HRS PRESIDENT 37.50 TRUSTEE - FA 37.50 CHIEF FINANO	WORKED/WK ACULTY REPRESEN CIAL OFFICER CATION	294,37	79. 70.
JEFFREY KUAN 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 HELENE SLESSARAV-JAMIF 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 GAMWARD QUAN 1325 N. COLLEGE AVE. CLAREMONT, CA 91711 SHERYL KUJAWA-HOLBROOF 1325 N. COLLEGE AVE.		AVERAGE HRS PRESIDENT 37.50 TRUSTEE - FA 37.50 CHIEF FINANC 37.50 DEAN OF EDUC 37.50	WORKED/WK WORKED/WK CLACULTY REPRESEN CIAL OFFICER CATION CATION CATION CEMENT & COMMU	294,37 105,97 153,73	79.

FORM 199	OTHER EXPENSES		STATEMENT	
DESCRIPTION			AMOUNT	
DEPRECIATION			764,25	53.
BANK FEES			137,23	37.
INSTRUCTIONAL AND STUDE			85,14	
COPYING AND PRINTING			59,89	
FURNITURE AND EQUIPMENT			46,01	
PENSION PLAN CONTRIBUTIONS			293,66	
OTHER EMPLOYEE BENEFITS			578,30	
LEGAL FEES OTHER PROFESSIONAL FEES			74,90 381,74	
ADVERTISING AND PROMOTION			31,23	
OFFICE EXPENSES			537,16	
INFORMATION TECHNOLOGY			72,40	
TRAVEL			247,84	
CONFERENCES AND CONVENTIONS			636,58	
INSURANCE			194,64	
ALL OTHER EXPENSES			180,83	32.
	48		4 204 0	
TOTAL TO FORM 199, PART II,	LINE 17		4,321,8	/8.
	NET NOTES RECEIVABLE		STATEMENT	/8. —— 8
		BEG. OF YEAR		8
FORM 199 DESCRIPTION	NET NOTES RECEIVABLE	BEG. OF YEAR	STATEMENT	8
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS	NET NOTES RECEIVABLE		STATEMENT END OF YEA	8 AR
FORM 199 DESCRIPTION	NET NOTES RECEIVABLE	BEG. OF YEAR 0. 400,000.	STATEMENT	8 AR
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES	NET NOTES RECEIVABLE , TRUSTEES AND OTHER	0.	STATEMENT END OF YEA 50,00	8 AR 00.
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES NOTES AND LOANS RECEIVABLE, 1	NET NOTES RECEIVABLE , TRUSTEES AND OTHER	400,000.	STATEMENT END OF YEA 50,00 250,00	8 AR 00.
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES NOTES AND LOANS RECEIVABLE, 1	NET NOTES RECEIVABLE , TRUSTEES AND OTHER	400,000.	STATEMENT END OF YEA 50,00 250,00	8 AR 00.
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES NOTES AND LOANS RECEIVABLE, I	NET NOTES RECEIVABLE , TRUSTEES AND OTHER NET L, LINE 3	400,000.	STATEMENT END OF YEA 50,00 250,00	8 AAR 000. 000.
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES NOTES AND LOANS RECEIVABLE, I TOTAL TO FORM 199, SCHEDULE I FORM 199 DESCRIPTION	NET NOTES RECEIVABLE , TRUSTEES AND OTHER NET L, LINE 3	0. 400,000. 400,000. BEG. OF YEAR	STATEMENT END OF YEA 50,00 250,00 300,00 STATEMENT END OF YEA	8 AAR 000. 000.
FORM 199 DESCRIPTION LOANS TO OFFICERS, DIRECTORS KEY EMPLOYEES NOTES AND LOANS RECEIVABLE, I TOTAL TO FORM 199, SCHEDULE I	NET NOTES RECEIVABLE , TRUSTEES AND OTHER NET L, LINE 3	400,000.	STATEMENT END OF YEA 50,00 250,00 300,00	8 AR 000. 000. 9 AR

DESCRIPTION BEG. OF YEAR END OF YEAR ADVANCES FROM FEDERAL GOVERNMENT SPLIT-INTEREST AGREEMENT PAYABLE STUDENT DEPOSITS 105,574. 122,081. 105,574. 122,081. 105,574. 122,081. 105,574. 122,081. 105,574. 123,085. 1,348,706. 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 3,109,513. FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN END OF YEAR ANOUNT 1,575,271. 1,659,733. 105,574. 122,081. 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 3,109,513. 4,376,239. FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN END OF YEAR ANOUNT 12,081. 12,081. 13,985. 1,348,706. 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE M-1, LINE 18 END OF YEAR ANOUNT END OF YEAR ANOUNT 12,081. 12,081. 12,081. 13,985. 1,348,706. 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 AMOUNT DESCRIPTION DESCRIPTION AMOUNT DESCRIPTION AMOUNT DESCRIPTION AMOUNT	FORM 199	OTHER AS	SETS	STATEMENT 10
PREPAID EXPENSES AND DEFERRED CHARGES 109,966. 104,886. 547,485. 511,020. PERPETUAL TRUSTS 10,015,459. 9,857,259. CHARITABLE REMAINDER TRUSTS 1,764,313. 1,867,503. TOTAL TO FORM 199, SCHEDULE L, LINE 12 13,491,100. 13,302,085. FORM 199 OTHER LIABILITIES STATEMENT 11 DESCRIPTION BEG. OF YEAR END OF YEAR ADVANCES FROM FEDERAL GOVERNMENT 308,159. 307,194. SPLIT-INTEREST AGREEMENT PAYABLE 1,575,271. 1,659,733. DEFERED REVENUE 31,985. 1,348,706. UNSECURED NOTES AND LOANS PAYABLE 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 3,109,513. 4,376,239. FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR STATEMENT 12 DESCRIPTION AMOUNT UNREALIZED LOSS 905,143. TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 905,143. 905,143. FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 13 FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RE	DESCRIPTION		BEG. OF YEAR	END OF YEAR
### PERPETUAL TRUSTS CHARITABLE REMAINDER TRUSTS CHARITABLE REMAINDER TRUSTS TOTAL TO FORM 199, SCHEDULE L, LINE 12 #### PACE	PREPAID EXPENSES A		109,966.	104,886.
### DESCRIPTION BEG. OF YEAR END OF YEAR ADVANCES FROM FEDERAL GOVERNMENT 308,159. 307,194. SPLIT-INTEREST AGREEMENT PAYABLE 1,575,271. 1,659,733. TSTUDENT DEPOSITS 105,574. 122,081. DEFERRED REVENUE 31,985. 1,348,706. UNSECURED NOTES AND LOANS PAYABLE 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 3,109,513. 4,376,239. ###################################	PERPETUAL TRUSTS	ER TRUSTS	10,015,459.	9,857,259.
DESCRIPTION BEG. OF YEAR	TOTAL TO FORM 199,	SCHEDULE L, LINE 12	13,491,100.	13,302,085.
ADVANCES FROM FEDERAL GOVERNMENT SPLIT-INTEREST AGREEMENT PAYABLE SPLIT-INTEREST AGREEMENT PAYABLE SPLIT-INTEREST AGREEMENT PAYABLE STUDENT DEPOSITS 105,574. 122,081. 104,706. 105,574. 122,081	FORM 199	OTHER LIAB	ILITIES	STATEMENT 11
SPLIT-INTEREST AGREEMENT PAYABLE 1,575,271. 1,659,733. STUDENT DEPOSITS 105,574. 122,081. DEFERRED REVENUE 31,985. 1,348,706. UNSECURED NOTES AND LOANS PAYABLE 1,088,524. 938,525. TOTAL TO FORM 199, SCHEDULE L, LINE 18 3,109,513. 4,376,239. FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN STATEMENT 12 DESCRIPTION AMOUNT UNREALIZED LOSS 905,143. TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 905,143. FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 13 DESCRIPTION AMOUNT DESCRIPTION AMOUNT NOT INCLUDED IN THIS RETURN AMOUNT DESCRIPTION AMOUNT	DESCRIPTION		BEG. OF YEAR	END OF YEAR
FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN DESCRIPTION UNREALIZED LOSS TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT DESCRIPTION AMOUNT NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	SPLIT-INTEREST AGE STUDENT DEPOSITS DEFERRED REVENUE	EEMENT PAYABLE	1,575,271. 105,574. 31,985.	1,659,733. 122,081. 1,348,706.
DESCRIPTION AMOUNT UNREALIZED LOSS 905,143. TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 905,143. FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION AMOUNT NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	TOTAL TO FORM 199,	SCHEDULE L, LINE 18	3,109,513.	4,376,239.
UNREALIZED LOSS 905,143. TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 905,143. FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 13 DESCRIPTION AMOUNT NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	FORM 199			STATEMENT 12
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5 905,143. FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	DESCRIPTION			AMOUNT
FORM 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN DESCRIPTION NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	UNREALIZED LOSS			905,143.
NOT INCLUDED IN THIS RETURN DESCRIPTION NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	TOTAL TO FORM 199,	SCHEDULE M-1, LINE 5		905,143.
NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 29,567.	FORM 199			STATEMENT 13
	DESCRIPTION			AMOUNT
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 29,567.	NET CHANGE IN VALU	JE OF SPLIT-INTEREST AGR	EEMENTS	29,567.
	TOTAL TO FORM 199,	SCHEDULE M-1, LINE 7		29,567.

FORM 199 FUND BALANCES		STATEMENT 14
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS PERMANENTLY RESTRICTED ASSETS	-241,863. 1,372,912. 35,005,591.	-3,946,047. 1,278,216. 34,897,391.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	36,136,640.	32,229,560.

Date Accepted _____

TAXABLE YEAR California o-filo P

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

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Exempt Organization name	ldentifying number
SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY	95-1904355
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	1 14,911,497. ₀₀
2 Total gross income (Form 199, line 8)	210,048,072.00
3 Total expenses and disbursements (Form 199, line 9)	3 13,079,576. ₀₀
Part II Settle Your Account Electronically for Taxable Year 2014	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/do	d/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account: Check	ing Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic on line 4a.	c funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt orgorganization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization and that the information I provided to my transmitter or intermediate service provider. If the processing of the exempt organization and that the information I provided to my transmitter, or intermediate service provider. If the processing of the exempt organization and that the information I provided to my transmitter, or intermediate service provider. If the processing of the exempt organization and the information I provided to the intermediate service provider the reason(s) for the delay.	the exempt organization's 2014 If the exempt organization is filing lanization's fee liability, the exempt and accompanying schedules and

Sign Here

Signature of Officer	Date

CFO & VP FOR BUSINESS AFFAIRS

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, 2014 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	ERO's- signature		Date	also paid	if self- employe		EROSPTIN
mac	Firm's name (or yours if self-employed)	CLIFTONLARSONALLEN LLP				FEIN 4	1-0746749
Sign	and address	301 N. LAKE AVE., SUITE	900				
		PASADENA, CA				ZIP Code	91101
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	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN P00157338
Must	Firm's name (or yours	CLIFTONLARSONALLEN LLP			FEIN 41-0746749
Sign	if self-employed) and address	301 N. LAKE AVE., SUITE	900		
		PASADENA, CA			ZIP Code 91101

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014