Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2015 calendar year, or tax year beginning $\mathrm{JUL}1,2015$	JUN 30, 2016			
	Check if applicable:	C Name of organization	D Employer identifi	cation number		
		SOUTHERN CALIFORNIA SCHOOL OF THEOLOGI				
	Address change	DBA CLAREMONT SCHOOL OF THEOLOGY				
Ļ	Name change	Doing business as CLAREMONT SCHOOL OF THEOLOGY		904355		
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1325 N. COLLEGE AVE.	Lite E Telephone numbe			
_	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,568,366.		
F	lreturn	CHARDMI, CA 51/11	H(a) Is this a group re			
_	Application pending		for subordinates			
		SAME AS C ABOVE	H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c) ()		list. (see instructions)		
			H(c) Group exemption	n number ► M State of legal domicile: CA		
		Summary	ear or formation, 1957	A State of legal doffliche, CA		
L		Briefly describe the organization's mission or most significant activities: THEOLOGY	GRAD SCHOOL	OFFERING		
Governance	'	INTERFAITH AND ECUMENICAL DEGREE PROGRAMS, M	DTV MA DMIN	AND PH.D.		
nar		Check this box I if the organization discontinued its operations or disposed of n				
š	1			35		
Ğ	1	Sumber of independent voting members of the governing body (Part VI, line 1b)		33		
భ		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		323		
Activities &		otal number of volunteers (estimate if necessary)		33		
Ę		otal unrelated business revenue from Part VIII, column (C), line 12		0.		
٩		let unrelated business taxable income from Form 990-T, line 34		0.		
			Prior Year	Current Year		
ō	8 0	Contributions and grants (Part VIII, line 1h)	2,260,665.	4,915,977.		
Revenue		Program service revenue (Part VIII, line 2g)	5,980,315.	5,680,963.		
ě	10 lt	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,422,957.	464,702.		
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,135.	294,892.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,048,072.	11,356,534.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,994,735.	1,906,423.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.	<u> </u>		
eü		Professional fundraising fees (Part IX, column (A), line 11e)	U •	0.		
Ä	1	fotal fundraising expenses (Part IX, column (D), line 25) 1,630,231.	0.	4,438,028.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Cotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,994,735.	12,596,292.		
		Revenue less expenses. Subtract line 18 from line 12	8,053,337.	-1,239,758.		
or	1.5	iovorido icos experises, odubitade ilite to italifilite 12	Beginning of Current Year	End of Year		
ets	20 T	otal assets (Part X, line 16)	40,455,154.	36,959,053.		
Ass	21 T	otal liabilities (Part X, line 26)	8,225,594.	6,843,602.		
Net Assets Fund Baland	22 N	let assets or fund balances. Subtract line 21 from line 20	32,229,560.	30,115,451.		
Pa		Signature Block				
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is		
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
Sig	n	Signature of officer	Date			
Her	e	GAMWARD C. QUAN, CFO & VP FOR BUSINESS AF	FAIRS			
		Type or print name and title	I Data	11 DTIN		
D-1		Print/Type preparer's name Preparer's signature Preparer's signature	Date Check	PTIN		
Paid	- ⊢	SHIP BURDEN	05/15/17 self-employ			
		Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749		
use	Only	Firm's address 301 N. LAKE AVE., SUITE 900 PASADENA, CA 91101	Dha60	6-793-3600		
N /	, the ID	S discuss this return with the preparer shown above? (see instructions)	Phone no. 6 2			
ivia\	, me iki	o discuss uns return with the preparer shown above? (see instructions)		X Yes No		

Pa	rt III Statement of Program Service Accomplishments
	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 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.
4	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 \$ 9,215,527. including grants of \$ 1,906,423.) (Revenue \$ 5,680,963.)
	INSTRUCTION: 52 DEGREES AWARDED DURING THE YEAR: 21 MASTER OF DIVINITY;
	17 MASTER OF ARTS; 7 DOCTOR OF MINISTRY; AND 8 PH.D. 5,133 TUITION
	UNITS WERE TAUGHT DURING THE ACADEMIC YEAR.
4b	(Code:) (Expenses \$239 , 674 • including grants of \$0 (Revenue \$)
	PUBLIC SERVICE: PUBLIC PROGRAMS INCLUDED SEVERAL PUBLIC LECTURES ON
	CAMPUS HOSTED BY THE CENTER FOR PROCESS STUDIES AND BY THE FACULTY.
	PRIVATE AND PUBLIC LECTURES HAVE BEEN RECORDED TO VIDEO FOR INTERNET
	DISTRIBUTION WITH AN INTERNATIONAL AUDIENCE.
4c	(Code:) (Expenses \$ 101,759 • including grants of \$ 0 •) (Revenue \$ 0 •)
10	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
	RESEARCH. SEVERAL FACULTIES ARE ACTIVE BLOGGERS, CONTRIBUTING TO THE
	PUBLIC DISCOURSE ON CURRENT EVENTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 9,556,960.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	NO
•	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			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		X
-7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
	Schedule D, Part III	8	Λ	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		w	
	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	44.	X	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	- 21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	טוו		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ь	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	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	 -
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	,	Form	ggn	(201E)

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SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Form 990 (2015)

DBA CLAREMONT SCHOOL OF THEOLOGY

Part IV | Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **20**a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 Х Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 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," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

Form 990 (2015) DBA CLAREMONT SCHOOL OF THEOLOGY Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1006. Enter 0-if not applicable 10 De Totte the number of Forms W26I included in line 1s. Enter 0-if not applicable 11 De Totte the number of Forms W26I included in line 1s. Enter 0-if not applicable 12 Did the organization comply with backup withholding rules for reportable peyments to vendors and reportable gaming (gaminating) winnings to prize witners? 22 Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, 13 India of the calendar year ending with or within the year covered by this return 23 Did the organization and a size greater than 820, your mys be required to e-60 lees instructions. 35 Did the organization have unrelated business gross income of \$1,000 or more during the year? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 39 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization in a foreign country (such as a bank account, securities account, or their financial accounts? 40 Did any taxority such as a bank account, securities account, or their financial accounts? 41 Did any taxority such as a bank account, securities account, or their financial accounts? 42 Did any taxority such as a bank account, securities account, or ther financial accounts (FBAR). 43 Did any taxority such as a bank account, securities account, or the financial Accounts (FBAR). 44 Did any taxority such as a bank account, securities account or the financial accounts? 45 Did any taxority such as a bank account, securities accounts or the financial accounts? 46 Did any taxority such as a bank account, securities accounts or the financial accounts of FBAR). 58 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any continuation in the development of the financial accounts		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G Richaled in line 1a. Enter of bill not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminsting) winnings to prize witners? 25. Firster the number of employees exported on Form W3, Transmittad of Wage and Tax Statomonts, field for the called during the payment of the property of the state of the payment of the property of the payment of the payment tax returns? 26. If all test one is reported on line 2a, did the organization like all required to effect employment tax returns? 27. So Did the organization have unrelated business gross incore \$15,000 or more during the year? 28. But the organization have unrelated business gross incore \$15,000 or more during the year? 39. Did the organization have unrelated business gross incore \$15,000 or more during the year? 39. But it Y'es, 1 has fided a form 96017 for this year? If 7 hb, 7 to fine 35,0 provide an explanation in Schedule 0 30. But 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 hard account, a control financial Accounts (FBAR). Sa was the organization a party to a prohibited tax eheler transaction at any time during the tax year? Sa Did any taxable party notify the arganization that it was or in a party to a prohibited tax eheler transaction or or gifts were not tax deductible are called the organization file Form 8886.7 But the organization has a party to a prohibited tax eheler transaction and the organization solicit any contributions that were not tax deductible as charitable contributions? But the organization related a parimeting access of \$15 most party as contributions or gifts were not tax deductible as charitable contributions. But the organization relation the arganization in the twas or in a party to a prohibited tax eheler transaction? But the organization relation and party to a prohibited to the gift						Yes	No
be Enter the number of Forms W26 included in line 1s. Enter of bit not applicable 15 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) withings to prize withorings to prize without within the year covered by this return if c and the provision of the	b		1b	0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Red 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 returner? 5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 5 Did the organization have unreated business gross income of \$1,000 or more during the year? 5 A 2a X b If "Yes," has it filled a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 5 A 4 any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? ► 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5 W Was "the organization have enabled between the same of the freeign country. ► 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5 W Was "the organization have annual gross receivable that was or is a party to a prohibited tax shefter transaction? ← 5 B 5 W X → 6 If "Yes," to line 5a or 5b, did the organization file Form 8868-17 6 If "Yes," to line 5a or 5b, did the organization file Form 8868-17 6 Dest the organization in noticel with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitatile contributions? 6 W If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations far may receive deductible contributions under section 170(c). 8 Uf the organization receive a payment in excess of \$75 made party as a contibution and party for goods and services provided to the payor? 7 Destruction of the organization organization in noticity the donor of the value of the goods or services provided? 7 Destruc	С		eporta	ble gaming			
fleet for the calendar year ending with or within the year covered by this return. 2a 3.23		(gambling) winnings to prize winners?			1c	.,	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-Ti or this year? If "No," to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an inferest 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 accountly? 4a X b If "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c In "Yes," to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c In "Yes," to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c In "Yes," to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c In "Yes," to line 5a or 5b, did the organization in line Form 88861? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization stat may receive deductible contributions under section 170(c). 8d If the organization receive a payment in excess of 475 made partly as a contribution of upartle organization from the payment in excess of 475 made partly as a contribution or payment in excess of 475 made partly as a contribution or payment in excess of 475 made partly as a contribution or payment in excess of 475 mad	2a						
b If at least one is reported on line 2e, did the organization file all required (ederal employment tax returns? 2b X Note, if the sum of lines 1a and 2a is geneter than 250, you may be required to 4e refle (see instructions) 3b II the sum of lines 1a and 2a is geneter than 250, you may be required to 4e refle (see instructions) 3b II the sum of lines 1a and 2a is greater than 250, you may be required to 4e reflex for the view of the foreign country (such as a bank account, securities account, or other financial account (red and a foreign country (such as a bank account, securities account, or other financial account (FBAR). 5b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial account (FBAR). 5c II "Yes," to line 5a or 5b, did the organization have sheller transaction at any time during the tax yeer? 5c II was the foreign country (such as a bank account, securities account, or other financial account (FBAR). 5c II "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited that shelter transaction? 5c II "Yes," to line 5a or 5b, did the organization that lit was or is a party to a prohibited that where the terms of the organization have shelter transaction? 5c II "Yes," to lid the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 6c II "Yes," told the organization include with every selicitation and party to goods and services provided to the payor? 6d If "Yes," indicate the number of Forms 8882 filed during the year 6 ID II the organization receive a payment in sucess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Variantization with the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," indicate the number of Forms 8882 filed during the year 9 If the organization the payment is such as a payment in the organization in the o		filed for the calendar year ending with or within the year covered by this return	2a	323			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		rns?		2b	Х	
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 9807 for this year? If "No," to line 3b, provide an explanation in Schedule O 4b 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 accounts (FBAR). 5c If "Yes," the time the name of the foreign country: ► 5c Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c In Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c In Yes," did the organization noticly asymant in excess of \$75 made party as a contribution of organization regulation noticly asymant in excess of \$75 made party as a contribution of organization regulation noticly the denor of the value of the goods or services provided? 7c In In In Yes, "indicate the number of Forms 8282? filed during the year 7d In Yes," indicate the number of Forms 8282? filed during the year 9d In the organization regulation regulation in the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e In In It the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 or year year. 1 If the organization received an contribution							
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 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 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 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	9	Sponsoring organizations maintaining donor advised funds.					
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12 10a 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 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
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 1 1b 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 15 Enter the amount of reserves on hand 13c 15 Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b						1	
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	, -	. 1				
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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	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	,					11111111111
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 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		• • • • • • • • • • • • • • • • • • • •	1041	?	12a		L
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		12b				
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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a	<u> </u>	<u> </u>
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand	b	·	, ,				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		***************************************	13c				
							<u> </u>
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ			000	(0045)

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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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	. 12 132 130	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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 assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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 year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	1211111111
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	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 501(c)(3)s only) a	availab	le	•
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i 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 books and records:			
-	GAMWARD QUAN - 909-447-2560			
	1325 N COLLEGE AVE, CLAREMONT, CA 91711		·	

Form 990 (2015) 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

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.

(A)	(B)	d organization compensated (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	įą						the	organizations	compensation
	hours for	r direc				pa Ba		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		_	ensal		(W-2/1099-MISC)		organization
	organizations below	lal Tru	onalt		ployee	ee com				and related
	line)	ndividual trustee or directo	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFFREY KUAN	37.50	┢	=	0	×	مه عد	II.			
PRESIDENT		x		х				242,065.	0.	36,025
(2) PEGGY ADAMS	1.00	T				1				
TRUSTEE		X						0.	0.	0.
(3) JOHN BERQUIST	1.00									
TRUSTEE		X						0.	0.	0.
(4) MARK BOLLWINKEL	1.00									
TRUSTEE		X						0.	0.	0 .
(5) MARIAM BROWN	1.00	l								_
TRUSTEE	1 00	X			L	<u> </u>		0.	0.	0 .
(6) G. MICHAEL BROWN	1.00	١			ļ				0	•
TRUSTEE	1 00	X			_		_	0.	0.	0.
(7) MARCELINO GALIMLIM TRUSTEE	1.00	x						0.	0.	0.
(8) BISHOP MINERVA CARCANO	1.00	1		Н	-	 	 	0.	U •	0.
TRUSTEE	1.00	X						0.	0.	0.
(9) MARILEE MILLER CLARKE	1.00	1			 	\vdash		0.	0.	
TRUSTEE		x						0.	0.	0.
(10) ANNA CREWS CAMPHOUSE	1.00	T								
TRUSTEE		x						0.	0.	0.
(11) LARRY DEJARNETT	1.00									
TRUSTEE		X						0.	0.	0.
(12) I. DOUGLAS DUNIPACE	1.00								" '	
TRUSTEE		X						0.	0.	0.
(13) PATRICIA FARRIS	1.00								_	_
TRUSTEE		X						0.	0.	0.
(14) JOANNE FUKUMOTO	1.00								0	
TRUSTEE	1 00	X						0.	0.	0.
(15) MARGARET GONG	1.00	x						0.	0.	0.
TRUSTEE (16) GREGORY GORHAM	1.00	^	\vdash		<u> </u>	\vdash	-	U •	υ.	0.
TRUSTEE - STUDENT REPRESEN	1.00	x						0.	0.	0.
(17) STEPHEN P. JOHNSON	1.00	┝	\vdash	\vdash		 	<u> </u>	0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
532007 12-16-15						<u> </u>	Ц		<u> </u>	Form 990 /2015

DBA CLAREMONT SCHOOL OF THEOLOGY

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	١		Pos				Reportable	Reportable	;	Es	timate	ed be
	hours per	box	not c , unle	ss pe	rson	is bot	h an	compensation	compensatio			nount	
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related	i		other	
	(list any	ector	İ					the	organization		com	pensa	ition
	hours for	ı, dir				ted		organization	(W-2/1099-MIS	3C)		om the	
	related	stee	ruste			bens		(W-2/1099-MISC)			_ ~	anizati	
	organizations below	al tru	onalt		loyee	00 g						d relat	
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
(18) STEVE HORSWILL-JOHNSTON	1.00	트	<u>.</u>	5	ᇂ	王島	윤				ļ		
TRUSTEE	1.00	х	l					0.		0.			0.
(19) ROBERT HOSHIBATA	1.00	^	├	\vdash	⊢	-	-	· ·		<u> </u>			<u> </u>
TRUSTEE	1.00	х						0.		0.			0.
(20) GARY BARTON KENNEDY	1.00	^	-		-	├		1		<u> </u>			<u> </u>
TRUSTEE	1.00	x						0.		0.			0.
(21) SPENCER KIM	1.00	 ^		\vdash		┢	-			<u> </u>			<u> </u>
TRUSTEE	1.00	x						0.		0.			0.
(22) DOROTHY KNOX	1.00	 	╁		┢┈	╁		<u> </u>					
TRUSTEE	1.00	х		l				0.		0.			0.
(23) RENE MARTIN	1.00	1		H	┢	┢	-			-0.			
TRUSTEE		x		ŀ				0.		0.			0.
(24) MOON HEE NAM	1.00				_								
TRUSTEE		x						0.		0.			0.
(25) SHARON RHODES-WICKETT	1.00				-	 	<u> </u>				<u> </u>		
TRUSTEE		х						0.		0.			0.
(26) DAVID RICHARDSON	1.00					┢	<u> </u>					-	
TRUSTEE		X						0.		0.	ĺ		0.
1b Sub-total		L					-	242,065.		0.	3	25.	
c Total from continuation sheets to Part VI	I Section Δ		•••••					635,828.		0.		79.	
d Total (add lines 1b and 1c)								877,893.		0.		04.	
Total number of individuals (including but n							no re		000 of reportab	 le		- , -	
compensation from the organization	or invitod to the		noce	<i>,</i>		o, •••	10 11		,,ooo or reportable				5
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tri	iste	e ke	w er	nnlc	Wee	or	highest compensated e	mnlovee on	ľ			
line 1a? If "Yes," complete Schedule J for s											3	0311045	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150									aro organization		4	х	
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	p.010 00//044/		0, 0,	1011	00.0	,011							
Complete this table for your five highest co	mpensated inc	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	nens	ation f	rom	
the organization. Report compensation for	-									ропо	QLIOIT.	10111	
(A)		<u></u>	<u> </u>		*****	<u> </u>	1	(B)			(C	2)	
Name and business	address	N	INC	š				Description of s	ervices	C	Compe		n
							\neg						
								•					
							ſ						
							\dashv						
O Table and the last of the la	1111			4.1									
 Total number of independent contractors (in \$100,000 of compensation from the organization) 	•	ot III	піте	u to		se li:)	sted	above) who received h	iore tnan				
w 100,000 of compensation from the organia	LULIUII												

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990

	AREMONT S	CH(DOI	, ()F	TF	IE(OLOGY	95-190	4355
Part VII Section A. Officers, Directors	s, Trustees, Key E	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Posi) ition			(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
(27) ALI SAHABI TRUSTEE	1.00	X						0.	0.	0
(28) DIANE SCHUSTER	1.00	1	П							
TRUSTEE		x						0.	0.	0
(29) NITIN SHAH	1.00									
TRUSTEE		Х						0.	0.	0
(30) HELENE SLESSARAV-JAMIR	37.50									
TRUSTEE - FACULTY REPRESEN		X	•					88,700.	0.	22,807
(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	1 00	X						0.	0.	0
(35) GINNY WHEELER	1.00	٠,,							0	
TRUSTEE (36) LYNN O'LEARY-ARCHER	37.50	X					_	0.	0.	0
CHIEF OPERATING OFFICER	37.30	l		х				0.	0.	0
(37) GAMWARD QUAN	37.50	\vdash		77				0.	0.	U
CHIEF FINANCIAL OFFICER	37.30	ł		х				135,000.	0.	16,369
(38) SHERYL KUJAWA-HOLBROOK	37.50							133,000		10,303
DEAN OF EDUCATION	3,700			x				131,000.	0.	26,039
(39) WENDY LEE	37.50	 						,		
VP FOR ADVANCEMENT & COMMU		i		х				54,753.	0.	8,780
(40) PHILIP CLAYTON	37.50									
PROFESSOR OF THEOLOGY		1				X		115,440.	0.	31,152
(41) SAMUEL LEE	37.50									
DIRECTOR OF CLINEBELL INST						X		110,935.	0.	9,232
									-	
•										
Table Bask VIII Oastin A. P. da					!			635,828.		11/ 270
Total to Part VII, Section A, line 1c								033,040.		114,379

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DBA CLAREMONT SCHOOL OF THEOLOGY

			Check if Schedule O cont	ains a re	sponse	or note to any lir	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
s, C			Fundraising events		1c					
a H			Related organizations		1d	97,922.				
is, (Government grants (contributi		1e					
rior S		f	All other contributions, gifts, grant	ts, and						
t per			similar amounts not included above	ve	1f	4,818,055.				
d di		g	Noncash contributions included in lines	1a-1f: \$		320,697.				
ခ် လ		-	Total. Add lines 1a-1f			>	4,915,977.			
			110 11 1 1 1			Business Code				
ø	2	а	TUITION AND FEES			611600	3,879,399.	3,879,399.		
ه ک		b	STUDENT HOUSING			532000	1,060,860.			
Se		С	TEACHING REVENUE FROM	CLU		611600	740,704.	740,704.		
ameve		d								
Program Service Revenue		е								
		f	All other program service reve	nue						
			Total. Add lines 2a-2f				5,680,963.			
	3		Investment income (including							
			other similar amounts)				28,734.			28,734.
	4		Income from investment of tax							
	5		Royalties		· · · · · · · · · · · · · · · · · · ·					
			•	(i) F		(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
			Rental income or (loss)							
	7	а	Gross amount from sales of	(i) Sec		(ii) Other				
			assets other than inventory	4,64	7,800.					
		b	Less: cost or other basis							
			and sales expenses	4,21	1,832.					
		С	Gain or (loss)	43	5,968.					
		d	Net gain or (loss)			>	435,968.			435,968.
ø			Gross income from fundraising							
venue			including \$	0	f					
eve			contributions reported on line	1c). See						
Other Re			Part IV, line 18							
the		b	Less: direct expenses							
O		С	Net income or (loss) from fund	Iraising e	vents	>				
	9	a	Gross income from gaming ac	tivities. S	See					
			Part IV, line 19		а					
		b	Less: direct expenses							
		С	Net income or (loss) from gam	ing activ	ities	>				
	10	а	Gross sales of inventory, less	returns		:				
			and allowances		а					
		b	Less: cost of goods sold		b					
		С	Net income or (loss) from sales	s of inve	ntory					
			Miscellaneous Revenu	е		Business Code				
	11	а	MISCELLANEOUS			900099	294,892.			294,892.
		b								
		С								
			All other revenue							
		е	Total. Add lines 11a-11d			>	294,892.			
	12		Total revenue. See instructions.				11,356,534.	5,680,963.	0.	759,594.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor									
	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	1,853,805.	1,853,805.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	52,618.	52,618.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	4 00 7 05 7								
	trustees, and key employees	1,087,267.	675,318.	278,328.	133,621.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	4 062 502	2 000 152	227 411	<u> </u>					
7	Other salaries and wages	4,063,593.	3,208,153.	337,411.	518,029.					
8	Pension plan accruals and contributions (include	074 205	205 006	24 026	12 ((2					
_	section 401(k) and 403(b) employer contributions)	274,385.	205,896.	24,826.	43,663.					
9	Other employee benefits	532,224.	384,448.	64,656.	83,120.					
10	Payroll taxes	294,372.	211,973.	37,606.	44,793.					
11	Fees for services (non-employees):									
	Management	24,204.	4,841.	10,307.	9,056.					
	Legal	65,000.	13,000.	27,679.						
	Accounting	05,000.	13,000.	41,019.	24,321.					
	Lobbying									
	Professional fundraising services. See Part IV, line 17	3,000.	3,000.							
f	Investment management fees	3,000•	3,000.							
g	Other. (If line 11g amount exceeds 10% of line 25,	608,860.	474,050.	71 767	63,043.					
40	column (A) amount, list line 11g expenses on Sch O.)	34,679.	20,807.	71,767.	6,488.					
12	Advertising and promotion	596,649.	491,890.	73,064.	31,695.					
13	Office expenses	185,731.	125,065.	38,353.	22,313.					
14 15	Information technology	103,731.	123,003.	30,333.	22,313.					
16	Royalties	908,920.	600,668.	63,091.	245,161.					
17	Occupancy	239,483.	175,762.	59,610.	4,111.					
18	Payments of travel or entertainment expenses	200,1001	27077020	33,0201						
.0	for any federal, state, or local public officials	179,718.	35,944.	76,530.	67,244.					
19	Conferences, conventions, and meetings	151,116.	93,259.	40,759.	17,098.					
20	Interest	,	,	,	, , , , , ,					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	685,825.	503,331.		182,494.					
23	Insurance	208,671.	129,537.	42,122.	37,012.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	INSTRUCTIONAL AND STUDE	183,458.	137,087.	30,506.	15,865.					
b	BANK FEES	113,742.	22,748.	48,435.	42,559.					
c	FURNITURE AND EQUIPMENT	33,709.	24,739.	,	8,970.					
d	COPYING AND PRINTING	3,046.	3,046.		· · · · · · · · · · · · · · · · · · ·					
	All other expenses	212,217.	105,975.	76,667.	29,575.					
25	Total functional expenses. Add lines 1 through 24e	12,596,292.	9,556,960.	1,409,101.	1,630,231.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
E2201	0 12-16-15				Form 990 (2015					

Form 990 (2015) Part X | Balance Sheet

га	IL X	Chack if Schadula O contains a response or note to any line in	thic Part V			
		Check if Schedule O contains a response or note to any line in	гин s Ра п X	(A)		(P)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		806,988.	1	658,311.
	2	Cash - non-interest-bearing Savings and temporary cash investments		3,247,154.	2	3,521,862.
	3	Pledges and grants receivable, net		961,417.	3	792,764.
	4			772,630.	4	775,882.
	5	Accounts receivable, net Loans and other receivables from current and former officers,		,,2,050.		7,73,002.
	"	trustees, key employees, and highest compensated employee	· I			
		Part II of Schedule L		***************************************	5	150,000.
	6	Loans and other receivables from other disqualified persons (a				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B)	li li			
		employers and sponsoring organizations of section 501(c)(9) v	- 1			
S		employees' beneficiary organizations (see instr). Complete Pa	•		6	
Assets	7	Notes and loans receivable, net		300,000.	7	49,357.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		104,886.	9	172,964.
	1	Land, buildings, and equipment: cost or other				
			,575,376.	, t v		
	ь	Less: accumulated depreciation 10b 14	,770,891.	15,280,342.	10c	14,804,485.
	11	Investments - publicly traded securities		6,504,079.	11	14,804,485. 3,973,391.
	12	Investments - other securities. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12		
	13	Investments - program-related. See Part IV, line 11	241,876.	13	181,003.	
	14	Intangible assets			14	•
	15	Other assets. See Part IV, line 11	12,235,782.	15	11,879,034.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		40,455,154.	16	36,959,053.
	17	Accounts payable and accrued expenses		482,677.	17	390,818.
	18	Grants payable			18	
	19	Deferred revenue	1,348,706.	19	568,342.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sche	edule D[21	
တ္သ	22	Loans and other payables to current and former officers, direct	tors, trustees,			
∄		key employees, highest compensated employees, and disqua	lified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parti	es	3,366,678.	23	3,266,368.
	24	Unsecured notes and loans payable to unrelated third parties		938,525.	24	788,524.
	25	Other liabilities (including federal income tax, payables to relat	ed third			
		parties, and other liabilities not included on lines 17-24). Comp	olete Part X of			
		Schedule D		2,089,008.	25	1,829,550.
	26	Total liabilities. Add lines 17 through 25		8,225,594.	26	6,843,602.
		Organizations that follow SFAS 117 (ASC 958), check here	► LX and			
Ses		complete lines 27 through 29, and lines 33 and 34.		2 045 047		D DOC 000
au	27	Unrestricted net assets		-3,946,047.	27	-7,706,077.
Bal	28	Temporarily restricted net assets		1,278,216.	28	893,883.
nd	29	Permanently restricted net assets		34,897,391.	29	36,927,645.
ŗ.	Ì	Organizations that do not follow SFAS 117 (ASC 958), chec	k here ▶∟∟			
õ		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net	32	Retained earnings, endowment, accumulated income, or othe		32,229,560.	32	30,115,451.
_	33	Total net assets or fund balances		40,455,154.	33	36,959,053.
	34	Total liabilities and net assets/fund balances		40,4JJ,1J4.	34	Form 990 (2015)

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		
		İ						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	.,35	6,5	34.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,59				
3	Revenue less expenses. Subtract line 2 from line 1	3		.,23				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-62				
5	5 Net unrealized gains (losses) on investments							
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		-25	<u>3,4</u>	<u>57.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	30	,11	5,4	51.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					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?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l:::::::::::::::::::::::::::::::::::::			
	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?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	š ,					
	consolidated basis, or both:							
	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?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ().					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		l			
	Act and OMB Circular A-133?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х			
			<u></u>	Form	990	(2015)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY Employees

2015

Open to Public Inspection

Name of the organization Employer identification number 95-1904355 DBA CLAREMONT SCHOOL OF THEOLOGY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see overning document? above (see instructions)) instructions) instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

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	irt II Support Schedule for					<u>а 170/Б)(1)(A)(v</u>	i)	
1	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization							
	fails to qualify under the tests listed below, please complete Part III.)							
Sec	Section A. Public Support							
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and	(a) 2011	(0) 2012	(6) 2010	(u) 2014	(e) 2013	(i) iotai	
•	membership fees received. (Do not							
	include any "unusual grants.")							
9	Tax revenues levied for the organ-							
_	ization's benefit and either paid to							
	or expended on its behalf							
2	The value of services or facilities				<u> </u>			
3	furnished by a governmental unit to							
	the organization without charge							
1	Total. Add lines 1 through 3							
5	The portion of total contributions							
5	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)	50						
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	(4) 2011	(5) 2012	(0) 2010	(u) 2014	(0) 2010	(i) Total	
8	Gross income from interest,							
Ū	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 instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2015 (14	%	
15	Public support percentage from 2014	l Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2015. If the o	_						
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·	•	•		
	meets the "facts-and-circumstances"							
b	b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							

Schedule A (Form 990 or 990-EZ) 2015

more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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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.)

Se	ction A. Public Support		······································				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to					1	
	or expended on its behalf						
=	,						
Э	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	first second thir	d fourth or fifth ta	ax vear as a sectic	on 501(c)(3) organiz	ation
	check this box and stop here	•		•	•		
Sec	ction C. Computation of Publ					***************************************	
	Public support percentage for 2015 (<u></u>	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					1.0	
	Investment income percentage for 20			ne 13. column (f\)		17	%
						18	——————————————————————————————————————
	8 Investment income percentage from 2014 Schedule A, Part III, line 17						
130	more than 33 1/3%, check this box a	=					
L	33 1/3% support tests - 2014. If the	-					
Ľ.	line 18 is not more than 33 1/3%, che						p
00						-	
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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
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532024 09-23-15

	rt IV Supporting Organizations (continued)			<u> </u>
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	.,,	
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
•			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):	• .		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	11111111	agrary's
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	-::::::::	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 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) Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Land Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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Schodula A	\ (Earm	990 or 990 E7\ 5	2012

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

95-1904355 Page 7

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	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	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		,	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
	On E - Distribution Anocations (see man decions)		110-2010	Amount for 2010
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
е	From 2014	and the second second second		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
			A	(Earm 000 or 000 EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 DBA	. CLAREMONT	SCHOOP O	THEOLOGY	95-1904355 Page
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and I (See instructions.)	n. Provide the expla 3c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Sectio Part V, Section E, line	anations required b , 9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2 es 2, 5, and 6. Also	y Part II, line 10; Part II, and 11c; Part IV, Sectior b, 3a and 3b; Part V, line complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
	(Gee mandenons.)				
					1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

OMB No. 1545-0047

2015

Employer identification number

	DBA CLAREMONT SCHOOL OF THEOLOGY	95-1904355				
Organization type (chec	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• -	on is covered by the General Rule or a Special Rule .					
Note. Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute					
Special Rules						
sections 509(a) any one contrib	ution described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportion and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
•	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	, , , , , , , , , , , , , , , , , , , ,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		_ \$36,667. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,042.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- - \$\$52,317.	Person X Payroll
523452 10-26-	-15	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

Panı	Contributors (see instructions). Use duplicate copies of Part I if addition	ai space is needed.	
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$230,696.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26	5-15	Schedule B (Form :	990, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$34,887.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$652,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$ 78,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	· · · · · · · · · · · · · · · · · · ·	\$ <u>18,126.</u>	Person X Payroll		

523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$\$22,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26	3-15	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>17,765.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,814.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>17,500.</u>	Person X Payroll

523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

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523452 10-26-15

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	· .	\$51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$160,014.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$11,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		- - \$\$0,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	45	5,642.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$ 52,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26-	-15	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2015)

Employer identification number

95-1904355

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
55		Person X Payroll Noncash (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
56		Person X Payroll Noncash (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
57		Person X Payroll Noncash (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n_
58		Person X Payroll Noncash (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
<u>59</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.	.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
60	-15	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2	•

523452 10-26-15

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
61		\$_	5,018.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
62		\$	25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
63		\$_	6,885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	:	(c) Total contributions	(d) Type of contribution
64		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
65		\$_	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
66		\$_	32,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Name, audress, and ZIF + 4	\$ 27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Name, address, and Zill + 4	\$ 54,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u> .		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-26-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCKS		
35			
		_{\$} 10,219.	10/06/15
		\$10,219.	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	STOCKS		
36			
		\$ 179,004.	03/02/16
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	STOCKS		
48			
		s 5,642.	12/00/15
		\$5,642.	12/09/15
(a)		4.	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
aiti	STOCKS		
53	DIOCKD		
	-		
		\$ 90,540.	07/14/15
(a) No.	. (6)	(c)	1-13
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	· · · · · · · · · · · · · · · ·	(see instructions)	Date received
	STOCKS AND SOFTWARE LICENSE		
69	Processing to the second secon		
	F		02/20/16
		\$\$	03/29/16
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		,	
— I			

Name of organization **Employer identification number** SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY Employed.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DBA CLAREMONT SCHOOL OF THEOLOGY

Employer identification number 95-1904355

Schedule D (Form 990) 2015

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	I gain, provide
	the following amounts required to be reported under SFAS 1	· -	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

532051 11-02-15

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

|--|

Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures,	or Othe	r Simila	r Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a si	gnificant u	se of its	collectio	n item	าร
	(check all that apply):										
а	Public exhibition	d	ı 💹 L	oan or excl	hange progr	ams					
b	X Scholarly research	е	, LJ c	Other							
c	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how the	ey further th	ne organizat	ion's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o				•			_	-	_	_
V	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" on	Form 990,	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi							_	_		_
	on Form 990, Part X?							L	Yes	LX	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		Ţ		_
	Did the organization include an amount on Fe	•	•				•	∟	Yes	LX	No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
Par	t V Endowment Funds. Complete i		swered "	Yes" on Fo							
		(a) Current year		ior year	(c) Two yea		(d) Three ye		(e) Fou		
	Beginning of year balance	17,738,400.	19,	321,452.	21,06	7,604.		35,866.	24		,379.
b	Contributions 2,116,751. 50,000. 186,652. 150,92										
С	Net investment earnings, gains, and losses	gs, gains, and losses -174,097352,102. 2,424,092. 2,354,379. 386,996							,996.		
d	Grants or scholarships										
е	Other expenditures for facilities					.					
	and programs	4,647,800.	1,	280,950.	4,17	0,244.	5,50	09,293.	1	,130	,434.
	Administrative expenses										
g	End of year balance	15,033,254.		738,400.		1,452.	21,06	57,604.	24	,035	,866.
2	Provide the estimated percentage of the curr		e (line 1g	ı, column (a	i)) held as:						
	Board designated or quasi-endowment	.00	_%								
	Permanent endowment ► 100.00	%									
С	Temporarily restricted endowment	.00 %									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	ered for th	ne organiza	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations									X	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza								3b	Х	
4	Describe in Part XIII the intended uses of the		owment fu	ınds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o		(b) Cost			cumulated	d	(d) Boo	k valu	е
		basis (investr	,	basis (,	aep	reciation	G71,	40		10
	Land		265.		5,253.	7 0	101 64	1 1			18.
b	Buildings			то, 0/	3,529.	1,9	21,64	<u> </u>	0,15	Ι,δ	00.
	Leasehold improvements		+	E 77	0 222	E 1	110 60	-	2.0	Λ F	77
	Equipment				9,223.		18,68				37.
	Other Column (d) must a		V action		7,106.	1,4	130,56		3,84 4,80		
Lotal	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, columi	n (<i>B), line</i> 1	uc.)						
	· ·						S	Schedule	D (Forr	n 990)	2015

DRA CLAREMONT SCHOOL OF THEOLOGY

Schedule D (Form 990) 2015 DBA CLIAREMON	AT SCHOOL	OF IUFOROGI	90-	T304333 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(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" or	n Form 990, Part IV	V, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part I	V, line 11d. See Form 990,	Part X, line 15.	
(a) D	escription			(b) Book value
(1) GIFT ANNUITIES				263,451.
(2) PERPETUAL TRUSTS				9,779,469.
(3) CHARITABLE REMAINDER TRUST	'S			1,836,114.
(4)				
(5)				*
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			11,879,034.
Part X Other Liabilities.	, , , , , , , , , , , , , , , , , , , ,			
Complete if the organization answered "Yes" o	n Form 990. Part IV	V. line 11e or 11f. See For	m 990. Part X. line 25	
1. (a) Description of liability	111 01111 000,11 41111	(b) Book value	1 000, 1 0117, 1110 20.	
(1) Federal income taxes		(-)		
(2) ADVANCES FROM FEDERAL GOVE	PMMENT	307,194.		
(3) SPLIT-INTEREST AGREEMENT F		1,387,724.		
CONTRACTOR DEPOCATION	MIMDEL	134,632.		
		132,034.		
(5)				
(6)				
(7)				
(8)				
(9)	051	1 020 550		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,829,550.		

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

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

Schedule D (Form 990) 2015 DBA CLAREMONT SCHOOL OF		95-1904355 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	•	leturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line		1 8,575,760.
1 Total revenue, gains, and other support per audited financial statements		1 8,575,760.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	$ _{2a} $ -620,894.	
a Net unrealized gains (losses) on investments	******	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) e Add lines 2a through 2d		_{2e} -2,780,774.
e Add lines 2a through 2d 3 Subtract line 2e from line 1		3 11,356,534.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3 21/330/3310
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	***************************************
b Other (Describe in Part XIII.)		1111 1111 1111 1111 1111 1111 1111 1111 1111
c Add lines 4a and 4b		4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 11,356,534.
Part XII Reconciliation of Expenses per Audited Financial Stat		
Complete if the organization answered "Yes" on Form 990, Part IV, line		
Total expenses and losses per audited financial statements		1 10,689,869.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		10.000000
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	•	2e 0.
3 Subtract line 2e from line 1		з 10,689,869.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	10000000
b Other (Describe in Part XIII.)	4b 1,906,423.	
c Add lines 4a and 4b		4c 1,906,423.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 12,596,292.
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.	
43		
PART III, LINE 1A:		
THE SCHOOL'S COLLECTIONS ARE MADE UP OF AR	MIENCHO OF HICHODI	CAT
THE SCHOOL S COLLECTIONS ARE MADE UP OF AR	TIFACTS OF HISTORI	CAL
SIGNIFICANCE AND ART OBJECTS THAT ARE HELD	FOR EDUCATIONAL,	RESEARCH, AND
CURATORIAL PURPOSES. EACH OF THE ITEMS IS	CATALOGED, PRESER	VED, AND CARED
FOR, AND ACTIVITIES VERIFYING THEIR EXISTE	NCE AND ASSESSING	THEIR
CONDITION ARE PERFORMED CONTINUOUSLY. THE		
POLICY THAT REQUIRES PROCEEDS FROM THEIR S.	ALES TO BE USED TO	ACQUIRE OTHER
ITEMS FOR COLLECTIONS.		
DURING JUNE 2000, A SIGNIFICANT NUMBER OF	ASIAN ARTIFACTS WE	RE CONTRIBUTED
TO THE SCHOOL, WITH A RESTRICTION THAT LIM	ITED ANY FUTURE PR	OCEEDS FROM
		· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

COLLECTION ITEMS WERE DEACCESSIONED OR DESTROYED AS OF JUNE 30, 2014.

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

Schedule D (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Page	5
Part XIII Supplemental Information (continued)	
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	 E
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 -253,45	7.
FINANCIAL AID AND SCHOLARSHIPS -1,906,423	3.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -2,159,880) <u>.</u>
PART XII, LINE 4B - OTHER ADJUSTMENTS:	_
FINANCIAL AID AND SCHOLARSHIPS 1,906,423	3.
	_
•	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

➤ Complete if the organization answered "Yes" on 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

DBA CLAREMONT SCHOOL OF THEOLOGY

Employer identification number 95-1904355

		YES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	,		
catalogues, and other written communications with the public dealing with student admissions, programs, and schol	arships? 2	X	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	ne		
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that make	es		
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
If you need more space, use Part II	3	X	
THE SCHOOL INCLUDED A RACIALLY NONDISCRIMINATORY POLICY IN	the second contracts		
ITS STUDENT RECRUITING ADVERTISING IN THE CLAREMONT COURIE	R.		
Does the organization maintain the following?			
	4a	Х	1
		X	H
 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with st 	···	25	H
		Х	
admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	40	X	H
If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	25	H
if you answered the to any of the above, please explain. If you need more space, use fait it.			1::
Does the organization discriminate by race in any way with respect to:			
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?			
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?	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		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?	5b 5c 5d		
Does the organization discriminate by race in any way with respect to: a 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		
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?	5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h 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	
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h 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	
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h 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? thas 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: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h 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) (2015)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

Schedule E (Form 990 or 990-EZ) (2015) DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Page 2 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)

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. Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

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	A CLAREMONT S					95-190435	55
				tside the United States. Compl	ete if the organ		
	Form 990, Part IV				olo ii tilo organ	nzacion anomoroa	100 011
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Ye							
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance out	side the
	United States.						
3	Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
		in the region	independent contractors	services, investments, grants to recipients located in the region)	II.	e specific type	investments
			in region	recipients located in the region)	of service	ce(s) in region	in region
]					
	ASIA & THE				CLASS INSTI		
PACI	FIC	0	0	PROGRAM SERVICES	SOUTH KOREA		56,972.
13 A C/I	מונות ב מינות		[CDANIES IN DESCRIPTION			
PACI	T ASIA & THE		0	GRANTS TO RECIPIENTS	7/3		F0 610
PACI	LF1C		0	LOCATED IN THE REGION	N/A		52,618.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule F (Form 990) 2015

109,590.

109,590.

0.

3 a Sub-total ______
b Total from continuation sheets to Part I _____

c Totals (add lines 3a

and 3b)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Schedule F (Form 990) 2015

DBA CLAREMONT SCHOOL OF THEOLOGY

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 at the IRS, or for which the grantee or counsel has progressions or autition of activities or autitions of activities or autitions.	recipient organization he grantee or counse	s listed above that are has provided a section	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	foreign country,	recognized as tax-ex	cempt by		
1	ט פוושמווזפמווס וא						Sched	Schedule F (Form 990) 2015

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SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Schedule F (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY 95–1904355

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)	FMV				
(g) Description of non-cash assistance	0. FINANCIAL AID				
(f) Amount of non-cash assistance	.0				
(e) Manner of cash disbursement	52,618.WIRE TRANSFER				
(d) Amount of cash grant	52,618.				
c) Number of recipients	6				
(b) Region	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,				
(a) Type of grant or assistance (b) Region (can be detected)	FINANCIAL AID				

47

Schedule F (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY Part IV Foreign Forms

rai	roreign 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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Schedule F (Form 990) 2015 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 2: EXPENDITURES FOR ACTIVITIES OUTSIDE THE UNITED STATES ARE MONITORED BY A PROGRAM DIRECTOR PAID BY THE SCHOOL, LIMITED TO INSTRUCTION EXPENSES, PROGRAM ADVERTISING EXPENSES, AND OTHER STUDENT RECRUITMENT EXPENSES. PROGRAM REVENUES ARE COLLECTED ELECTRONICALLY BY CREDIT CARD PAYMENTS THROUGH THE STUDENT REGISTRATION SYSTEM, AND USUALLY BY BANK WIRE. FUNDRAISING REVENUES ARE COLLECTED ELECTRONICALLY BY CREDIT CARD PAYMENTS THROUGH THE FUNDRAISING PORTAL, BY BANK WIRE, AND BY CASH DONATIONS COLLECTED BY TWO SCHOOL EMPLOYEES TYPICALLY ASSIGNED TO FUNDRAISING TRIPS.

SCHEDULE 1 (Form 990) Department of the Treasury

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

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

2015 2015 Open to Public

► Attach to Form 990.

ջ □ Employer identification number 95-1904355 Inspection (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table DBA CLAREMONT SCHOOL OF THEOLOGY (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Internal Revenue Service Part Part II

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

Schedule I (Form 990) (2015)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

DBA CLAREMONT SCHOOL OF THEOLOGY

Page 2

95-1904355

Schedule I (Form 990) (2015)

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

Schedule I (Form 990) (2015) (f) Description of non-cash assistance N/A (e) Method of valuation (book, FMV, appraisal, other) IN ACCORDANCE WITH DONOR FINANCIAL AID OFFICER WHO DETERMINES AMOUNTS, AND A SCHOLARSHIP COMMITTEE UPDATED. MERIT-BASED SCHOLARSHIP RECIPIENTS ARE MONITORED FOR GRADE-POINT Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information RESTRICTIONS WHERE THOSE EXIST. THE PROCESS IS MANAGED BY THE SCHOOL'S QUALIFICATIONS THE DEPARTMENT OF EDUCATION'S FAFSA, AND/OR MERIT-BASED SCHOLARSHIPS. FAFSA INFORMATION IS ANNUALLY PROGRESS TOWARD THE DEGREE OBJECTIVE, AND OTHER SIGNALS OF 0.N/A (d) Amount of non-cash assistance GRANTS ARE SCHOLARSHIPS AWARDED TO QUALIFIED STUDENTS. 1,853,805. (c) Amount of cash grant ACADEMIC PERFORMANCE. SCHOLARSHIP AWARDS ARE MADE 476 (b) Number of recipients INCLUDE DEMONSTRATED FINANCIAL NEED PER (a) Type of grant or assistance LINE FINANCIAL AID AVERAGE, H 532102 10-28-15 Part IV PART

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Page 2 Schedule I (Form 990) Part IV Supplemental Information WHO ASSIGNS THE SCHOLARSHIPS.

Schedule I (Form 990)

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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY Employees

DBA CLAREMONT SCHOOL OF THEOLOGY 9

Open to Public Inspection

Employer identification number

9

Schedule J (Form 990) 2015

95-1904355

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. X trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 X 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 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on 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 X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

532111

Regulations section 53.4958-6(c)?

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

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

95-1904355

DBA CLAREMONT SCHOOL OF THEOLOGY

Schedule J (Form 990) 2015

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 on 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) JEFFREY KUAN	ε	194,06		48,000.	19,45	16,571.	278,090.	0
PRESIDENT	Ξ		• 0					
(2) GAMWARD QUAN	Ξ	135,00	0		10,99	5,377.	151,36	
124	≘			(3	ŀ		0.
(3) SHERYL KUJAWA-HOLBROOK	Ξ	93,56	***************************************	37,44	10,16	15,879.	157,03	0.
DEAN OF EDUCATION	Ξ	0	0	0	0	0	0	
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SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

Schedule J (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

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. 95-1904355

Page 3

Schedule J (Form 990) 2015	

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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

Name of the organization

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

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

95-1904355 DBA CLAREMONT SCHOOL OF THEOLOGY Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(b) Relationship between disqualified person and organization	(-\ Di-titi	(d) Corr	ected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22. **(h)** Approved by board o<u>r</u> (d) Loan to or (i) Written (b) Relationship (a) Name of (c) Purpose (e) Original (f) Balance due (g) In from the agreement? with organization interested person of loan principal amount default? committee? organization? To From Yes No Yes No Yes No 50,000. HELENE SLESSARETRUSTEE HOUSING 50,000. X X X Х 100,000. 100,000. X X TRUSTEE HOUSING X JEFFREY KUAN Х 150,000.

> \$

Grants or Assistance Benefiting Interested Persons. | Part III

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
11,001,000				

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

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

Total

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Schedule L (Form 990 or 990-EZ) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: HELENE SLESSAREV-JAMIR (C) PURPOSE OF LOAN: HOUSING LOAN (A) NAME OF PERSON: JEFFREY KUAN (C) PURPOSE OF LOAN: HOUSING LOAN

95-1904355 Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

DBA CLAREMONT SCHOOL OF THEOLOGY

Employer identification number 95-1904355

Pai	TI Types of Property					
		(a) Check if	(b) Number of	(c) Noncash contribution	(e Method of	d) determining
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contri	
1	Art - Works of art					•
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X		20,000.	APPRAISAL	
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	11	286.372.	FMV ON DAT	E OF GIFT
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
• •	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -			***************************************		
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	*				
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► (SOFTWARE LICE)	Х	1	12,500.	FMV	
26	Other (ATTRACTION PA)	Х	12	985.	RETAIL PRI	CE
27	Other (RESTAURANT ME)	X	1	840.	RETAIL PRI	CE
28	Other ()					
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions		
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29		00
						Yes No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it	
	must hold for at least three years from the date			•		
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p					31 X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash		
		• • • • • • • • • • • • • • • • • • • •				32a X
	If "Yes," describe in Part II.					
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	iecked,	
	describe in Part II.					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

Schedule M (Form 990) (2015) DBA CLAREMONT SCHOOL OF THEOLOGY 95-1904355 Pag	je 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete	
is reporting in Part i, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
Beninbula H, TART I, COLORI (B).	
AMOUNTS IN COLUMN B ARE THE NUMBER OF CONTRIBUTORS.	
	
	—
	—

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

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

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY Employers

DBA CLAREMONT SCHOOL OF THEOLOGY	95-1904355
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
PREPARED TO BECOME AGENTS OF TRANSFORMATION AND HEALING I	N CHURCHES,
LOCAL COMMUNITIES, SCHOOLS, NON-PROFIT INSTITUTIONS, AND	THE WORLD AT
LARGE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE CORPORATION ELECTS THE ORGANIZATION'S BOARD OF TRUSTE	ES.
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 CA	LIFORNIA
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 CLA	REMONT SCHOOL OF
THEOLOGY) NOT MADE IN THE ORDINARY COURSE OF BUSINESS	
(VI) APPROVE ANY MERGERS	
(VII) APPROVE ANY ACQUISITIONS OF REAL PROPERTY OR BUSINE	SSES OF OTHER
CORPORATIONS	
(VIII) APPROVE VOLUNTARY DISSOLUTIONS	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE SCHOOL DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORI	TY TO ACT ON
BEHALF OF THE GOVERNING BODY.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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

Employer identification number 95-1904355

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:

ALL PARTIES ARE NOTIFIED ANNUALLY OF THEIR RESPONSIBILITY TO SELF-DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST VIA FORMS DISTRIBUTED AT BOARD MEETINGS AND VIA ELECTRONIC MEANS. THE BOARD AND THE OFFICERS RECEIVE THE COMMUNICATIONS DIRECTLY. ALL EMPLOYEES ARE NOTIFIED OF THEIR RESPONSIBILITY TO SELF-DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST TO THE HUMAN RESOURCES OFFICE. ALL DISCLOSURES ARE REVIEWED FOR THEIR POTENTIAL AND ACTUAL IMPACT TO THE ORGANIZATION. FAILURE TO DISCLOSE MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF SERVICE.

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

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.

PEER DATA FOR CRITICAL POSITIONS ARE REPORTED TO THE ASSOCIATION OF

THEOLOGICAL SCHOOLS BY ALL OF ITS MEMBER INSTITUTIONS. THAT DATA IS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2015

OMB No. 1545-0047

Open to Public Inspection

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

► Attach to Form 990. SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY
DBA CLAREMONT SCHOOL OF THEOLOGY Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 95-1904355

Schedule R (Form 990) 2015

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Schedule R (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

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.

Page 2

95-1904355

General or Percentage managing ownership Schedule R (Form 990) 2015 Yes No Section 512(b)(13) controlled entity? 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. ड Code V-UBI General or Pamount in box partner?
20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets g Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) 64 છ (d)
Direct controlling
entity Primary activity 9 Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> 532162 09-08-15 Part IV

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

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Schedule R (Form 990) 2015

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	N٥
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?	is with one or more re	lated organizations listec	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				45		×
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				1d		×
				4	F	×
				2		
f Dividends from related organization(s)				+	3 · ·	×
(8				2		×
Purchase of assets from related organization(s)				2 =	<u> </u>	×
				;=	·	×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	· · · · · · · · · · · · · · · · · · ·		£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ŧ		×
o Sharing of paid employees with related organization(s)				9		×
p Reimbursement paid to related organization(s) for expenses				ل		×
				10		×
				+		×
Other transfer of cash or property to related organization(s)				= 4		1 ⋈
,l	7+ 0+010m00 +011m 0 ch	Cosolico Scilorilogi cail ci	solotions and tennonation throughout	:	1	
If the answer to any of the above is "Yes," see the instructions for information on well and the above is "Yes," see the instructions for information on well and the above is "Yes," see the instructions for information on well and the above is "Yes," see the instructions for information on well and the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Y	vno must complete tr	ns line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	oived		
E OF	υ	52,317.	CASH CONTRIBUTION			
CALIFORNIA PACIFIC ANNUAL CONFERENCE OF (2) THE UNITED METHODIST CHURCH	υ	45,605.	CASH CONTRIBUTION			
(3)						1
(4)						İ
(5)						
(6)						
53.2.16.3 .000815	65		Schedule B (Form 990) 2015	(Form	000)	1,0

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SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Schedule R (Form 990) 2015 DBA CLAREMONT SCHOOL OF THEOLOGY

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.

(k) centage nership					2015
Perce owne					(066 m
(j) General or managing partner? Yes No					R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2015
(h) Disproportionate allocations?					
<u> </u>					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?					
lder 50 (
Predominant income (related, unrelated, sections 512-514)		·			
(c) Legal domicile (state or foreign country)				·	
(b) Primary activity					
(a) (b) (c) (d) (d) (e) Name, address, and EIN Primary activity of entity (state or foreign excluded from tax under country) sections 512-514)					

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY DBA CLAREMONT SCHOOL OF THEOLOGY

Part VII Supplemental Information Provide additional Information for responses to guestions on Schedule R (see instructions).	Schedule R	(Form 990) 2015	DBA	CLAREMONT	SCHOOL OF	THEOLOGY	95-1904355 Page 5
Provide additional information for responses to quasitons on Schedule R (see instructions).	Part VII	Supplemental Infor	mation				
		Provide additional inform	ation for r	esponses to questi	ons on Schedule R	(see instructions).	
					· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·			