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CLIENT'S COPY



CliftonLarsonAllen

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

May 16, 2016

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

Dear Mr. Quan

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

2014 Form 990

2014 California Form 199

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

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

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

Sincerely,

Bared Dilacar, CPA
Principal

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Southern California School of Theology 1325 N. College Ave. Claremont, CA 91711
Prepared by	Cliftonlarsonallen LLP 301 N. Lake Ave., Suite 900 Pasadena, CA 91101
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2016.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

95-1904355

Name and title of officer

**GAMWARD C. QUAN
CFO & VP FOR BUSINESS AFFAIRS**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,048,072.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 04355
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

95369004355

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/16/16

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

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY Doing business as CLAREMONT SCHOOL OF THEOLOGY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1325 N. COLLEGE AVE. City or town, state or province, country, and ZIP or foreign postal code CLAREMONT, CA 91711 F Name and address of principal officer: KAH-JIN JEFFREY KUAN SAME AS C ABOVE	D Employer identification number 95-1904355 E Telephone number (909) 447-2500 G Gross receipts \$ 14,911,497. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CST.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1957		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSTILL STUDENTS WITH ETHICAL INTEGRITY, RELIGIOUS INTELLIGENCE, AND INTERCULTURAL UNDERSTANDING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 35 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 267 6 Total number of volunteers (estimate if necessary) 6 33 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,295,222. Prior Year 2,260,665. Current Year 9 Program service revenue (Part VIII, line 2g) 3,044,370. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 933,503. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 433,912. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,707,007. 10,048,072.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,036,623. 1,994,735. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,690,519. 6,771,921. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,089,115. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,536,327. 4,312,920. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,263,469. 13,079,576. 19 Revenue less expenses. Subtract line 18 from line 12 -3,556,462. -3,031,504.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 43,080,579. Beginning of Current Year 40,455,154. End of Year 21 Total liabilities (Part X, line 26) 6,943,939. 8,225,594. 22 Net assets or fund balances. Subtract line 21 from line 20 36,136,640. 32,229,560.	

Part II Signature Block

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

Sign Here	Signature of officer GAMWARD C. QUAN, CFO & VP FOR BUSINESS AFFAIRS Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BARED DILACAR	Preparer's signature
	Date 05/16/16	Check if self-employed <input type="checkbox"/> PTIN P00157338
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
	Firm's address ▶ 301 N. LAKE AVE., SUITE 900 PASADENA, CA 91101	Phone no. 626-793-3600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

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

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

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

4a (Code:) (Expenses \$ 10,426,370. including grants of \$ 1,994,735.) (Revenue \$ 5,980,315.) INSTRUCTION: 69 STUDENTS IN THE GRADUATING CLASS OF MAY 2015: 20 MASTER OF DIVINITY; 24 MASTER OF ARTS; 10 DOCTOR OF MINISTRY; AND 15 PH.D. 4,359 TUITION UNITS WERE TAUGHT DURING THE ACADEMIC YEAR.

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

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

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

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

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

4e Total program service expenses 10,426,370.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (35); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [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 financial 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

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY KUAN PRESIDENT	37.50	X		X				214,587.	0.	44,793.
(2) PEGGY ADAMS TRUSTEE	1.00	X						0.	0.	0.
(3) JOHN BERQUIST TRUSTEE	1.00	X						0.	0.	0.
(4) MARK BOLLWINKEL TRUSTEE	1.00	X						0.	0.	0.
(5) MARIAM BROWN SECRETARY	1.00	X		X				0.	0.	0.
(6) G. MICHAEL BROWN TRUSTEE	1.00	X						0.	0.	0.
(7) MARCELINO GALIMLIM TRUSTEE	1.00	X						0.	0.	0.
(8) BISHOP MINERVA CARCANO TRUSTEE	1.00	X						0.	0.	0.
(9) MARILEE MILLER CLARKE TRUSTEE	1.00	X						0.	0.	0.
(10) ANNA CREWS CAMPHOUSE TRUSTEE	1.00	X						0.	0.	0.
(11) LARRY DEJARNETT VICE CHAIR	1.00	X		X				0.	0.	0.
(12) I. DOUGLAS DUNIPACE TRUSTEE	1.00	X						0.	0.	0.
(13) PATRICIA FARRIS CHAIR	1.00	X		X				0.	0.	0.
(14) JOANNE FUKUMOTO TRUSTEE	1.00	X						0.	0.	0.
(15) MARGARET GONG TRUSTEE	1.00	X						0.	0.	0.
(16) GREGORY GORHAM TRUSTEE - STUDENT REPRESENTATIVE	1.00	X						0.	0.	0.
(17) STEPHEN P. JOHNSON TREASURER	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE HORSWILL-JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(19) ROBERT HOSHIBATA TRUSTEE	1.00	X						0.	0.	0.
(20) GARY BARTON KENNEDY TRUSTEE	1.00	X						0.	0.	0.
(21) SPENCER KIM TRUSTEE	1.00	X						0.	0.	0.
(22) DOROTHY KNOX TRUSTEE	1.00	X						0.	0.	0.
(23) RENE MARTIN TRUSTEE	1.00	X						0.	0.	0.
(24) MOON HEE NAM TRUSTEE	1.00	X						0.	0.	0.
(25) SHARON RHODES-WICKETT TRUSTEE	1.00	X						0.	0.	0.
(26) DAVID RICHARDSON TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								214,587.	0.	44,793.
c Total from continuation sheets to Part VII, Section A								886,536.	0.	110,656.
d Total (add lines 1b and 1c)								1,101,123.	0.	155,449.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) ALI SAHABI TRUSTEE	1.00	X						0.	0.	0.	
(28) DIANE SCHUSTER TRUSTEE	1.00	X						0.	0.	0.	
(29) NITIN SHAH TRUSTEE	1.00	X						0.	0.	0.	
(30) HELENE SLESSARAV-JAMIR TRUSTEE - FACULTY REPRESENTATIVE	37.50	X						88,572.	0.	807.	
(31) LUAN-VU TRAN TRUSTEE	1.00	X						0.	0.	0.	
(32) TOM TROTTER TRUSTEE	1.00	X						0.	0.	0.	
(33) TOM WALLACE TRUSTEE	1.00	X						0.	0.	0.	
(34) PETER WERNETT TRUSTEE	1.00	X						0.	0.	0.	
(35) GINNY WHEELER TRUSTEE	1.00	X						0.	0.	0.	
(36) ALLISON BUSH TRUSTEE	1.00	X						0.	0.	0.	
(37) TONI BOND LEANARD TRUSTEE	1.00	X						0.	0.	0.	
(38) BRIAN MCLAREN TRUSTEE	1.00	X						0.	0.	0.	
(39) ELHAMI B. NASR TRUSTEE	1.00	X						0.	0.	0.	
(40) GEORGE STRAWN TRUSTEE	1.00	X						0.	0.	0.	
(41) JAMES WINKLER TRUSTEE	1.00	X						0.	0.	0.	
(42) GAMWARD QUAN CHIEF FINANCIAL OFFICER	37.50			X				133,621.	0.	6,015.	
(43) SHERYL KUJAWA-HOLBROOK DEAN OF EDUCATION	37.50			X				85,101.	0.	17,828.	
(44) WENDY LEE VP FOR ADVANCEMENT & COMMUNICATIONS	37.50			X				109,667.	0.	0.	
(45) PHILIP CLAYTON PROFESSOR OF THEOLOGY	37.50					X		195,748.	0.	47,350.	
(46) NAJEEBA SAYWEED ASSISTANT PROFESSOR	37.50					X		125,812.	0.	0.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	101,749.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,158,916.				
	g Noncash contributions included in lines 1a-1f: \$		112,791.				
	h Total. Add lines 1a-1f		2,260,665.				
	Program Service Revenue	2 a TUITION AND FEES	Business Code 611600	3,769,971.	3,769,971.		
b TEACHING REVENUE FROM CLU		611600	1,184,422.	1,184,422.			
c STUDENT HOUSING		532000	1,025,922.	1,025,922.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			5,980,315.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		162,079.			162,079.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities		5,126,803.	997,500.		
		(ii) Other					
		b Less: cost or other basis and sales expenses		4,198,425.	665,000.		
		c Gain or (loss)		928,378.	332,500.		
	d Net gain or (loss)		1,260,878.			1,260,878.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	384,135.			384,135.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		384,135.					
12 Total revenue. See instructions.		10,048,072.	5,980,315.	0.	1,807,092.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,722,909.	1,722,909.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	271,826.	271,826.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	824,780.	329,912.	206,195.	288,673.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,758,445.	3,854,340.	523,429.	380,676.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	293,663.	220,247.	49,923.	23,493.
9 Other employee benefits	578,304.	433,728.	98,312.	46,264.
10 Payroll taxes	316,729.	237,547.	53,844.	25,338.
11 Fees for services (non-employees):				
a Management				
b Legal	74,903.		74,903.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	381,747.	167,583.	214,164.	
12 Advertising and promotion	31,232.	28,109.		3,123.
13 Office expenses	537,160.	343,782.	69,831.	123,547.
14 Information technology	72,409.	60,440.	6,517.	5,452.
15 Royalties				
16 Occupancy	682,520.	580,142.	68,252.	34,126.
17 Travel	247,848.	194,561.	22,306.	30,981.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	636,584.	636,584.		
20 Interest	180,489.	180,489.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	764,253.	649,615.	76,425.	38,213.
23 Insurance	194,648.	194,648.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK FEES	137,237.	109,790.		27,447.
b INSTRUCTIONAL AND STUDE	85,146.	85,146.		
c COPYING AND PRINTING	59,897.	50,313.	3,594.	5,990.
d FURNITURE AND EQUIPMENT	46,015.	29,450.	5,982.	10,583.
e All other expenses	180,832.	45,209.	90,414.	45,209.
25 Total functional expenses. Add lines 1 through 24e	13,079,576.	10,426,370.	1,564,091.	1,089,115.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	744,620.	1	806,988.	
	2 Savings and temporary cash investments	3,183,174.	2	3,247,154.	
	3 Pledges and grants receivable, net	1,053,877.	3	961,417.	
	4 Accounts receivable, net	618,509.	4	772,630.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	50,000.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	400,000.	7	250,000.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	109,966.	9	104,886.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,365,408.			
	b Less: accumulated depreciation	10b 14,085,066.	16,329,275.	10c	15,280,342.
	11 Investments - publicly traded securities	8,035,437.	11	6,504,079.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	278,464.	13	241,876.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	12,327,257.	15	12,235,782.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,080,579.	16	40,455,154.		
Liabilities	17 Accounts payable and accrued expenses	372,981.	17	482,677.	
	18 Grants payable		18		
	19 Deferred revenue	31,985.	19	1,348,706.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,461,445.	23	3,366,678.	
	24 Unsecured notes and loans payable to unrelated third parties	1,088,524.	24	938,525.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,989,004.	25	2,089,008.	
	26 Total liabilities. Add lines 17 through 25	6,943,939.	26	8,225,594.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-241,863.	27	-3,946,047.	
	28 Temporarily restricted net assets	1,372,912.	28	1,278,216.	
	29 Permanently restricted net assets	35,005,591.	29	34,897,391.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	36,136,640.	33	32,229,560.		
34 Total liabilities and net assets/fund balances	43,080,579.	34	40,455,154.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,048,072.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,079,576.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,031,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,136,640.
5	Net unrealized gains (losses) on investments	5	-905,143.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29,567.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,229,560.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2014)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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.		
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.		

Section 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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

Section 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 year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 Part VI .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,321,452.	21,067,604.	24,035,866.	24,628,379.	26,631,061.
b Contributions	50,000.		186,652.	150,925.	215,733.
c Net investment earnings, gains, and losses	-352,102.	2,424,092.	2,354,379.	386,996.	234,374.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,280,950.	4,170,244.	5,509,293.	1,130,434.	2,452,789.
f Administrative expenses					
g End of year balance	17,738,400.	19,321,452.	21,067,604.	24,035,866.	24,628,379.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	170,265.	315,253.		485,518.
b Buildings		18,059,749.	7,620,416.	10,439,333.
c Leasehold improvements				
d Equipment		5,703,095.	5,165,640.	537,455.
e Other		5,117,046.	1,299,010.	3,818,036.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,280,342.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,177,761.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-905,143.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,965,168.
e	Add lines 2a through 2d	2e	-2,870,311.
3	Subtract line 2e from line 1	3	10,048,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,048,072.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,084,841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,084,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,994,735.
c	Add lines 4a and 4b	4c	1,994,735.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,079,576.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE SCHOOL'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

DURING JUNE 2000, A SIGNIFICANT NUMBER OF ASIAN ARTIFACTS WERE CONTRIBUTED TO THE SCHOOL, WITH A RESTRICTION THAT LIMITED ANY FUTURE PROCEEDS FROM DEACCESSIONS TO ACQUISITIONS OF ARTIFACTS FROM A SIMILAR PERIOD. NO OTHER

Part XIII Supplemental Information (continued)

COLLECTION ITEMS WERE DEACCESSIONED OR DESTROYED AS OF JUNE 30, 2015.

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

PART III, LINE 4:

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

PART V, LINE 4:

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

PART X, LINE 2:

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	29,567.
FINANCIAL AID AND SCHOLARSHIPS	-1,994,735.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,965,168.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID AND SCHOLARSHIPS	1,994,735.
--------------------------------	------------

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number

95-1904355

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
THE SCHOOL INCLUDED A RACIALLY NONDISCRIMINATORY POLICY IN ITS MAY 2015 STUDENT RECRUITING ADVERTISING IN THE CLAREMONT COURIER.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

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

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

Multiple horizontal lines for providing additional information.

Part IV Foreign 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 No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes 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 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 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 No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014

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:

SCHOLARSHIP AWARDS ARE MADE IN ACCORDANCE WITH DONOR RESTRICTIONS WHERE THOSE EXIST. THE PROCESS IS MANAGED BY THE SCHOOL'S FINANCIAL AID OFFICER WHO DETERMINES AMOUNTS, AND A SCHOLARSHIP COMMITTEE WHO ASSIGNS THE SCHOLARSHIPS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	134	1,722,909.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

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

Part IV Supplemental Information

WHO ASSIGNS THE SCHOLARSHIPS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number

95-1904355

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY KUAN PRESIDENT	(i)	214,587.	0.	0.	25,534.	19,259.	259,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP CLAYTON PROFESSOR OF THEOLOGY	(i)	195,748.	0.	0.	21,384.	25,966.	243,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN O'LEARY-ARCHER FORMER CHIEF OPERATING OFFICER	(i)	125,015.	0.	23,000.	15,480.	23,176.	186,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A

IN 2014, PHILIP CLAYTON RECEIVED A SEVERANCE PAYMENT OF \$23,000.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

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

Part I 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	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
HELENE SLESSARA	TRUSTEE/	HOUSING		X	50,000.	50,000.		X	X		X	
Total						▶ \$	50,000.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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
		23,520.	FINANCIAL AID	FINANCIAL AID

SEE PART V FOR CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,868.	RETAIL PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	109,940.	FMV ON DATE 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 (ATTRACTION PA)	X	13	983.	TICKET PRICE
26	Other ()				
27	Other ()				
28	Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

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 this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number

95-1904355

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREPARED TO BECOME AGENTS OF TRANSFORMATION AND HEALING IN CHURCHES,
LOCAL COMMUNITIES, SCHOOLS, NON-PROFIT INSTITUTIONS, AND THE WORLD AT
LARGE.

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

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

FORM 990, PART VI, SECTION A, LINE 1:

THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTING
OF THE PRESIDENT OF THE SCHOOL, THE CHAIR AND VICE CHAIR OF THE BOARD OF
TRUSTEES, THE SECRETARY OF THE BOARD OF TRUSTEES, THE TREASURER OF THE
BOARD OF TRUSTEES, AND THE CHAIRS OF ALL TRUSTEE STANDING COMMITTEES. THE
CHAIR AND VICE CHAIR OF THE CORPORATION SHALL ALSO SERVE ON THE EXECUTIVE
COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE POWER DURING THE
INTERVALS BETWEEN THE SESSIONS OF THE BOARD OF TRUSTEES TO EXERCISE MANY OF
THE POWERS OF THE BOARD AND, SPECIFICALLY, SHALL BE EMPOWERED TO AUTHORIZE
ACTIONS PREVIOUSLY DISCUSSED AND AFFIRMED BY THE FULL BOARD. THE EXECUTIVE
COMMITTEE SHALL NOT HAVE THE POWER TO:

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

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

(V) AMEND OR REPEAL OR ADOPT BYLAWS

(VI) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR SUBJECT TO REPEAL

(VII) APPOINT COMMITTEES OF THE BOARD OF TRUSTEES AND THE MEMBERS THEREOF

(VIII) EXPEND CORPORATE FUNDS TO SUPPORT A NOMINEE FOR TRUSTEE AFTER THERE ARE MORE PEOPLE NOMINATED FOR TRUSTEE THAN CAN BE ELECTED

(IX) APPROVE OF ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED IN THE CALIFORNIA CORPORATIONS CODE, SECTION 5233(D)(3)

THE EXECUTIVE COMMITTEE SHALL CONSULT WITH THE PRESIDENT OF THE SCHOOL AND SHALL HAVE GENERAL SUPERVISION OVER AND CARE OF ALL PROPERTY BELONGING TO THE CORPORATION. THE CHAIR OF THE BOARD OF TRUSTEES SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 4:

AMENDMENTS TO BYLAWS ARE AS FOLLOWS:

MEMBERS OF THE CORPORATION

THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE FOLLOWING:

THE RESIDENT BISHOP OF THE LOS ANGELES AREA, CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

THE RESIDENT BISHOP OF THE PHOENIX AREA, DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

TWO DISTRICT SUPERINTENDENTS OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY THE BISHOP OF SAID CONFERENCE

ONE DISTRICT SUPERINTENDENT OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY THE BISHOP OF SAID CONFERENCE

TWO MEMBERS OF THE BOARD OF TRUSTEES OF THE CALIFORNIA-PACIFIC ANNUAL

Name of the organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY	Employer identification number 95-1904355
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CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY SAID BOARD

ONE MEMBER OF THE BOARD OF TRUSTEES OF THE DESERT SOUTHWEST ANNUAL

CONFERENCE OF THE UNITED METHODIST CHURCH NAMED BY SAID BOARD

THE CHAIR OF THE BOARD OF ORDAINED MINISTRY OF THE CALIFORNIA-PACIFIC

ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

THE CHAIR OF THE BOARD OF ORDAINED MINISTRY OF THE DESERT SOUTHWEST ANNUAL

CONFERENCE OF THE UNITED METHODIST CHURCH

THE ASSOCIATE GENERAL SECRETARY OF THE DIVISION OF ORDAINED MINISTRY OF THE

GENERAL BOARD OF HIGHER EDUCATION AND MINISTRY OF THE UNITED METHODIST

CHURCH

THE CHAIR OF THE HIGHER EDUCATION AND CAMPUS MINISTRY COUNCIL OF THE

CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

THE CHAIR OF THE BOARD OF HIGHER EDUCATION AND CAMPUS MINISTRIES OF THE

DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

THE LAY LEADER OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE OF THE UNITED

METHODIST CHURCH

THE LAY LEADER OF THE DESERT SOUTHWEST ANNUAL CONFERENCE OF THE UNITED

METHODIST CHURCH

THE PRESIDENT OF CLAREMONT SCHOOL OF THEOLOGY

THE CHAIR OF THE BOARD OF TRUSTEES OF CLAREMONT SCHOOL OF THEOLOGY

THE VICE CHAIR OF THE BOARD OF TRUSTEES OF CLAREMONT SCHOOL OF THEOLOGY

ANY SUCH MEMBER SHALL CONTINUE TO BE A MEMBER OF THE CORPORATION AS LONG AS HE OR SHE SHALL CONTINUE IN SUCH OFFICE OR POSITION.

RIGHTS AND RESPONSIBILITIES OF MEMBERS

A. POWERS OF MEMBERS

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

MEMBERS SHALL HAVE THE AUTHORITY TO:

- (I) ELECT TRUSTEES
- (II) REMOVE ANY ELECTED TRUSTEE IN ACCORDANCE WITH THE CALIFORNIA CORPORATIONS CODE, SECTION 5222
- (III) APPROVE AMENDMENTS TO THE BY-LAWS
- (IV) APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION
- (V) APPROVE SALE, LEASE, EXCHANGE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL ASSETS OF SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY (DBA CLAREMONT SCHOOL OF THEOLOGY) NOT MADE IN THE ORDINARY COURSE OF BUSINESS
- (VI) APPROVE ANY MERGERS
- (VII) APPROVE ANY ACQUISITIONS OF REAL PROPERTY OR BUSINESSES OF OTHER CORPORATIONS
- (VIII) APPROVE VOLUNTARY DISSOLUTIONS

B. VOTING RIGHTS OF MEMBERS

EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.

MEMBERS MAY VOTE IN ONE OF THREE WAYS:

- (I) BY ACTION AT A DULY NOTICED MEETING
- (II) BY WRITTEN BALLOT IN CONFORMITY WITH THE PROVISIONS OF THE CALIFORNIA CORPORATIONS CODE
- (III) BY UNANIMOUS WRITTEN CONSENT

IN A DULY NOTICED MEETING OR BY WRITTEN BALLOT, MEMBERS MAY ACT BY WRITTEN

Name of the organization SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY	Employer identification number 95-1904355
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PROXY. WRITTEN PROXY IS THE AUTHORIZATION GIVEN BY ONE CORPORATION MEMBER TO ANOTHER TO VOTE ON HIS/HER BEHALF; SUCH WRITTEN PROXY MUST BE CONVEYED BY THE AUTHORIZING CORPORATION MEMBER TO THE CHAIR OF THE CORPORATION.

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

THE CORPORATION ELECTS THE ORGANIZATION'S BOARD OF TRUSTEES. BOARD OF TRUSTEES SHALL INCLUDE DESIGNATED TRUSTEES WHO SERVE WITH VOICE AND VOTE BY VIRTUE OF THE OFFICES THEY HOLD AND MAY INCLUDE THE FOLLOWING:

- (I) RESIDENT BISHOP OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE
- (II) RESIDENT BISHOP OF THE DESERT SOUTHWEST ANNUAL CONFERENCE
- (III) PRESIDENT OF THE SCHOOL
- (IV) PRESIDENT OF THE ALUMNI ASSOCIATION OF THE SCHOOL
- (V) CHAIR OF THE FACULTY POLICY COMMITTEE OF THE FACULTY OF THE SCHOOL
- (VI) TWO STUDENT REPRESENTATIVES FROM THE SCHOOL'S STUDENT COUNCIL, ONE OF WHOM SHALL BE A MASTERS STUDENT AND THE OTHER A DOCTORAL STUDENT
- (VII) A REPRESENTATIVE OF THE INTERNATIONAL ADVISORY BOARD NAMED BY SAID BOARD; AND
- (VIII) A REPRESENTATIVE OF THE FIRST UNITED METHODIST FOUNDATION OF SUN CITY, ARIZONA, NAMED BY SAID FOUNDATION.

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

- MEMBERS SHALL HAVE THE AUTHORITY TO:
- (I) ELECT TRUSTEES
 - (II) REMOVE ANY ELECTED TRUSTEE IN ACCORDANCE WITH THE CALIFORNIA CORPORATIONS CODE, SECTION 5222
 - (III) APPROVE AMENDMENTS TO THE BY-LAWS
 - (IV) APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION
 - (V) APPROVE SALE, LEASE, EXCHANGE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number

95-1904355

ASSETS OF SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY (DBA CLAREMONT SCHOOL OF THEOLOGY) NOT MADE IN THE ORDINARY COURSE OF BUSINESS

(VI) APPROVE ANY MERGERS

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

(VIII) APPROVE VOLUNTARY DISSOLUTIONS

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS POSTED TO A SECURE WEBSITE. THE BOARD OF TRUSTEES WILL BE SENT LOGIN INFORMATION TO ACCESS THE DOCUMENT. THE RETURN WILL BE ELECTRONICALLY SIGNED AND SUBMITTED BY THE CFO ON BEHALF OF MANAGEMENT AND THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY TRUSTEE, OFFICER, OR MEMBER OF A COMMITTEE, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR THE MEMBERS OF THE COMMITTEE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER THE DISCLOSURE, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IS A CONFLICT OF INTEREST EXISTS. HE OR SHE MAY MAKE A PRESENTATION AT THE MEETING OF THE BOARD OR THE COMMITTEE, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. PROCEEDINGS WILL BE DOCUMENTED IN THE BOARD MEETING MINUTES.

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

432212
08-27-14

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

Name of the organization

SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY

Employer identification number

95-1904355

THE BOARD OF TRUSTEES ANNUALLY REVIEWS THE PRESIDENT'S JOB PERFORMANCE AND THE PRESIDENT'S COMPENSATION. THE PRESIDENT, AS A MEMBER OF THE BOARD, RECUSES HIMSELF FROM THE REVIEW. PRESIDENTIAL COMPENSATION WAS BENCHMARKED AGAINST COMPARABLE UNITED METHODIST INSTITUTIONS AND OTHER SIMILAR SCHOOLS, LOCALLY AND NATIONALLY, PER DATA REPORTED THROUGH VARIOUS SOURCES INCLUDING THE ASSOCIATION OF THEOLOGICAL SCHOOLS. THE SECRETARY OF THE BOARD RECORDS THE MINUTES OF THESE DELIBERATIONS AND DECISIONS. COMPENSATION WAS DETERMINED IN 2014.

PEER DATA FOR CRITICAL POSITIONS ARE REPORTED TO THE ASSOCIATION OF THEOLOGICAL SCHOOLS BY ALL OF ITS MEMBER INSTITUTIONS. THAT DATA IS RELEASED TO THE MEMBERSHIP FOR THEIR USE. THE DATA WAS REVIEWED BY THE SENIOR MANAGEMENT TEAM.

FORM 990, PART VI, SECTION C, LINE 18:

THE 990, WITHOUT SCHEDULE B, IS AVAILABLE ON THE SCHOOL'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE ON THE SCHOOL'S WEBSITE. OTHER DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	29,567.
LOSS ON WRITE-OFF OF PLEDGE RECEIVABLE	
TOTAL TO FORM 990, PART XI, LINE 9	29,567.

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.

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" 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	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY	Employer identification number (EIN) or 95-1904355
	Number, street, and room or suite no. If a P.O. box, see instructions. 1325 N. COLLEGE AVE.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLAREMONT, CA 91711	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

GAMWARD QUAN

• The books are in the care of **1325 N COLLEGE AVE - CLAREMONT, CA 91711**
Telephone No. **909-447-2560** Fax No. **909-447-6278**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT AVAILABLE AT THIS TIME.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Southern California School of Theology 1325 N. College Ave. Claremont, CA 91711
Prepared by	Cliftonlarsonallen LLP 301 N. Lake Ave., Suite 900 Pasadena, CA 91101
Amount due or refund	No payment required
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	The Form 199 return has been prepared for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit the return electronically to the FTB and no further action is required.

2014

California Exempt Organization Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **07/01/2014**, and ending (mm/dd/yyyy) **06/30/2015**

Corporation/Organization Name SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY		California corporation number 0314031
Additional Information. See instructions.		FEIN 95-1904355
Street address (suite or room) 1325 N. COLLEGE AVE.		PMB no.
City CLAREMONT	State CA	ZIP code 91711
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	12,650,832.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,260,665.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B STMT 2	4	14,911,497.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	4,863,425.00
	7	Total costs. Add line 5 and line 6	7	4,863,425.00
	8	Total gross income. Subtract line 7 from line 4	8	10,048,072.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13,079,576.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,031,504.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here	Signature of officer CFO & VP FOR B	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	Date 05/16/16	Check if self-employed <input type="checkbox"/> PTIN P00157338
	Firm's name (or yours, if self-employed) and address	Telephone	
	CLIFTONLARSONALLEN LLP 301 N. LAKE AVE., SUITE 900 PASADENA, CA 91101	41-0746749 626-793-3600	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	00		
	3	Dividends	•	3	162,079.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	6,124,303.00	
	7	Other income	SEE STATEMENT 4	•	7	6,364,450.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	12,650,832.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	1,994,735.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	824,780.00	
	12	Other salaries and wages		•	12	4,758,445.00	
	Expenses and Disbursements	13	Interest	•	13	180,489.00	
		14	Taxes	•	14	316,729.00	
		15	Rents	•	15	682,520.00	
		16	Depreciation and depletion (See instructions)		•	16	00
		17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	4,321,878.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	13,079,576.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,927,794.		• 4,054,142.
2 Net accounts receivable		618,509.		• 772,630.
3 Net notes receivable STMT 8		400,000.		• 300,000.
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 9		8,313,901.		• 6,745,955.
10 a Depreciable assets	28,499,570.		28,879,890.	
b Less accumulated depreciation	(13,320,813.)	15,178,757.	(14,085,066.)	14,794,824.
11 Land		1,150,518.		• 485,518.
12 Other assets STMT 10		13,491,100.		• 13,302,085.
13 Total assets		43,080,579.		40,455,154.
Liabilities and net worth				
14 Accounts payable		372,981.		• 482,677.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		3,461,445.		• 3,366,678.
18 Other liabilities STMT 11		3,109,513.		4,376,239.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		36,136,640.		• 32,229,560.
22 Total liabilities and net worth		43,080,579.		40,455,154.

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

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

1 Net income per books	• -3,907,080.	7 Income recorded on books this year not included in this return. STMT 13	• 29,567.
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	29,567.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return STMT 12	• 905,143.	Subtract line 9 from line 6	-3,031,504.
6 Total. Add line 1 through line 5	-3,001,937.		

FORM 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		764,253.	
BANK FEES		137,237.	
INSTRUCTIONAL AND STUDE		85,146.	
COPYING AND PRINTING		59,897.	
FURNITURE AND EQUIPMENT		46,015.	
PENSION PLAN CONTRIBUTIONS		293,663.	
OTHER EMPLOYEE BENEFITS		578,304.	
LEGAL FEES		74,903.	
OTHER PROFESSIONAL FEES		381,747.	
ADVERTISING AND PROMOTION		31,232.	
OFFICE EXPENSES		537,160.	
INFORMATION TECHNOLOGY		72,409.	
TRAVEL		247,848.	
CONFERENCES AND CONVENTIONS		636,584.	
INSURANCE		194,648.	
ALL OTHER EXPENSES		180,832.	
TOTAL TO FORM 199, PART II, LINE 17		4,321,878.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES	0.	50,000.	
NOTES AND LOANS RECEIVABLE, NET	400,000.	250,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	400,000.	300,000.	

FORM 199	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
STUDENT LOANS INVESTMENTS	278,464. 8,035,437.	241,876. 6,504,079.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	8,313,901.	6,745,955.	

FORM 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,053,877.	961,417.	
PREPAID EXPENSES AND DEFERRED CHARGES	109,966.	104,886.	
GIFT ANNUITIES	547,485.	511,020.	
PERPETUAL TRUSTS	10,015,459.	9,857,259.	
CHARITABLE REMAINDER TRUSTS	1,764,313.	1,867,503.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	13,491,100.	13,302,085.	

FORM 199	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ADVANCES FROM FEDERAL GOVERNMENT	308,159.	307,194.	
SPLIT-INTEREST AGREEMENT PAYABLE	1,575,271.	1,659,733.	
STUDENT DEPOSITS	105,574.	122,081.	
DEFERRED REVENUE	31,985.	1,348,706.	
UNSECURED NOTES AND LOANS PAYABLE	1,088,524.	938,525.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,109,513.	4,376,239.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	12
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		905,143.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		905,143.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	13
DESCRIPTION		AMOUNT	
NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS		29,567.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		29,567.	

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

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
SOUTHERN CALIFORNIA SCHOOL OF THEOLOGY	95-1904355

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	14,911,497.00
2 Total gross income (Form 199, line 8)	2	10,048,072.00
3 Total expenses and disbursements (Form 199, line 9)	3	13,079,576.00

Part II Settle Your Account Electronically for Taxable Year 2014

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here	 Signature of Officer	_____ Date	 CFO & VP FOR BUSINESS AFFAIRS Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP			FEIN 41-0746749
		301 N. LAKE AVE., SUITE 900			ZIP Code 91101
			PASADENA, CA		

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

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP		
		301 N. LAKE AVE., SUITE 900		
			PASADENA, CA	
			FEIN	41-0746749
			ZIP Code	91101