

Jennifer Williams

President's Designee AVP of Campus Climate and

Chief of Staff

Dr. Graham Oberem

Designated Member
Vice President for
Academic Affairs

Neal Hoss

Designated Member Vice President for

Finance & Administrative Services

Dr. Charles De Leone

Faculty Member
Professor, Physics

Dr. Cynthia Chavez Metoyer

Faculty Member, Community
Engagement-Office of Internships

Charles C. Ragland, Esq.

Community Member (Alumni)
Department of Justice

Jason Schreiber

Administrative Member Dean of Students

Michael Schroder

Administrative Member Dean, Extended Learning

Dr. Ann Bersi

Community Member
Nevada State Tax Commission

Christopher Thibodeau

Community Member
The Classical Academies

Armando Zaragoza

Student Member

Vacant

Student Member

Regular Meeting of the Board of Directors

May 23, 2019 @ 4:00 p.m. – 5:30 p.m. Center for Children and Families Classroom

AGENDA

I. Convening of Regular Board Meeting (Oberem)

A. Consideration of Minutes February 21, 2019 Regular Meeting (Attachment A)

II. Dining Proposal Presentation - SODEXO

III. Committee Reports and University Updates

- A. Administration Update (Newberg)
- B. Board Retreat Update (Oberem)
- C. Investment Report 3/31/19 (Prior) (Attachment B)
- D. Finance and Operations Committee Report (Hoss)
- E. Joint Audit Committee Report (Thibodeau)
- F. University Update (Williams)
- G. Innovation Hub Advisory Committee Report (De Leone)

IV. Consent Agenda (Oberem)

Brought forward by the Joint Audit Committee

- A. Form 990 Tax Return FY 17/18 Ratification (Attachment C)
- B. Aldrich Contract Two-Year Extension

Brought forward by the Finance and Operations Committee

- A. Quarterly Financial Report & Summary 3/31/19 (Attachment D)
- B. FY 19/20 Operating Budgets (Attachment E)
- C. Revised Reserve Policy (Attachment F)
- D. Compensation Administration Guidelines (Attachment G)

V. Action Items

A. Proposed FY 19/20 Meeting Calendar (Newberg) (Attachment H)

VI. Adjournment of Meeting (Oberem)

Next Meeting: tbd

ATTACHMENT A

Minutes of the February 21, 2019 Regular Meeting



Minutes of the Regular Meeting of the Board of Directors February 21, 2019

Center for Children and Families Classroom

Attendees:

Members: Graham Oberem (Chair), Neal Hoss, Chuck De Leone, Cynthia Chavez Metoyer, Charles Ragland, Jason Schreiber, Savana Doudar, Armando Zaragoza, Mike Schroder (@4:12)

Members Absent: Jennifer Williams, Chris Thibodeau, Ann Bersi

Staff: Bella Newberg, Michelle Hinojosa, Cynthia Fenimore, Janine Prior, Deborah Davis, Karla Frazee

Convening of Regular Meeting

A quorum being present, Oberem called the meeting to order at 4:02 p.m.

Minutes of the November 29, 2018 Regular Meeting (Attachment A)

A motion was made and seconded (De Leone/Hoss) to approve the November 29, 2018 Regular Meeting Minutes. Motion carried.

Committee Reports and University Updates

Administration Update

Newberg reported that Sodexo rolled out a new, pick up and go, Student Menu. In November, CSUSM Corp collaborated with Follett to issue 13, \$800 scholarships to students. The 990 Tax Returns will be completed in April. The Affiliation Agreement has not been finalized and negotiations continue. Newberg gave an update on the EL/P3 Project as well as Dining. The plan is to lease space on the ground floor of the QUAD for dining. SODEXO will continue to collaborate with the campus by investing capital for the build-out. Meal plans will be mandatory for all students in housing and a variety of plans will be offered. A Student Housing Demand Study will be initiated this Spring. This study includes strategic and market analysis and a plan definition. This study will allow us to plan for future housing needs and develop a Student Housing Master Plan.

Finance and Operations Committee Report

Hoss reported that the Committee met on February 7, 2019 and mentioned all items on the Consent Agenda came moved by the Finance and Operations Committee. Attachment C was part of the Finance and Operations Committee meeting agenda packet as informational only.

Student Housing Advisory Committee Report

Schreiber reported that the Committee meets monthly and gave an account of what the Committee has been discussing. Key topics have been the application process, housing priority and licensing.

University Update

Due to Williams being absent from the meeting, Hoss presented the University Update. Hoss reported that the current lieutenant governor, Eleni Kounalakis, visited our campus. The

Lieutenant Governor will be visiting all CSU Campuses. The Presidential search is on track and the goal is to announce the new president at the March Board of Trustees Meeting. There will be a celebration to honor President Haynes and the First Gentleman on April 9, 2019, all employees are welcome.

Innovation Hub Advisory Committee Update

De Leone reported that the Committee held their first meeting, the focus of discussion was how to best utilize the space to engage students, faculty, staff and external partners

Consent Agenda

Oberem explained that a Consent Agenda was included as Item III in the meeting Agenda. He explained the purpose of the Consent Agenda is to save time. Oberem asked if anyone had any questions about the Consent Agenda process. There being none Oberem then asked if anyone wanted to move the item from the Consent Agenda to the Regular Agenda. There being none, a motion comes moved and seconded (Hoss/De Leone) to approve the Revised FY 18/19 Student Housing Budget (Attachment D), Revised General Investment Policy (Attachment E), Revised Sponsored Projects Conflict of Interest Policy (Attachment F), Quarterly Financial Report & Summary 12/31/18 (Attachment G) and Investment Activity Report 12/31/18 (Attachment H) brought forward by the Finance and Operations Committee. Motion carried.

Additional Discussion Items not on Agenda

Additional discussion items included a Board of Directors retreat and gift cards.

Adjournment of Regular Meeting

	The I	Regular	Meeting	adjourned	by acc	lamation	at 4:52	p.m
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Cynthia Chavez Metoyer	- Date
Secretary	Date

ATTACHMENT B

Investment Report 3/31/19

California State University San Marcos Corporation Investment Activity for the Quarter Ended March 31, 2019

CORPORATION ADMIN

ТҮРЕ	Investr	ginning nent Value /31/19	Income		Purchases	Ma	nturities and Sales	w	Cash ithdrawal and Deposits	Change in Market Value	In	Ending vestment Value 3/31/19	%
CD's	\$	5,083,888	\$ 16,8	10	\$ -	\$	(245,000)	\$	(*	\$ 19,653	\$	4,858,541	38%
Mutual Funds		7,221,930	43,4	30	1,103,000		-		(600,000)	52,069		7,820,429	62%
Cash		248,007		86			¥		(241,190)	•		6,904	0%
TOTAL	\$	12,553,825	\$ 60,3	27	\$ 1,103,000	\$	(245,000)	\$	(841,190)	\$ 71,722	\$	12,685,873	100%

INCOME DETAIL

	Jan-19	Feb-19	Mar-19	TOTAL
TYPE (see notes below)				
CD's (1)	\$ 2,774	\$ 7,805	\$ 6,231	\$ 16,810
MF - PIMCO DYNAMIC BOND-PUBAX (2)	4,442	2,919	\$ 3,250	10,610
MF - PIMCO LOW DURATION-PTLAX (2)	3,761	3,660	\$ 3,873	11,294
MF - PIMCO SHRT TERM-PSHAX ⁽²⁾	3,235	2,593	\$ 2,729	8,557
MF - Federated Ultrashort Bond - FULAX (3)	3,236	5,329	\$ 4,405	12,969
Cash	59	15	\$ 13	86
	\$ 17,506	\$ 22,320	\$ 20,500	\$ 60,327

INVESTMENT EARNINGS SUMMARY

	QUARTER 1	QUARTER 2	QUARTER 3	TOTAL
Income	\$ 37,521	\$ 50,889	\$ 60,327	\$ 148,737
Change in Market Value	15	(41,909)	\$ 71,722	29,828
CD's Accrued Interest	10,465	12,990	11,971	35,426
Total Investment Earnings	\$ 48,001	\$ 21,971	\$ 144,019	\$ 213,990
Income Credited to: *				
Corporation Admin	\$ 38,776	\$ 2,275	89,145	\$ 130,196
EL/P3 Project	9,224	19,696	54,874	83,794
Total	\$ 48,001	\$ 21,971	\$ 144,019	\$ 213,990

^{*} Assumes accrued CD interest for Quarter 2

NOTES

- (1) CD's have varying maturities from April 2019 October 2021 and coupons from 1.55% 3.2%
- (2) Mutual Funds PIMCO have one year hold from date of purchase; current earnings ranging from 2.6% -3.32%
- (3) Mutual Funds Federated Ultrashort no hold period; currently earning around 2.13%

California State University San Marcos Corporation Investment Activity for the Quarter Ended March 31, 2019

HOUSING

ТҮРЕ	Beginning estment Value 12/31/19	Income	Purchases	М	aturities and Sales	w	Cash ithdrawal and Deposits	Change in Market Value	In	Ending vestment Value 3/31/19	%
CD's	\$ 1,466,519	\$ 12,884	\$ 245,000	\$	(245,000)	\$	•	\$ 3,888	\$	1,470,407	39%
Mutual Funds	\$ 1,733,643	\$ 9,291	\$ 513,000	\$		\$	*	\$ 9,609	\$	2,265,543	61%
Cash	\$ 1,125	\$ 79	\$	\$		\$	(116)	\$ -	\$	1,089	0%
TOTAL	\$ 3,201,287	\$ 22,254	\$ 758,000	\$	(245,000)	\$	(116)	\$ 13,497	\$	3,737,038	100%

INCOME DETAIL

	<u>Jan-19</u>		Feb-19	<u>Mar-19</u>			TOTAL
TYPE (see notes below)							
CD's (1)	\$ 988	\$	10,985	\$	911	\$	12,884
MF - Federated Ultrashort Bond - FULAX (2)	\$ 3,096	\$	3,196	\$	2,998	\$	9,291
Cash	\$ 1	\$	37	\$	41	\$	79
	\$ 4,085	\$	14,219	\$	3,951	\$	22,254

INVESTMENT EARNINGS SUMMARY

	QL	JARTER 1	QUARTER 2	QUARTER 3	TOTAL	
Income	\$	19,198 \$	14,703	\$ 22,254	\$ 56,15	55
Change in Market Value		463	(9,495)	\$ 13,497	4,46	65
CD's Accrued Interest	2	(544)	(744	(2,190)	(3,47	77)
Total Investment Earnings	\$	19,117 \$	4,465	\$ 33,561	\$ 57,14	43

NOTES:

- (1) CD's have varying maturities from May 2019 August 2020 and coupons from 1.95% 2.75%
- (2) Mutual Funds Federated Ultrashort no hold period; currently earning around 2.13%

TOTAL CORPORATION INVESTMENT TOTALS

	Beginning Investment Value 12/31/19		nent Value		Purchases		Maturities and Sales		Cash Withdrawal and Deposits		Change in Market Value		Ending Investment Value 3/31/19		
Corporation Admin	\$	12,553,825	\$	60,327	\$	1,103,000	\$	(245,000)	\$	(841,190)	\$	71,722	\$	12,685,873	77.2%
Housing	\$	3,201,287	\$	22,254	\$	758,000	\$	(245,000)	\$	(116)	\$	13,497	\$	3,737,038	22.8%
TOTAL	\$	15,755,112	\$	82,581	\$	1,861,000	\$	(490,000)	\$	(841,306)	\$	85,219	\$	16,422,911	100.0%

ATTACHMENT C

Form 990 Tax Return FY 17/18

2017

990

PUBLIC

DISCLOSURE

** PUBLIC DISCLOSURE COPY **

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

JUL 1, 2017 and ending JUN 30, A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number CALIFORNIA STATE UNIVERSITY SAN MARCOS X Address change CORPORATION Name change 33-0397688 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 760-750-4700 333 S TWIN OAK VALLEY ROAD termin-ated 22,070,330. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SAN MARCOS, CA 92096 H(a) Is this a group return Applica-F Name and address of principal officer: BELLA NEWBERG Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.CSUSM.EDU/CORP **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1990 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL AND PROGRAM Activities & Governance ADMINISTRATIVE SUPPORT TO CALIFORNIA STATE UNIVERSITY SAN MARCOS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 795 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 45 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 13,055,233. 11,879,250. Contributions and grants (Part VIII, line 1h) Revenue 8,950,714. 4,488,485 Program service revenue (Part VIII, line 2g) -13,377. 33,003. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,572. -108,380. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,367,930. 21,930,570. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,075,936. 2,729,729. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 9,161,068. 9,777,240. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,377,310. 4,554,872 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,791,876. 19,884,279. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 576,054. 2,046,291. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 40,058,912. 65,022,015. 20 Total assets (Part X, line 16) 28,877,205. 51,756,016. 21 Total liabilities (Part X, line 26) 11,181,707. 13,265,999. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BELLA NEWBERG, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed Paid 04/26/19 ALDRICH CPAS AND ADVISORS, LLP Firm's EIN Preparer Firm's name Firm's address > 7676 HAZARD CENTER DRIVE, STE 1300 Use Only Phone no.6198104940 SAN DIEGO, CA 92108 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CALIFORNIA STATE UNIVERSITY SAN MARCOS, CORPORATION IS A
	NON-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO PROVIDE
	ADMINISTRATIVE AND OTHER BUSINESS SERVICES TO CALIFORNIA STATE
	UNIVERSITY SAN MARCOS. SERVICES INCLUDE THE ADMINISTRATION OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	5, 5 5
4	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 \$ 11,302,395 • including grants of \$ 2,114,439 •) (Revenue \$
·u	ADMINISTRATION OF RESEARCH AND TRAINING GRANTS AWARDED TO THE CAMPUS
	FACULTY FROM VARIOUS FEDERAL, STATE, AND OTHER GOVERNMENTAL AGENCIES
	AND PRIVATE FOUNDATIONS. FEDERAL GRANT REVENUES TOTALED \$11.6 MILLION
	WHILE STATE AND LOCAL GOVERNMENT AGENCY GRANT REVENUES TOTALED APPROX
	\$1.3 MILLION. GRANTS AND AWARDS FROM PRIVATE FOUNDATIONS AND OTHER
	NON-GOVERNMENTAL ENTITIES TOTALED \$161,000.
	(Code:) (Expenses \$ 3,100,351. including grants of \$ 500,000.) (Revenue \$ 5,876,991.)
4b	(Code:) (Expenses \$ 3,100,351. including grants of \$ 500,000.) (Revenue \$ 5,876,991.) DEVELOPMENT AND MANAGEMENT OF THE ON-CAMPUS AND AFFILIATED OFF-CAMPUS
	STUDENT HOUSING PROGRAM WHICH PROVIDES HOUSING AND STUDENT-LIFE
	ACTIVITIES FOR APPROXIMATELY 1500 STUDENTS.
	1 601 350 115 000 0 420 600
4c	(Code:) (Expenses \$\frac{1,621,358.}{AND ADMINISTRATIVE} \frac{115,290.}{SUPPORT SERVICES TO VARIOUS CAMPUS}
	PROGRAMS AND ACTIVITIES. OTHER CAMPUS PROGRAMS FOR WHICH SERVICES WERE
	PROVIDED INCLUDE FACULTY RESEARCH DEVELOPMENT AND VARIOUS COMMUNITY
	OUTREACH PROGRAMS.
	- COTAMICH I ROCKERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 643,035.)
<u>4e</u>	Total program service expenses ► 16,024,104.
	Form 990 (2017)

33-0397688

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
ט	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
	complete concade a, r art iii	1 .5		

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	NO 37
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	Х	
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
J_		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
		34	Х	
35a		35a		Х
	•	SSa		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Х	
0-	If "Yes," complete Schedule R, Part V, line 2	36	Λ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	282				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming				
	(gambling) winnings to prize winners?			1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	795				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За				За		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х	
b	If "Yes," enter the name of the foreign country:		,				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
any contributions that were not tax deductible as charitable contributions?							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х	
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	rt?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е				
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:		ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	ı					
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?							
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı					
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				77	
				14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	000	/00 t=	
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33-0397688

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
			4.01		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	2					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		Х		
4	$\label{eq:decomposition} Did the organization make any significant changes to its governing documents since the prior Form$			4		X		
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockhol	ders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:					
а								
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at	the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,	affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot}$			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to confli	cts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," des	cribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	ependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?						
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	h a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	rticipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anization	s					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sectio	n 501(c)(3)s only) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (explain	n in Sche	edule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, and	finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and	records:					
	CLINT ROBERTS, CONTROLLER - 760-750-4470							
	333 S. TWIN OAKS VALLEY ROAD. SAN MARCOS. CA 9209	96-00	01					

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

Employees, and Independent Contractors	
01 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_

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.

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

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

(A) Name and Title	(B) Average hours per		not c	Pos heck		than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MATTHEW J. CEPPI	3.00	x						0.	152 175	38,715.
CHAIRMAN	1.00	^		Х				0.	152,175.	30,713.
(2) SHARON WHITEHURST-PAYNE VICE CHAIRMAN	1.00	X		x				0.	0.	0.
(3) CYNTHIA CHAVEZ METOYER	1.00	^		^				0.	0.	0.
SECRETARY	1.00	Х		х				0.	116,654.	49,723.
(4) NEAL HOSS	1.00								-	-
TREASURER		Х		Х				0.	246,400.	76,536.
(5) CHARLES RAGLAND	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) DR. GRAHAM OBEREM	1.00									
DIRECTOR		Х						0.	243,850.	84,583.
(7) DAWNMARIE MYERS	1.00									
DIRECTOR		Х						13,766.	0.	0.
(8) BRANDON LOSEY	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) JASON SCHREIBER	1.00									
DIRECTOR		Х						0.	102,904.	36,605.
(10) DAVID CHANG	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) DR. CHARLES DE LEONE	1.00	ļ						06 054	105 044	F0 0F0
DIRECTOR	1 00	Х						26,251.	137,344.	58,258.
(12) DR. REGINA EISENBACH	1.00	١							162 115	CF 11F
DIRECTOR	1 00	Х						0.	163,115.	65,115.
(13) REX ANDRADE	1.00	\ •						2 200	0	0
DIRECTOR	1 00	Х						3,300.	0.	0.
(14) JENNIFER WILLIAMS	1.00	X						0.	114,588.	41,067.
DIRECTOR (15) COLLIN POCLE	1.00	^						0.	114,500.	41,007.
(15) COLLIN BOGIE DIRECTOR	1.00	X						5,318.	0.	0.
(16) XAVIER MARTINEZ	1.00							3,310.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(17) BELLA NEWBERG	40.00							0.	0.	<u> </u>
SECRETARY/EXECUTIVE DIRECTOR		1		X				0.	155,765.	66,010.
732007 11-28-17	1	_							200,.000	Form 990 (2017)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	(do	not c	Pos heck ss pe	c) ition more rson i		one h an	(D) Reportable compensation	(E) Reportable compensation		Estir amo	F) nated unt of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer p		Highest compensated amployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s compen		n the nization related
										\perp		
										\dashv		
										-		
										_		
1b Sub-total								48,635.	1,432,79)5.	516	,612.
c Total from continuation sheets to Part V	I, Section A							0.	1,432,79	0.		0.
d Total (add lines 1b and 1c)							no re	<u> </u>			310	012.
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	v er	nplo	yee.	or	highest compensated e	mployee on		Y	es No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportab	 le co	 ompe	ensa	 atior	and	d otl	her compensation from	the organization		3	X
and related organizations greater than \$150. 5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/						X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	еЈт	or si	icn j	pers	son .					5	A
 Complete this table for your five highest co the organization. Report compensation for 										pensa	ition fro	m
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Сс	(C) empens	ation
							\dashv					
							\dashv					
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis	stec	d above) who received m	nore than			
											orm 90	2017)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 12,893,958. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 161,275 g Noncash contributions included in lines 1a-1f: \$ 13,055,233. h Total. Add lines 1a-1f Business Code 2 a STUDENT HOUSING RELATED Program Service Revenue 900099 5,876,991 5,876,991 b CAMPUS PROGRAMS 900099 2,430,688 2,430,688 COMMISSIONS BOOKSTORE 900099 337,245 337,245 OTHER COMMISSIONS 900099 159,259 159,259 CAMPUS DINING SERVICES 900099 146,531 146,531 All other program service revenue g Total. Add lines 2a-2f 8,950,714 Investment income (including dividends, interest, and 26,694 other similar amounts) 26,694 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 31,380 6 a Gross rents 139,760 **b** Less: rental expenses -108,380. c Rental income or (loss) -108,380. \triangleright -108,380 **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 6,309 assets other than inventory b Less: cost or other basis and sales expenses 6,309 c Gain or (loss) 6,309 6,309. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses 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 **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

-75,377.

21,930,570.

Total revenue. See instructions.

8,950,714

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,395,479. 1,395,479. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 1,334,250. 1,334,250. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 47,402. 47,402. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,673,800. 6,730,659. 943,141. Other salaries and wages 7 Pension plan accruals and contributions (include 479,231 479,231 section 401(k) and 403(b) employer contributions) 1,098,093. 856,630. 241,463. 9 Other employee benefits 478,714. 418,408. 60,306. Payroll taxes 10 Fees for services (non-employees): a Management 36,774. 40,604. 3,830. Legal 65,383. 65,383. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,929,043. 1,312,441. 616,602. column (A) amount, list line 11g expenses on Sch O.) 28,294. 28,294. Advertising and promotion 12 1,352,893. 1,268,084. 84,809. Office expenses 13 97,274. 75,968. 21,306. Information technology 14 Royalties 15 44,400. 2,404. 41,996. 16 Occupancy 387,390. 372,299. 15,091. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 350,447. 337,595. 12,852. Conferences, conventions, and meetings 19 716,557. 711,089. 5,468. 20 Payments to affiliates _____ 21 1,605,821. 1,605,821. Depreciation, depletion, and amortization 22 91,310. 53,508. 37,802. 23 Other expenses. Itemize expenses not covered 24 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.) 197,368. 197,368. REPAIRS AND MAINTENANCE 0. OTHER STUDENT AMENITIES 177,545. 177,545. 0. 173,997. 86,711. OTHER EXPENSES 87,286. 51,705 51,705. CATERING/MEALS 0. 67,279. 50,260. 17,019. e All other expenses 19,884,279. 16,024,104. 3,860,175. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,913,162.	1	646,614.
	2	Savings and temporary cash investments			1,718,932.	2	10,714,153.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,880,292.	4	6,497,395.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	30,257.	9	8,217.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	58,986,272.			
	b		10b	16,167,117.	26,814,349.	10c	42,819,155.
	11	Investments - publicly traded securities	1,640,839.	11	4,279,900.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	61,081.	15	56,581.		
	16	Total assets. Add lines 1 through 15 (must equa			40,058,912.	16	65,022,015.
	17	Accounts payable and accrued expenses			3,819,400.	17	5,616,657.
	18	Grants payable		18			
	19	Deferred revenue			3,993,029.	19	9,987,555.
	20	Tax-exempt bond liabilities			18,974,815.	20	18,950,023.
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
ii:		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	0 000 064		45 004 504
		Schedule D		_	2,089,961.	25	17,201,781.
	26	Total liabilities. Add lines 17 through 25			28,877,205.	26	51,756,016.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			11 101 000		12 065 000
anc	27	Unrestricted net assets			11,181,707.	27	13,265,999.
Bal	28	Temporarily restricted net assets				28	
nd	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶∟∟			
o or		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		_	11 101 808	32	12 065 000
_	33	Total net assets or fund balances			11,181,707.	33	13,265,999.
	34	Total liabilities and net assets/fund balances			40,058,912.	34	65,022,015.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
			0.1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,93</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,88			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,046,291			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	1,181,707 38,001			
5	5 Net unrealized gains (losses) on investments5						
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	13	, 26	5,9	99.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	<u> </u>	
				Form	990	(2017)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA STATE UNIVERSITY SAN MARCOS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CORPORATION 33-0397688 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

33-0397688 Page 2

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	7442507.	7442989.	9838625.	11879250.	13055233.	49658604.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	7442507.	7442989.	9838625.	11879250.	13055233.	49658604.		
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.						49658604.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	7442507.	7442989.	9838625.	(d) 2016 11879250.	13055233.	49658604.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	167,373.	145,952.	154,567.	153,431.	58,074.	679,397.		
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.)	376,193.					376,193.		
11	Total support. Add lines 7 through 10						50714194.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 23	,532,439.		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)			
	organization, check this box and stop						<u></u> ▶□		
Sec	ction C. Computation of Publ								
14	Public support percentage for 2017 (I					14	97.92 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	96.55 %		
16a	33 1/3% support test - 2017. If the o	•		•		•			
	stop here. The organization qualifies								
b	33 1/3% support test - 2016. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac			-	· ·	_			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the		•						
	organization meets the "facts-and-circ								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟		

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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.)

qualify under the tests listed by	oelow, please com	plete Part II.)							
Section A. Public Support						•			
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3 Gross receipts from activities that									
are not an unrelated trade or bus-									
iness under section 513									
4 Tax revenues levied for the organ- ization'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			•	•	<u> </u>	,			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9 Amounts from line 6	, ,	` ′	, ,	` ,		1			
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.)			1.6	1		L			
14 First five years. If the Form 990 is fo	-			•					
						<u></u>			
Section C. Computation of Pub					1451				
15 Public support percentage for 2017						%			
16 Public support percentage from 2010					16	%			
Section D. Computation of Inve					14-1				
17 Investment income percentage for 20						%			
	Investment income percentage from 2016 Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2017. If the	-					17 is not			
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,				
line 18 is not more than 33 1/3%, ch									
20 Private foundation. If the organization	on dia not check a	. DOX ON IINE 14. 19	a, or 190, check t	rus dox and see if	ISTUCTIONS				

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
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	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	401		
	10b	\	00:1-
n 9	90 or 99	JU-EZ	2017

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Pa	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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. tion B. Type I Supporting Organizations	11c		<u> </u>
300	tion B. Type i dupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
2	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction activities activities Test, Complete line 9 heles).	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	o instruction	-1	
င	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	e instructions	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	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.	26		
2	•	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)							
Secti	on D - Distributions		,	Current Year						
1	1 Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity									
3	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	he organization is responsive	e							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017						
			110 2017	Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
a_										
	From 2013									
	From 2014									
	From 2015									
	From 2016									
	Total of lines 3a through e									
	Applied to underdistributions of prior years									
	Applied to 2017 distributable amount									
<u>-</u>	Carryover from 2012 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years Applied to 2017 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
•	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
Ū	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
-	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013									
	Excess from 2014									
	Excess from 2015									
	Excess from 2016									
	Excess from 2017									

Schedule A (Form 990 or 990-EZ) 2017

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Schedule A	(Form 990 or 990-EZ) 2017 CORPORATION	33-0397688 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additication (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number

33-0397688

Organization type (check one):								
Filers of: Section:								
Form 990 or 99	0-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Chapte if your o	reconstruction is accounted by the Conevel Dule or a Special Dule							
	ganization is covered by the General Rule or a Special Rule. ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
year, o is chec purpos	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An org	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Name of organization
CALIFORNIA STATE UNIVERSITY SAN MARCOS
CORPORATION

Employer identification number

33-0397688

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,099,304.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,793,846.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,510,907.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$323,571.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,142,241.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$318,091.	Person X Payroll

Name of organization
CALIFORNIA STATE UNIVERSITY SAN MARCOS
CORPORATION

Employer identification number

33-0397688

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	fadditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

Name of organization

Employer identification number

CALIFORNIA STATE UNIVERSITY SAN MARCOS

33-0397688

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additions.	columns (a) through (e) and t s, charitable, etc., contributions of	the following line	on 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations be year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
-		(e) Transfe	r of gift	
	Transferee's name, address, ar	nd ZIP + 4	Ro	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		plationship of transferer to transfere
	Transieree's fiame, address, at	IU ZIF + 4	ni	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number 33-0397688

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	incompany to the language of the second of t		U Vala U Na
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva-	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
D-	conservation easements.	(Ast Historical Tonocana and	Union Other Ham Alamaka
Pa	T III Organizations Maintaining Collections o	•	tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 CORPORA								39768		<u>age 2</u>
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Ass	e ts (contil	าued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	s collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	· 🖳	Loan or exc	hange progr	ams					
b	Scholarly research	e	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be m								Yes		_ No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" or	Form 990	0, Part IV	, line 9, o	٢	
12	Is the organization an agent, trustee, custod		diany for	contribution	ne or other as	eeste not	included				
ıa	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							└	165		_ INO
b	ii res, explain the analigement ii r art XIII	and complete the ic	mownig	table.					Amoun	+	
•	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						•]
Pai											
	<u>'</u>	(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	years back	(e) Fou	r years	back
1a	Beginning of year balance	,	, ,	•	. ,		• • • • • • • • • • • • • • • • • • • •				
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere										
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	de	preciation				
	Land			24 22		14	120 6	<u></u>			<u> </u>
	Buildings			-	3,850.		132,6		L9,93		
	Leasehold improvements				5,482.		503,3		3,17		
	Equipment				8,492.	3,	531,0		1,20		
	Other				8,448.				18,50		
<u>Total</u>	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)				12,81	9,I	<u> </u>

Schedule D (Form 990)	2017	CC	RPO	RATION				
				_					-

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(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"	on Form 990 Part IV	/ line 11c See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			d-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"		/, line 11d. See Form 990,	Part X, line 15.	" "
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 11f. See Forn	n 990, Part X, line 25	j.
1. (a) Description of liability	,	(b) Book value		
(1) Federal income taxes				
(2) POST RETIREMENT BENEFITS		1,531,547.		
(3) DUE TO RELATED ORGANIZATI	ONS	571,943.		
(4) NOTE PAYABLE		198,291.		
(5) EXTENDED LEARNING BUILDIN	G	14,900,000.		
(6)				
(7)				
(8)				
(9)		48 004 504		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	17,201,781.		

Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017

33-0397688 Page 4

	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	23,423,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	38,003.		
b	Donated services and use of facilities	2b	1,315,615.		
С	Recoveries of prior year grants				
d			139,760.		
е	Add lines 2a through 2d			2e	1,493,378.
3	Subtract line 2e from line 1			3	21,930,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	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	21,930,570.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	21,339,654.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,315,615.		
b	Prior year adjustments	2b			
С	Other losses				
d			139,760.		
е	Add lines 2a through 2d			2e	1,455,375.
3	Subtract line 2e from line 1			3	19,884,279.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,884,279.
Pa	rt XIII Supplemental Information.				
Prov	ide 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 add	itional in	formation.		
PAI	RT X, LINE 2:				
	RT X, LINE 2: E CORPORATION FOLLOWS ACCOUNTING STANDARDS	GENI	ERALLY ACCEP	TED	IN THE
THI	E CORPORATION FOLLOWS ACCOUNTING STANDARDS				
THI					
THI UN:	E CORPORATION FOLLOWS ACCOUNTING STANDARDS	GNIT:	ION OF UNCER	TAI	N TAX
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Part XIII Supplemental Information (continued)	· ·
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSE - NETTED TO REVENUE	139,760.

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury

CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS ROAD -

CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS ROAD -

SAN MARCOS, CA 92096

SAN MARCOS, CA 92096

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

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

➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. CALIFORNIA STATE UNIVERSITY SAN MARCOS Name of the organization CORPORATION Part I **General Information on Grants and Assistance**

e of the organization		NIVERSITY S	AN MARCOS				Employer identification number 33-0397688
rt I General Information on Grants a							33 0377000
Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	tion
criteria used to award the grants or assi							
Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	d States.			
rt II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FORNIA STATE UNIVERSITY SAN							CAL STATE SAN MARCOS
MARCOS, CA 92096	33-0535371	115	895,479.	0.			STUDENT SCHOLARSHIPS
FORNIA STATE UNIVERSITY SAN COS - 333 S. TWIN OAKS ROAD - MARCOS, CA 92096	33-0535371	115	500,000.	0.			CONTRIBUTION TO CAMPUS

2	Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table		
3	Enter total number of other organizations	s listed in the line	1 table		 	
ŀΑ	For Paperwork Reduction Act Notice	, see the Instruct	ions for Form 990.			Schedule I (For

m 990) (2017)

Page 2

(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 noncash assistance
STIPENDS	1835	1,334,250.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
GRANTS GIVEN TO CSUSM ARE FOR STU	DENT SCHO	LARSHIPS A	ND THE UNI	VERSITY	
MONITORS THE FUNDS GIVEN TO EACH ;	STUDENT.	THE FINANC	CIAL AID OF	FICE OF THE	
UNIVERSITY QUALIFIES APPLICANTS FO	OR SCHOLA	RSHIPS BAS	SED ON CRIT	ERIA OVER	
WHICH CSUSM CORPORATION HAS NO COI	NTROL. EX	PENDITURES	ON GRANTS	AND	
CONTRACTS ARE CLOSELY MONITORED BY	Y THE CSU	SM CORPORA	TION STAFF	TO COMPLY	
WITH SPONSOR REQUIREMENTS.		-			
WILL DI OMBOIL MIXOTIMITATIO.					

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA STATE UNIVERSITY SAN MARCOS

CORPORATION

Employer identification number 33-0397688

OMB No. 1545-0047

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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. Compensation committee Independent compensation consultant Compensation survey or study □ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2017

Regulations section 53.4958-6(c)?

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MATTHEW J. CEPPI (i)	0.	0.	0.	0.	0.	0.	0.
CHAIRMAN (ii)		0.	0.	32,432.	6,283.	190,890.	0.
(2) CYNTHIA CHAVEZ METOYER (i)	0.	0.	0.	0.	0.		0.
SECRETARY (ii)	116,654.	0.	0.	27,977.	21,746.	166,377.	0.
(3) NEAL HOSS	0.	0.	0.	0.	0.	0.	0.
TREASURER (ii)	246,400.	0.	0.	67,639.	8,897.	322,936.	0.
(4) DR. GRAHAM OBEREM (i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (ii)	243,850.	0.	0.	66,928.	17,655.		0.
(5) DR. CHARLES DE LEONE (i)	26,251.	0.	0.	0.	0.	26,251.	0.
DIRECTOR (ii)	137,344.	0.	0.	33,227.	25,031.	195,602.	0.
(6) DR. REGINA EISENBACH (i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (ii)	163,115.	0.	0.	44,769.	20,346.	228,230.	0.
(7) JENNIFER WILLIAMS (i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR (ii)	114,588.	0.	0.	31,642.	9,425.	155,655.	0.
(8) BELLA NEWBERG (i)	0.	0.	0.	0.	0.		0.
SECRETARY/EXECUTIVE DIRECTOR (ii)	155,765.	0.	0.	42,752.	23,258.	221,775.	0.
(ii)							
(ii)							
(ii)							
(i)							
(ii)							
(ii)							
(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 3:
THE OFFICERS LISTED ON SCHEDULE J ARE EMPLOYEES OF THE RELATED
ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED
ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE
COMPENSATION.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number 33-0397688

Part I	Bond Issues SI	EE PART VI	FOR COLUM	N (A) CON	TINUAT	IONS					331			
Taret	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued			(f) Descripti	on of purpose	(g) De	feased	(h) On of is:		(i) Po finan	
									Yes	No	Yes	No	Yes	No
	RUSTEES OF THE						EFUND P	RIOR						
A CZ	ALIFORNIA STATE UNIVER	S 91-2155587	13077CXXX	08/07/13	1306	0835.I				Х		Х		Х
	RUSTEES OF THE				.		EFUND P	RIOR				, !		
_в С	ALIFORNIA STATE UNIVER	<u> 591-2155587</u>	13077CXXX	08/20/14	9,705	,474.I	SSUE			X		Х		Х
												, /		
<u></u>												igsquare		
												, !		
D														
Part I	I Proceeds			- 1			_							
				2 2 3	35,000 .		В	С				D		
	Amount of bonds retired				5,000.					-				
	Amount of bonds legally defeased			1 1 2 2 4	0,835.	9 7	05,474.							
	Total proceeds of issue				0,055.	9,1	05,474.			-				
	Gross proceeds in reserve funds													
	Proceeds in refunding escrows									-				
					1,788.		44,812.							
	Credit enhancement from proceeds			***						-				
	Working capital expenditures from proceeds													
	Capital expenditures from proceeds													
	Other spent proceeds			4000	9,047.	9,6	60,662.							
	Other unspent proceeds													
				Yes	No	Yes	No	Yes	No		Yes		No	
14 V	Were the bonds issued as part of a current re	efunding issue?			X		X							
15 V	Were the bonds issued as part of an advance	e refunding issue?		X		X								
<u>16</u> ⊦	Has the final allocation of proceeds been ma	de?				X								
17 🗅	Does the organization maintain adequate books and records	to support the final allocation	on of proceeds?	X		X								
Part I	II Private Business Use													
				A	1		В	Ç				D		
	Was the organization a partner in a partnersh	· ·		Yes	No	Yes	No	Yes	No		Yes	\bot	No	
	which owned property financed by tax-exempton				X		X	ļ		_		\bot		
	Are there any lease arrangements that may re				77		.,,							
t	oond-financed property?				X		X				-11 14			

33-0397688

Part III Private Business Use (Continued)		1		В		С	Г	<u> </u>
3a Are there any management or service contracts that may result in private	Yes	, No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?	100	X	100	X	100	1	100	110
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		Х		Х				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
Enter the percentage of financed property used in a private business use by						1		
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		9/
5 Enter the percentage of financed property used in a private business use as a result of		70		70		70		
unrelated trade or business activity carried on by your organization, another								
		%		%		%		0.
section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5		%		% %		% %		9/
 Total of lines 4 and 5 Does the bond issue meet the private security or payment test? 		X 90		X 70		70		, y
		Λ		<u> </u>		-		
8a Has there been a sale or disposition of any of the bond-financed property to a non-		x		l x				
governmental person other than a 501(c)(3) organization since the bonds were issued?		_ ^		_ A				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed						0.4		
of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under		37						
Regulations sections 1.141-12 and 1.145-2?		X		X				
Part IV Arbitrage								
		·		В		Ç)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?						,		
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		Х		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified								1
hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

33-0397688

Part IV Arbitrage (Continued)								
	, i	١	E	3	(2)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		X				
Part V Procedures To Undertake Corrective Action								
		1	E	3	(2	Г)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X		X					
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See instr	ructions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STAT	E UNIVI	ERSITY						
(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STAT	E UNIVI	ERSITY						
SCHEDULE K-1, PART I, BOND ISSUES:								
SCHEDULE K, SUPPLEMENTAL INFORMATION: THE TOTAL	PROCEEI	OS OF I	SSUE II	J				
PART								
II DISCLOSE THE SAN MARCOS UNIVERSITY CORPORATION	N'S POI	RTION O	F TOTA					
ISSUE								
PRICE OF BONDS ISSUED BY THE TRUSTEES OF THE CAL	IFORNIA	A STATE	1					
UNIVERSITY.								
IN AUGUST 2014, THE BOARD OF TRUSTEES OF THE CAL								
UNIVERSITY ISSUED \$8,340,000 OF SERIES 2014A SYS				OS				
AT A NET PREMIUM OF \$1,365,474. THE SERIES 2014A	BOND I	PROCEED	S WERE					
USED TO REFUND \$9,205,000 OF THE SERIES 2005A SY				NDS.				
THE REMAINING PORTION OF THE SERIES 2005A BOND O	F \$705	,000 WA	S PAID					
UPON MATURITY IN NOVEMBER 2014.								
IN MARCH 2005, A GROUND AND FACILITY LEASE WAS S				DARD				
AND UCORP FOR A TERM OF 28 YEARS BEGINNING ON MA								
OPTION TO EXTEND AN ADDITIONAL 10 YEARS. THE GRO				ASE				
AGREEMENT WAS AMENDED IN JULY 2017 DUE TO THE UC	ORP ANI	CORPO	RATION					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)
MERGER. THE CORPORATION IS RESPONSIBLE FOR PAYING A BASE RENT EQUAL TO
THE RELATING BOND OBLIGATION AND ADDITIONAL RENTAL PAYMENTS TO COVER
ALL ADMINISTRATIVE COSTS AND OTHER EXPENSES IN CONNECTION WITH THE
REFINANCING OR LEASING OF THE FACILITY. THE BONDS COMPRISE SERIES 2013A
AND SERIES 2014A BONDS BEARING ANNUAL INTEREST OF 5.0 PERCENT (PAID
SEMIANNUALLY). RENTAL PAYMENTS ARE SECURED BY A PLEDGE OF ALL UCORP
REVENUES. THE LEASE OBLIGATION DUE TO THE BOARD IS TREATED AS A
FINANCING ARRANGEMENT. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA PRECLUDE RECOGNITION OF A REAL ESTATE SALE
WHERE THERE IS CONTINUING INVOLVEMENT WITH THE PROPERTY ON THE PART OF
THE SELLER. IF THE SELLER-LESSEE HAS ANY CONTINUING INVOLVEMENT OTHER
THAN THE LEASEBACK, SALE LEASEBACK ACCOUNTING IS PROHIBITED.
ADDITIONALLY, IF THE SELLER IS REQUIRED TO SUPPORT OPERATIONS OR
CONTINUE TO OPERATE THE PROPERTY AT ITS OWN RISK FOR AN EXTENDED PERIOD
OF TIME, THE TRANSACTIONS SHOULD BE ACCOUNTED FOR AS A FINANCING,
LEASING OR PROFIT-SHARING ARRANGEMENT. THE FINANCING METHOD IS USED
WHEN THE SITUATIONS ARE GENERALLY SIGNIFICANT ENOUGH THAT, IN
SUBSTANCE, THE ARRANGEMENT IS A LOAN BY THE BUYER-LESSOR TO THE
SELLER-LESSEE.
SINCE THE PRESENT VALUE OF THE FUTURE LEASE PAYMENTS ON MAY 1, 2005
EXCEEDED 90 PERCENT OF THE FAIR VALUE OF THE LEASED BUILDING, THE
BUILDING AND THE RELATED LIABILITY UNDER THE CAPITAL LEASES WERE
RECORDED IN 2005 AT THE PRESENT VALUE OF THE FUTURE PAYMENTS DUE UNDER
THE LEASES.
THE BALANCE OF THE LIABILITY UNDER CAPITAL LEASE AT JUNE 30, 2018, IN
THE AMOUNT OF \$18,950,023, IS NET OF THE REMAINING \$194,388 OF
UNAMORTIZED GAIN ASSOCIATED WITH THE MODIFICATION OF THE CAPITAL LEASE
IN AUGUST 2014, AND REPRESENTS THE PRESENT VALUE OF THE BALANCE DUE IN
FUTURE YEARS FOR LEASE RENTALS, DISCOUNTED AT 3.89 PERCENT. THE BALANCE
OUTSTANDING AT JUNE 30, 2017 WAS \$19,896,734, WHICH WAS NET OF \$219,180
IN UNAMORTIZED GAIN ASSOCIATED WITH THE MODIFICATION OF THE CAPITAL
LEASE IN AUGUST 2014.

33-0397688

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number 33-0397688

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESEARCH AND TRAINING GRANT AWARDS TO CAMPUS FACULTY, AND OPERATION OF VARIOUS CAMPUS COMMERCIAL OPERATIONS INCLUDING THE BOOKSTORE AND FOOD SERVICES. OTHER SERVICES PROVIDED INCLUDE FINANCIAL MANAGEMENT SUPPORT TO OTHER CAMPUS ENTITIES AND PROGRAMS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DEVELOPMENT AND MANAGEMENT OF THE ON-CAMPUS AND AFFILIATED OFF-CAMPUS STUDENT HOUSING PROGRAM WHICH PROVIDES HOUSING AND STUDENT-LIFE ACTIVITIES FOR APPROXIMATELY 1,500 STUDENTS. STUDENT HOUSING FUNDS AND ACTIVITIES WERE MERGED AS A RESULT OF THE MERGER WITH RELATED ORGANIZATION, UCORP, DISCLOSED ON THE PRIOR YEAR FORM 990 FOR THE YEAR ENDED 6/30/2017.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OPERATIONS OF COMMERCIAL SERVICES INCLUDE CAMPUS FOOD SERVICE, BOOKSTORE, VENDING AND ATM SERVICE ACTIVITIES FOR THE STUDENTS, FACULTY AND STAFF OF CALIFORNIA STATE UNIVERSITY SAN MARCOS. SUMMER CONFERENCES IS EDUCATIONALLY BASED AND SUPPORTS THE MISSION OF THE UNIVERSITY TO PROVIDE A SAFE AND SUPPORTIVE ENVIRONMENT WHICH ENCOURAGES EXPLORATION AND DEVELOPMENT IN THE ACADEMIC, ATHLETIC, LEADERSHIP, AND DEVELOPMENTAL FIELDS WHICH ARE VITAL TO INDIVIDUAL'S LEARNING, GROWTH, AND SUCCESS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 643,035.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number 33-0397688

AN ELECTRONIC FORM OF THE 990 IS EMAILED TO EACH BOARD MEMBER PRIOR TO
FILING. THE FORM 990 IS ALSO REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO
FILING.

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

AT THE BEGINNING OF EACH FISCAL YEAR ALL MEMBERS OF THE AUXILIARY'S BOARD

OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT.

THIS POLICY ALSO APPLIES TO ALL DIRECTOR LEVEL POSITIONS, INCLUDING THE

EXECUTIVE DIRECTOR, AND ALL OTHER POSITIONS THAT HAVE SIGNIFICANT EXPOSURE

AND/OR DECISION MAKING AUTHORITY TO WARRANT REGULAR MONITORING OF THE

CONFLICT OF INTEREST ACTIVITIES.

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

SOME OF THE ORGANIZATION'S OFFICERS ARE EMPLOYEES OF THE RELATED

ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED

ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE

COMPENSATION. THE EXECUTIVE EMPLOYEE'S SALARY IS INCLUDED WITH THE

ORGANIZATION'S FISCAL YEAR OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED

BY THE BOARD OF DIRECTORS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS,

AND FORMS 990 (FROM THE PREVIOUS NINE YEARS) ARE AVAILABLE ON THE

ORGANIZATIONS WEBSITE OR FOR INSPECTION OR COPYING AT THE ORGANIZATION'S

MAIN OFFICE DURING NORMAL BUSINESS HOURS WITHOUT INQUIRING AS TO THE REASON

FOR THE PUBLIC INSPECTION REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number 33-0397688

OMB No. 1545-0047

Open to Public Inspection

(b)	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity
-				
+				
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Total income	Primary activity Legal domicile (state or Total income End-of-year assets

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY SAN MARCOS -	CALIFORNIA STATE						
33-0535371, 333 S. TWIN OAKS VALLEY ROAD,	UNIVERSITY- HIGHER						
SAN MARCOS, CA 92096	EDUCATIONAL INSTITUTION	CALIFORNIA	115				X
ASSOCIATED STUDENTS, INC. CALIFORNIA STATE							
UNIVERSITY SAN MARCOS - 33-055691, 333 S.	STUDENT LEADERSHIP,						
TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	ACTIVITIES, & RECREATION	CALIFORNIA	501(C)(3)	LINE 5			X
CALIFORNIA STATE UNIVERSITY SAN MARCOS							
FOUNDATION - 80-0390564, 333 S. TWIN OAKS	FUNDRAISING & GRANTS						
VALLEY ROAD, SAN MARCOS, CA 92096	ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5			X

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

Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
											
	1										
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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	(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	Sec 512(t contr enti	ti) ction b)(13) rolled tity?
		country)		or trasty		400010		Yes	No
									<u> </u>
									
		12							

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

Not	e: 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 transaction	ns with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у			1a		X
	Gift, grant, or capital contribution to related organization(s)						X
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)						Х
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)						Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
•	, 11 , , , , , , , , , , , , , , , , ,						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
ī	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related organic					Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat						Х
	Sharing of paid employees with related organization(s)					Х	
Ĭ	Chaining of paid on projects man rolated organization (b)						
n	Reimbursement paid to related organization(s) for expenses				1p	х	
ď	Reimbursement paid by related organization(s) for expenses				1q	X	
ч	Treimbursement paid by related organization(s) for expenses						
r	Other transfer of cash or property to related organization(s)				1r	х	
	Other transfer of cash or property from related organization(s)					 -	Х
	If the answer to any of the above is "Yes," see the instructions for information on v				13	<u> </u>	
	,	· ·	1				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	t involved		
	Traine of related enganization	type (a-s)	Amount involved	Wethod of determining amount	i ii ivoivca		
/1\ (ALIFORNIA STATE UNIVERSITY SAN MARCOS	P	4 327 673.	COST REIMBURSEMENT			
(')		_					
(2) (CALIFORNIA STATE UNIVERSITY SAN MARCOS	Q	1.387.762.	COST OF SERVICES			
(<u>~)</u>		~					
(3)							
('							
(4)							
`'/							
(5)							
(~)							
(0)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	ю
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	4											
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

made ad	e Form 7004 to request an extension of time to life incom	o tax rota	110.	Enter file	er's identifying	number
Type or print	Name of exempt organization or other filer, see instru- CALIFORNIA STATE UNIVERSITY CORPORATION		MARCOS	Employer	identification r	number (EIN) or
File by the due date fo filing your return. See	333 S TWIN OAK VALLEY ROAD	ee instruc	tions.	Social se	curity number ((SSN)
nstructions		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep If the If this box In for	cooks are in the care of ▶ 333 S • TWIN OAR whone No. ▶ 760-750-4470 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ □ equest an automatic 6-month extension of time until or the organization named above. The extension is for the organization named above. The extension is for the organization of the group or □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	s in the Ur Group Exe and atta MA` organization	Fax No. inted States, check this box	f this is for f all memb the exem	r the whole gro ers the extensi npt organizatior	up, check this on is for.
	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			0
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069				_	0
	timated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa rusing EFTPS (Electronic Federal Tax Payment System).	•	• • •	3c	\$	0.
	If you are going to make an electronic funds withdrawal			2/53-E∩ ar	nd Form 8870.	O for navment

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

ATTACHMENT D

Quarterly Financial Report & Summary 3/31/19

California State University San Marcos Corporation Statement of Financial Position March 31, 2019

						Quarter
		Balance		Balance	9	Increase/
Assets	-	3/31/2019	_	12/31/2018		(Decrease)
Cash and cash equivalents	\$	3,696,663	\$		\$	1,484,233
Investments		16,422,911		15,755,112		667,799
Accounts Receivable-Extended Learning Building		17,648,318		28,975,940		(11,327,622)
Accounts Receivable-Sponsored Programs		1,993,371		2,179,006		(185,635)
Other Receivable		836,425		1,345,044		(508,619)
Other Assets		85,312		102,463		(17,151)
Extended Learning Building		48,894,853		37,464,305		11,430,548
Housing Building & Equipment (Net)		18,236,498		18,514,495		(277,997)
CCF Building & Fixtures (Net)		3,839,385		3,910,633		(71,248)
Property & Equipment (Net)		2,189,785		2,245,425		(55,640)
Total Assets	\$	113,843,521	\$	112,704,853	\$	1,138,668
Liabilities & Net Assets						
Liabilities:						
Accounts Payable and Accrued Expenses	\$	2,324,714	Ś	1,699,025	\$	625,689
Deferred Revenue	*	12,349,564	•	13,139,831	-	(790,267)
Bond Payable - Housing		18,059,160		18,059,160		(,30,20,7
Post-Retiree Health Benefit Accrual		1,546,777		1,541,701		5,076
Note Payable - Extended Learning Building		63,590,904		63,590,904		-
Note Payable - Starbucks		198,291		198,291		
Total Liabilities	\$	98,069,410	\$	98,228,912	\$	(159,502)
Total Elabilities	7	30,003,410	~	30,220,322	~	(133,302)
Net Assets:						
Unrestricted:						
Operating Reserves	\$	2,762,453	\$	2,762,453	\$	/=
Campus/Designated Programs		3,199,095		3,375,768		(176,673)
Administrative Current Year Net Activity		429,877		306,252		123,625
Housing		4,827,028		3,183,489		1,643,539
CCF-Bldg & Fixtures		3,839,385		3,910,633		(71,248)
Property & Equipment		716,273		937,346		(221,073)
Total Net Assets	\$	15,774,111	\$	14,475,941	\$	1,298,170
Total Liebiliaire C Not Access		112 042 524		142 704 052	_	1 120 660
Total Liabilities & Net Assets	<u>\$</u>	113,843,521	>	112,704,853	\$	1,138,668

5/1/2019

California State University San Marcos Corporation Administrative Operating Summary 7/1/18 to 3/31/19

									-	n of Prior FYTD rent FYTD Actu	
	Annual Budget		1/1,	Quarter 3 /19 to 3/31/	19		iscal Year To Da /1/18 to 3/31/		Prior FYTD	Current FYTD	% Increase
	FY 18/19	Budg	et	Actual	Variance	Budget	Actual	Variance	3/31/18	3/31/19	(Decrease)
Revenue Net Grant/Contract Admin Fees	\$ 880,000	\$ 220	,000 \$	220,000	\$ -	\$ 660,000	\$ 660,000	\$ -	\$ 673,837	\$ 660,000	-2%
Admin Fees - Campus Programs	120,000	30	,000	31,523	1,523	90,000	90,525	525	84,282	90,525	7%
Follett-Bookstore Commission	333,000	133	,200	120,749	(12,451)	299,700	280,330	(19,370)	300,375	280,330	-7%
Sodexo Commission	130,000	32	,500	27,106	(5,394)	97,500	91,189	(6,311)	84,676	91,189	-
Other Commercial Services Revenues	152,18	38	,046	61,970	23,924	114,139	125,815	11,676	131,844	125,815	-5%
Housing	558,000	139	,500	139,500	-	418,500	418,500	-	373,500	418,500	12%
Summer Revenue	148,15		-	(18,435)	(18,435)	148,151	153,396	5,245	150,710	153,396	2%
Center for Children & Family (CCF)	69,000	34	,500	32,820	(1,680)	69,000	67,320	(1,680)	57,752	67,320	17%
Investment Income	30,000	7	,500	104,126	96,626	22,500	130,197	107,697	37,295	130,197	249%
Exchange of Value - CSUSM	300,97	. 75	,243	75,243	-	225,729	225,729	-	182,664	225,729	24%
Space Rental	-		-	3,250	3,250	-	3,250	3,250	31,380	3,250	-90%
Other Revenue	21,500	5	,375	2,278	(3,097)	16,125	19,531	3,406	126,282	19,531	-85%
Total Revenue	\$ 2,742,808	\$ 715	,864 \$	800,130	\$ 84,266	\$ 2,161,344	\$ 2,265,782	\$ 104,438	\$ 2,234,597	\$ 2,265,782	1%
Post-Retirement	\$ 20,30	\$ 5	,077 \$	5,076	\$ 1	\$ 15,230	\$ 15,230	0	\$ 60,969	\$ 15,230	-75%
Expenses: Admin Operations	2,641,53	660	,384	671,429	(11,045)	1,981,153	1,820,675	160,478	1,769,728	1,820,675	3%
Net Operating Revenues	\$ 80,964	\$ 50	,403 \$	123,625	\$ 73,222	\$ 164,961	\$ 429,877	\$ 264,916	\$ 403,900	\$ 429,877	6%

Page 2 5/1/2019

ATTACHMENT E

FY 19/20 Operating Budgets

FY2019-2020 Budget CSUSM CORPORATION - ADMINISTRATION

Administration - High-Level Summary	FY19-20 Budget	FY18-19 Budget	Variance
Total Revenues	\$ 2,976,323	\$ 2,742,808	\$ 233,515
Total Expenses	2,665,833	2,641,538	(24,296)
Net Income/(Net Loss) Before Post Retirement Expense	\$ 310,490	\$ 101,271	\$ 209,219
Post Retirement Expense	2,500	20,307	17,807
Net Income/(Net Loss) After Post Retirement Expense	\$ 307,990	\$ 80,964	\$ 227,026

Account Category	FY19-20		FY18-19	Variance
	Budget		Budget	
Revenues	2.250	Φ.		 2.25
Space Rental	\$ 3,250	\$	-	\$ 3,250
Summer Residents	59,000		58,918	82
Housing Fee (for Corporation Incurred Costs) (a)	498,000		558,000	(60,000
Summer Conferences	93,500		89,233	4,26
Revenue from Investments (b)	80,000		30,000	50,000
Commercial Services (c)	897,950		691,685	206,26
Overhead Admin Fee	120,000		120,000	
OSP Activities (d)	916,400		880,000	36,400
EOV	293,223		300,972	(7,749
Other	15,000		14,000	1,000
Total Revenues	\$ 2,976,323	\$	2,742,808	\$ 233,515
Operating Expenses				
Salaries & Benefits (c)	\$ 1,529,801	\$	1,358,857	\$ (170,944
Communications	10,000		9,979	(2)
Utilities Group	15,160		16,979	1,819
Travel	47,468		34,115	(13,35)
Capital Outlay Projects (f)	100,000		150,000	50,000
State Pro Rata Charges Group	6,105		5,927	(178
Contractual Services Group (g)	136,710		168,400	31,690
Information Technology Costs (h)	53,855		16,834	(37,02
Services from Other Funds/Agencies Group (i)	-		32,657	32,65
Misc. Operating Expenses (i)	691,734		572,790	(118,944
Campus Support	75,000		275,000	200,000
Total Operating Expenses	\$ 2,665,833	\$	2,641,538	\$ (24,290
Net Income/(Net Loss) Before Post Retirement Expenses	\$ 310,490	\$	101,271	\$ 209,219
Benefits Post Retirement Health	2,500		20,307	17,80
Net Income/(Net Loss) After Post Retirement Expenses	\$ 307,990	\$	80,964	\$ 227,020

NOTES:

- (a) Prior year included Housing reimbursement for legal fees related to Affiliation Agreement
- (b) Adjusted to reflect more in line with actuals being experienced
- (c) Renegotiation of CCF Agreement
- (d) Planned increase plus additional \$10,000 to cover expected costs of F&A consultant (partial FY19-20 & FY20-21)
- (e) Three replacement positions at higher salaries; employee equity increases; 1.0 staff for dining and one card program (start Jan 2020)
- (f) Majority of FY1819 budgeted EL Building furniture and move costs to be incurred in FY19-20
- (g) Reduction in legal fees from prior year (prior year included projected costs of Affiliation Agreement legal work)
- (h) FY19-20 includes projected cost of new Sponsored Projects software
- (i) Campus ICR Housing allocation moved to Housing budget
- (j) Increased commercial operation expenses related to renegotation of CCF agreement

FY2019-2020 Budget CSUSM CORPORATION - ADMINISTRATION

Corporation Administration Reserves	FY19-20 Budget		FY18-19 Budget
Beginning Balance (from previous Fiscal Year)	\$ 2,669,163	\$	2,588,199
Add: Net Income	307,990		80,964
Less: Capital Expenditures & Projects	800,000		15
Ending Balance	\$ 2,177,153	\$	2,669,163
		i	2,007,100
	Amount	<u> </u>	2,000,100
Summary of FY19-20 Capital Expenditures & Projects Innovation Hub	Amount 450,000		2,007,103
Summary of FY19-20 Capital Expenditures & Projects	Amount		2,007,103

FY2019-2020 Budget CSUSM CORPORATION - ADMINISTRATION (Detail)

		FY19-20	F	Y18-19 Final		
Account Category		Budget	Ê	Budget		Variance
504 - Sales and Services of Auxiliary Enterprises	\$	3,250	\$	-	\$	3,250
504009 - Space Rental	H	3,250	Ť	:4	Ť	3,250
505 - Reimbursements	\$	59,000	\$	58,918	\$	82
505201 - Reimb External - SUMMER RENTAL QUAD	Ė	59,000	Ť	58,918	Ė	82
506 - Transfers In From Other Funds/Appropriations	\$	591,500	\$	647,233	\$	(55,733)
570531 - Tfr In - Housing Fee(for Corporation Incurred Costs)		498,000	Ė	558,000	Ė	(60,000)
570800 - Tfr In - 531 - Summer Conf-Aux		93,500	_	89,233		4,267
508 - Revenue from Investments	\$	80,000	\$	30,000	\$	50,000
508812 - Rev from Other Invest Income		80,000	Ė	30,000	Ė	50,000
580 - Other Financial Sources	\$	2,242,573	\$	2,006,657	\$	235,916
580005 - Project Revenue		15,000		14,000		1,000
580090 - Rev Other Miscellaneous		5,000		7,500	ı	(2,500)
580861 - Rev Other Catering Fees	ı	20,600		20,000	ı	600
580865 - RevOtherCommissionsCoffeeCart		36,050		35,000		1,050
580866 - Rev Other Commissions ATM		13,800		14,160		(360)
580869 - Rev Other Commissions Follet	ı	333,000		333,000	ı	· · · ·
580870 - Rev Other Pepsi	ı	65,000		65,000	ı	-
580871 - Rev Other First Class Vending		25,000		18,025	ı	6,975
580873 - Rev Other Overhead Admin Fee	ı	120,000		120,000	ı	≘
580874 - Rev Other Indirect Cost		916,400		880,000	ı	36,400
580879 - Rev Other EOV Aux		293,223		300,972		(7,749)
580886 - Rev Other Commissions Sodexo		143,000		130,000		13,000
580888 - Rev Other - CCF		256,500	_	69,000		187,500
TOTAL REVENUE	\$	2,976,323	\$	2,742,808	\$	233,515
					Г	
601 - Regular Salaries and Wages	\$	1,100,445	\$	973,538	\$	(126,907)
601824 - Salaries Auxiliary Staff		892,041		791,483		(100,558)
601825 - Salaries Aux Temp w/leave		42,432	ı	42,434	l	2
601826 - Salaries Aux Temp w/o leave	ı	20,467		8,976	ı	(11,491)
601827 - Salaries Aux Students	ı	28,697	ı	18,070	l	(10,627)
601828 - Salaries Aux Reimb to CSUSM		116,808		112,575		(4,233)
603 - Benefits Group	\$	431,856	\$	405,626	\$	(26,230)
603805 - Benefits Aux Reimb to CSUSM		60,450		58,241		(2,209)
603806 - Benefits Alloc Auxiliary Staff		356,816		316,594	ı	(40,222)
603808 - Benefits Alloc Temp w/o Leave		10,942		9,565	ı	(1,377)
603809 - BenefitsAlloc Students		1,148		920	ı	(229)
603813 - Benefits Post Retire Health	_	2,500		20,307	L	17,807
604 - Communications	\$	10,000	\$	9,979	\$	(21)
604001 - Telephone Usage		10,000		9,979		(21)
605 - Utilities Group	\$	15,160	\$	16,979	\$	1,819
605802 - Utilities Auxiliary		15,160		16,979		1,819
606 - Travel	\$	47,468	\$	34,115	\$	(13,353)
606001 - Travel-In State		36,068		32,065		(4,003)
606002 - Travel-Out of State		11,400		2,050		(9,350)
607 - Capital Outlay Projects	\$	100,000	\$	150,000	\$	50,000

Page 3 of 8

FY2019-2020 Budget CSUSM CORPORATION - ADMINISTRATION (Detail)

		FY19-20	F	Y18-19 Final		
Account Category	-	Budget	ľ	Budget		Variance
607033 - Cap Outlay Construction Other	1	100,000	_	150,000		50,000
607806 - Cap Outlay Equip \$2500 - \$4999	ı	100,000		130,000	ı	30,000
612 - State Pro Rata Charges Group	\$	6,105	\$	5,927	\$	(178)
612001 - State Pro Rata Charges - Housing	ť	6,105	Ť	5,927	Ť	(178)
613 - Contractual Services Group	\$	136,710	\$	168,400	\$	31,690
613001 - Contractual Services	ř	38,500	Ť	16,900	Ť	(21,600)
613806 - Contractual Services-Temp Agen	ı	8,210		10,500		(8,210)
613807 - Cont Serv Legal	ı	15,000		63,000		48,000
613810 - Cont Serv Auditing	ı	71,000		83,000	ı	12,000
613823 - Cont Serv IndependentContractr		4,000		5,500	ı	1,500
616 - Information Technology Costs	\$	53,855	\$	16,834	\$	(37,021)
616002 - Info Tech Hrdwre \$2500 - \$4999	Ť	8,855	ř	12,000	Ť	3,145
616005 - Info Tech Misc < \$2500		0,055		4,834		4,834
616803 - Info Tech Software >\$5000		45,000		4,034		(45,000)
617 - Services from Other Funds/Agencies Group	\$	45,000	\$	32,657	\$	32,657
617001 - Serv from Other Funds/Agencies	Ť		Ť	32,657	Ť	32,657
660 - Misc. Operating Expenses	\$	691,734	\$	572,790	\$	(118,944)
660001 - Postage & Freight	Ť	3,000	Ť	1,785	ř	(1,215)
660002 - Printing	1	300		300		(1,213)
660003 - SupSrv Other		17,100		14,935		(2,165)
660008 - Interest Charges		4,144		4,895		751
660009 - Professional Development	ı	2,150		-,655		(2,150)
660010 - Insurance Premiums		48,481		41,500		(6,981)
660025 - Overhead Chancellor's Office		12,546		12,181		(365)
660041 - Space Rental		40,191		40,057		(134)
660805 - SupSrv Member/Subscrip/Sponsor		7,829		6,992		(837)
660818 - RecruitmentEmployee(NonFacult)		5,425		2,265		(3,160)
660820 - Other Hospitality		1,200		1,030		(170)
660835 - Other Rental/Lease Equipment		8,000		8,000	l	(170)
660851 - Other Bank Charges		2,000		9,270		7,270
660858 - Other Professional Development		800		1,000		200
660859 - Other Events		7,000		3,500		(3,500)
660920 - SupSrv Facilities Services		5,000		1,500		(3,500)
660923 - SupSrv Business Service Fees		318,861		311,565		(7,296)
660930 - SupSrv Payroll Fees		66,100		67,620		1,520
660942 - Other Maint & Lease		11,107		- 07,020		(11,107)
660948 - SupSrv - Supplies Aux		9,000		9,396		396
660956 - Commercial Ops Expenses		121,500		35,000		(86,500)
680 - Operating Transfers Out	-	75,000		275,000		200,000
670801 - Transfer Out		75,000	_	275,000	_	200,000
TOTAL EXPENSE		2,668,333		2,661,845		(6,489)
				2,001,043		
Net Income/(Net Loss)	\$	307,990	\$	80,964	\$	227,026

FY2019-2020 Budget CSUSM CORPORATION - STUDENT HOUSING

Account Category		FY19-20		FY18-19	¥7
Account Category		Budget		Budget	Variance
Revenues					
Rental income	\$	5,624,508	\$	5,510,520	\$ 113,988
Operating Income		306,200		160,710	145,490
Total Revenues (a)	\$	5,930,708	\$	5,671,230	\$ 259,478
Operating Expenses					
Salaries & Benefits (b)		692,801		659,811	(32,990
Rental		33,150		46,200	13,050
Administrative		82,079		76,694	(5,385
Common Area (c)		211,606		171,992	(39,614
Grounds		30,270		30,000	(270
Utilities		602,284		616,860	14,576
Interior Unit		61,350		81,290	19,940
Maintenance		131,214		136,027	4,813
Taxes & Insurance		65,492		60,583	(4,909
Bad Debt Expense		12,000		12,000	- 1
Total Operating Expenses		1,922,246		1,891,457	(30,789
Fees					
Management Fee		185,421		179,220	(6,201
Res Ed Allocation (UVA) (d)		367,154		320,400	(46,754
Corporation Covered Expenses (e)		498,000		633,000	135,000
Total Fees		1,050,575		1,132,620	82,045
Total Operating Expense & Fees		2,972,821		3,024,077	51,256
Net Operating Income before Depreciation, Amortization & Interest		2,957,887		2,647,153	310,734
Depreciation, Amortization & Interest		7			
Depreciation & Amortization		871,617		833,176	(38,441
Interest Expense (f)		674,997		851,750	176,753
Total Depreciation, Amortization & Interest		1,546,614		1,684,926	138,312
Net Operating Income		1,411,273		962,227	449,046
Less: Campus Contribution		(500,000)		(500,000)	
Net Income After Campus Contribution		911,273		462,227	449,046
Debt Service Summary					
Bond Payable -Principal	\$	999,628	\$	820,000	
Bond Payable -Interest	~	674,997	•	851,750	
Total Debt Service	\$	1,674,625	\$	1,671,750	

NOTES:

- (a) Increase in rate structure as well as anticipated increase in lease processing and admin fee income
- (b) Add of Associate Director position
- (c) Increase in common area cleaning and Campus FAS Services costs (a portion previously carried on Corporation Admin budget)
- (d) Per ResEd budge
- (e) Prior year included additional reimbursement to Corporation for legal and housing demand study costs
- (f) Prior year budget overstated (principal/interest allocation incorrect)

FY2019-2020 Budget CSUSM CORPORATION - STUDENT HOUSING

Student Housing Reserves			FY19-20 Budget	FY18-19 Budget
Beginning Balance (from previous Fiscal Year)		\$	3,187,853	\$ 3,377,834
Add: Net Income after Campus Contribution			911,273	462,227
Less: Capital Expenditures & Projects	14.		(1,131,000)	(652,208
Ending Balance		\$	2,968,126	\$ 3,187,853
Summary of FY19-20 Capital Expenditures & Projects			Amount	
Capital Expenditures		\$	806,000	
ADA -Courtyard/Room Conversion	\$ 35,000			
Painting-Exterior	\$ 93,000			
Pool resurface (per Risk)	\$ 30,000			
HVAC (roof & apt units)	\$ 316,000			
Security (cameras)	\$ 43,500	l		
Lighting-Common Areas	\$ 78,000			
Elevator	\$ 40,000			
Standard Replacements	\$ 22,500	ı		
Signage/Signage Plan	\$ 40,000			
Bldg A Architect Design	\$ 60,000			
Contingency	\$ 48,000			
Master Plan			125,000	
Satellite Dining & Equipment			200,000	
Total			1,131,000	

FY 2019-2020 Budget CSUSM CORPORATION

Student Housing - Residential Education

Account Category	FY19-20 Budget	FY18-19 Budget	Var	iance
Revenues	-			
Contribution from UVA	\$ 367,154	\$ 320,400	\$	46,754
Contribution from QUAD	570,996	472,160		98,836
Total Revenues	\$ 938,150	\$ 792,560	\$	145,590
Operating Expenses				
Salaries & Benefits - ResEd (a)	\$ 580,562	\$ 548,927	\$	(31,635
Student Affairs Allocation (b)	\$ 103,181	\$	\$	(103,181
Communications	7,294	7,294		
Information Technology Costs	12,680	12,123		(557
Supplies	4,000	4,000		0.00
Recruitment	5,642	7,000		1,358
Program - Housing	45,639	47,000		1,361
Programs-Student Activities	14,697	14,500		(197
Forums-Campus Wide Programming (c)	29,000	20,000		(9,000
Professional Development	11,454	11,300		(154
Other Events	10,947	10,800		(147
Leadership Development & Training	23,718	23,400		(318
Parking CB Reimb	6,240	3,120		(3,120
Title IX Solutions	22,000	22,000		-
Other Expense (Meal Plans)	61,096	61,096		~
Total Expenses	\$ 938,150	\$ 792,560	\$	(145,590
Net Income/(Net Loss)	\$	\$ 0	\$	(0

- (a) Increase due to minimum wage adjustments
- (b) Student Affairs allocation previously billed direct from Campus to UVA and Quad now allocated through ResEd
- (c) Increased costs for Discover CSUSM

FY2019-2020 Budget CSUSM CORPORATION

Student Housing - Summer Conference

Account Category		FY19-20 Budget			V		Variance	
Revenues								
Conference Income (a)	\$	250,000	\$	104,856	\$	145,144		
Total Revenues	\$	250,000	\$	104,856	\$	145,144		
Expenses								
Operating Expenses (a)		156,500		45,000		(111,500)		
Total Expenses	\$	156,500	\$	45,000	\$	(111,500)		
Net Income/(Net Loss)	\$	93,500	\$	59,856	\$	33,644		
NOTES:								
(a) Summer conference activity now combined (UVA ar	nd Quad). Previously only UVA	activity repres	sente	ed in this budg	et.			

FY 2019-2020 Budget CSUSM CORPORATION Extended Learning Building Operations

Account Category	FY19-20 Budget		
Revenues			
Income	\$	1,425,581	
Total Revenues	\$	1,425,581	
Expenses			
Salaries & Benefits (Property Manager)		116,292	
Facilities and Custodial Services (FDM)		400,485	
IITS Support		135,296	
Risk Management and Safety		22,753	
Custodial 3rd Shift		274,208	
Utilities		420,252	
Insurance		56,295	
Reserves		-	
Total Expenses	\$	1,425,581	
Net Income/(Net Loss)	\$	-	

FY 2019-2020 Budget CSUSM CORPORATION Extended Learning Parking Operations

Account Category	Y19-20 Budget	
Revenues		
Allocation to NCUO (56%)	\$ 199,545	
Allocation to CSUSM Parking (44%)	156,786	
Total Revenues	\$ 356,331	
Operating Expenses		
Salaries & Benefits	\$ 100,959	
Facilities and Custodial Services (FDM)	\$ 81,730	
Contracted Services	61,593	
IITS Support	18,277	
Other Administrative	24,064	
Utilities	29,450	
Insurance	40,258	
Total Expenses	\$ 356,331	
Net Income/(Net Loss)	\$ -	

ATTACHMENT F

Revised Reserve Policy

(Clean Copy and Redline)



California State University SAN MARCOS

CSUSM Corporation **Department: Business Operations**

Created: 8/27/98
Revision Date:

Name Change Revision Date: 7/1/17

Total Pages: 2

Approved by: Board of Directors

RESERVES POLICY

PURPOSE:

This policy establishes the criteria for net asset reserves to ensure fiscal viability of on-going operations and programs.

SCOPE:

California Education Code sections 89904-89905 and Title 5 of the California Code of Regulations, section 42402, require that auxiliaries comply with CSU financial standards, best practices and policies in order to ensure that auxiliaries maintain best practices for fiscal controls, fiscal viability and adequate reserves. The CSU also issued best practices for auxiliary fiscal controls in its Compilation of Policies and Procedures for CSU auxiliaries. The establishment of an adequate reserve policy for CSU auxiliaries is a requirement of California Education Code section 89904(b). This statute states that auxiliaries will implement financial standards that assure their fiscal viability. Such standards shall include proper provisions for professional management, adequate working capital, adequate reserve funds for current operations and capital replacements, and adequate provisions for new business requirements.

POLICY:

The Board delegates the responsibility for the review of the CSUSM Corporation's financial reserves and conformance with policy and guidelines to the Finance and Operations Committee. The Finance and Operations Committee will review the adequacy of the reserves and will report to the Board of Directors. Once approved by the Board, the plan will be submitted to the University President during the annual budget process, as required under CSU Auxiliary Policy.

APPROPRIATION TO RESERVES:

At the end of each fiscal year, the annual unrestricted net revenue will be allocated to unrestricted net asset reserves in accordance with the following guidelines.

I. Working Capital and Current Operating Reserves

Working Capital and Operating Reserves are set up to cover all cash balance requirements in covenants to debt services, credit or other agreements; and provides for ongoing liquidity and unexpected business interruptions. The funding target for current operating reserves will be a minimum of 3 months operating expenses.

2. Capital Replacement Reserve

Capital Replacement Reserves are set up to provide a ready source of funds for repair of buildings components/systems, leaseholds, furniture, fixtures and equipment necessary for the effective operation of the Corporation's programs and facilities. Amounts for this reserve will be based upon a Facility Condition Assessment and/or reserve study to be performed at a frequency defined by the Board.

3. Venture Capital/Opportunity Reserve

Opportunity Reserves are set up to provide a sufficient amount of funds to meet new business plan objectives, acquisitions, and capital development projects recognized by the University and CSUSM Corporation as appropriate and within the educational mission of the university. The Opportunity Reserve is also intended for organizational capacity building such as staff development and investment in infrastructure.

4. Other Reserves

The Board of Directors may establish other reserves that will be held in a separate fund.



California State University SAN MARCOS

CSUSM Corporation

Department: Business Operations

Created: 8/27/98
Revision Date:

Name Change Revision Date: 7/1/17

Total Pages: 2

Approved by: Board of Directors

RESERVES POLICY

BACKGROUND AND PURPOSE:

This policy establishes the criteria for net asset reserves to ensure fiscal viability of on-going operations and programs.

The establishment of adequate reserve policies for CSU auxiliaries is required to meet the California State University financial standards established in Education Code, Section 89904(b). Section 89904(b) states that auxiliaries shall implement financial standards that will assure fiscal viability by the establishment of reserve funds for current operation, capital replacement, and new business ventures. The following policy follows the "Financial Standards and Fiscal Viability" for Financing and Risk Management as stated in Appendix G.

SCOPE:

California Education Code sections 89904-89905 and Title 5 of the California Code of Regulations, section 42402, require that auxiliaries comply with CSU financial standards, best practices and policies in order to ensure that auxiliaries maintain best practices for fiscal controls, fiscal viability and adequate reserves. The CSU also issued best practices for auxiliary fiscal controls in its Compilation of Policies and Procedures for CSU auxiliaries. The establishment of an adequate reserve policy for CSU auxiliaries is a requirement of California Education Code section 89904(b). This statute states that auxiliaries will implement financial standards that assure their fiscal viability. Such standards shall include proper provisions for professional management, adequate working capital, adequate reserve funds for current operations and capital replacements, and adequate provisions for new business requirements.

POLICY:

The Board delegates the responsibility for the review of the Corporation's financial reserves and their conformance with policy guidelines to the Finance and Operations Committee. The Finance and Operations Committee will review the adequacy of the reserves and will report to the Board of Directors and the University President during the annual budget process as required under CSU Auxiliary Policy.

This Reserves Policy is therefore established to provide the basis for the annual review of fiscal viability, to comply with accepted accounting principles relative to balance sheet presentation of reserves, and to provide the criteria for distribution of reserves.

TERMS AND DEFINITIONS:

I. Sources of Funds

CSUSM Corporation sources its operating capital from the following:

- a. Income from commercial operations
- b. Income from Grant/Contract expense recovery
- c. Investment income
- d. Unrestricted gifts
- e. Cost recovery fees charged to programs administered by CSUSM Corporation

II. Use of Funds

CSUSM Corporation expends funds for current business operations and designated programs.

III. Reserves

Reserves are generated from an excess of revenues over expenditures in CSUSM Corporation's General Fund. Revenues from cost recovery fees, charges, or investment earnings applicable to programs accounted for by CSUSM Corporation in separate restricted or agency funds (i.e. Endowment, Campus Program, Grant/Contract, Scholarship) are recorded as income in the General Fund and charged to the appropriate agency or restricted fund.

Appropriations

Appropriations are annual allocations of reserves to the following Board-designated provisions:

Working Capital & Current Operations

Capital Equipment Acquisition

Lease and Contracted Obligations

Audit Disallowance

Commercial Operations

Capital Development (Facilities construction)

APPROPRIATION TO RESERVES:

At the end of each fiscal year, the annual unrestricted net revenue will be allocated to unrestricted net asset reserves in accordance with Board of Director policy and guidelines.

Excess revenues will be allocated annually to the following reserve categories until such level of funding is attained according to the following requirements:

I. Working Capital and Current Operating Reserves

Working Capital and Operating Reserves is set up to cover all cash balance requirements in covenants to debt services, credit or other agreements; and provides for ongoing liquidity and unexpected business interruptions. The funding target for Corporation current operating reserves will be a minimum of 3 months operating expenses.

Capital Replacement Reserve

The Capital Replacement Reserve is intended to provide a ready source of funds for repair of buildings, leaseholds, furniture, fixtures and equipment necessary for the effective operation of the organization and programs. This reserve will be based upon a five-year facility condition use and reserve study.

I. Working Capital and Current Operations

This appropriation will be maintained at a level sufficient to provide for at least 60 days of normal operating expenditures for all CSUSM Corporation operations.

II. Capital Equipment Acquisition

The amount of this appropriation will provide a sufficient amount of funds as determined by the Finance/Operations Committee on an annual basis to meet strategic plan objectives for future acquisition or replacement of major equipment items. Such items include CSUSM Corporation's data processing system as well as equipment required for the efficient operations of the Food Service and bookstore operations.

III. Lease and Contracted Obligations

This appropriation will be maintained at a level sufficient to provide at least 3 months of lease and other contracted service obligations.

IV. Audit Disallowance

This appropriation will be maintained at a level sufficient to fund any potential disallowance as determined by grant and/or contracting agencies which provide funding to CSUSM Corporation. The amount to be maintained will be determined annually based upon a risk assessment of the types of grants and contracts administered by CSUSM Corporation. In general, the appropriation will be determined at a level equal to 5% of anticipated annual grant and contract expenditures.

V. Commercial Operations

The amount of this appropriation will provide a sufficient amount of funds for the operation of the Food Service and Bookstore operations for a period of at least 3 months should there be an interruption in contracted services or shortfall in operating income.

VI.I. Capital Development

The amount of this appropriation This reserve will provide a sufficient amount of funds as determined by the Finance/Operations Finance and Operations Committee to meet strategic new business plan objectives for and for future capital development projects. In general, the amount of annual funding will be no less than 5% of net revenues generated from sources of funds. The goal for the minimum reserve balance will be \$600,000.

Other Reserves

The Board of Directors may establish other reserves that will be held in a separate fund such as Grants and Contracts.

USES OF RESERVES:

All funding and expenditures from the above appropriations will be reviewed by the Finance/Operations Committee and recommended for acceptance by the Board of Directors. Expenditures will be in accordance with the annual budget as approved by the Board.

ATTACHMENT G

Compensation Administration Guidelines

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION (CSUSM CORPORATION) COMPENSATION ADMINISTRATION GUIDELINES Effective July 1, 2019 – June 30, 2020

The CSUSM Corporation Board approves the following wage increase guidelines for CSUSM Corporation Regular Sponsored Project employees¹ subject to Principal Investigator approval and the availability of project funds (grant and contract funded employees only). The CSUSM Corporation Board further approves the following wage increase guidelines for CSUSM Corporation Regular Non-Sponsored Project employees¹ subject to Executive Director approval and funding availability (non-Sponsored Projects employees only).

1.) Salary adjustments are available for CSUSM Corporation Regular Sponsored Project employees subject to the following guidelines (Wage increase not to exceed 5.0 percent and items a – e below).

Wage increase not to exceed 5.0 percent

- a. All adjustments will be calculated as a percentage of current annual gross wages and must be submitted on an Employment Authorization Form (EAF).
- b. Increases will not be granted without the completion of an annual performance appraisal in the past year.
- c. Employees with a score of less than 3.00 (below expectations) on their annual performance appraisal will not be eligible for a performance-based adjustment.
- d. Employees with less than 6 months of service during the performance appraisal period will not be eligible for a wage increase.
- e. Any employee determined to be significantly above the market rate for their position (15% or greater), will be excluded from receiving a wage increase.

¹ The following categories are not covered by these guidelines: Student Assistant, Graduate Assistant, and University Faculty or Staff.

2.) Salary adjustments are available for CSUSM Corporation Regular Non-Sponsored Project employees subject to the following guidelines (Wage increase not to exceed 3.0 percent and items a - e below). Salary adjustments for all CSUSM Corporation Regular positions funded by Associated Students Incorporated (ASI) are subject to ASI's Board approval.

Wage increase not to exceed 3.0 percent

- a. All adjustments will be calculated as a percentage of current annual gross wages and must be submitted on an Employment Authorization Form (EAF).
- b. Increases will not be granted without the completion of an annual performance appraisal in the past year.
- c. Employees with a score of less than 3.00 (below expectations) on their annual performance appraisal will not be eligible for a performance-based adjustment.
- d. Employees with less than 6 months of service during the performance appraisal period will not be eligible for a wage increase.
- e. Any employee determined to be significantly above the market rate for their position (15% or greater), will be excluded from receiving a wage increase.

All forms are available on CSUSM Corporation's website at www.csusm.edu/corp.

CSUSM CORPORATION COMPENSATION GUIDELINES SINCE FY 2009-10

CSUSM Corp Admin Projects/Grants	Performance Up to 5.0% Up to 5.0%	Performance 0.0% Up to 5.0%	Performance 0.0% Up to 5.0%	Performance 0,0% Up to 5,0%	GSI Perf. 3.0% 0.0% 0.0% Up to 5.0%
CSUSM Corp Admin Projects/Grants	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018-19
	GSI Perf.	GSI Perf.	GSI Perf.	GSI Perf.	Performance
	2.0% 0.0%	2.0% 0.0%	3,0% 0.0%	3.0% 0.0%	Up to 3.0%
	0.0% Up to 5.0%	0.0% Up to 5.0%	0.0% Up to 5.0%	0.0% Up to 5.0%	Up to 5.0%

ATTACHMENT H

Proposed FY 19/20 Meeting Calendar



Proposed BOARD OF DIRECTORS FY 19/20 Meeting Calendar

Location: Center for Children and Families Classroom

Extended Learning Building **Meeting Time:** 4:00 p.m. – 5:30 p.m.

Thursday, September 12, 2019 (Annual Meeting)

Thursday, November 14, 2019

Thursday, February 27, 2020

Thursday, May 28, 2020