2019

990

PUBLIC

DISCLOSURE

			** PUBLIC DISCLOSURE COPY	* *										
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047									
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	ns) 2019									
•		uary 2020)	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public									
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection									
AF	or th	e 2019 calend	ar year, or tax year beginning $JUL 1$, 2019 and ending	<u>JUN 30, 2020</u>										
B	Check if	C Name of	forganization	D Employer identific	ation number									
a	pplicab	CALL	FORNIA STATE UNIVERSITY SAN MARCOS											
	Addre	FOUN	DATION											
	Name	pe Doing b	usiness as	80-03905	64									
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su S TWIN OAKS VALLEY RD											
	Final return termir	760-750-4												
	ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	17,461,089.									
	Amen	SAN	MARCOS, CA 92096	H(a) Is this a group re										
	Applie tion pendi		nd address of principal officer:NEAL HOSS	for subordinates	? Yes X No									
		SAME	AS C ABOVE	H(b) Are all subordinates in										
		empt status:		·	list. (see instructions)									
			CSUSM.EDU/GIVING/FOUNDATION	H(c) Group exemption										
			X Corporation Trust Association Other 🕨 📘 Y	ear of formation: 2009	State of legal domicile: CA									
Pá	art I													
e	1	Briefly describ	be the organization's mission or most significant activities: PROVIDE	C MICCION	ALIFORNIA									
Governance		STATE UNIVERSITY SAN MARCOS IN FULFILLING ITS MISSION. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
veri	2				sets. 31									
ĝ		 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 												
<u>مە</u>	4	24												
itie			of individuals employed in calendar year 2019 (Part V, line 2a)		31									
Activities &			of volunteers (estimate if necessary)		0.									
Ă			business taxable income from Form 990-T, line 39		0.									
		Net unrelated		Prior Year	Current Year									
-	8	Contributions	and grants (Part VIII, line 1h)	7,057,853.	2,767,764.									
Revenue	9		ce revenue (Part VIII, line 2g)	1,108,835.	603,374.									
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)	1,300,987.	1,144,205.									
Ê			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-254,402.	-82,269.									
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,213,273.	4,433,074.									
	13		milar amounts paid (Part IX, column (A), lines 1-3)	1,720,129.	2,524,210.									
			to or for members (Part IX, column (A), line 4)	0.	0.									
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,193,065.	880,707.									
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.									
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ▶0 .											
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,865,351.	2,009,969.									
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,778,545.	5,414,886.									
	19	Revenue less	expenses. Subtract line 18 from line 12	3,434,728.	-981,812.									
Net Assets or Fund Balances				Beginning of Current Year	End of Year									
sset	20	Total assets (I	Part X, line 16)	42,419,420.	40,874,551.									
atAs	21		(Part X, line 26)	806,771.	549,458.									
N ⁿ	22		fund balances. Subtract line 21 from line 20	41,612,649.	40,325,093.									
	art II	-												
			I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is									
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.										
~		Signature	e of officer	Date										
Sig		· ·		υαισ										
Her	e	INGAL	HOSS, INTERIM EXECUTIVE DIR.											

	Type or print name and title	_									
	Print/Type preparer's name	Preparer's signature	Check	PTIN							
Paid			02/18/	21 ^{if} self-employed							
Preparer	Firm's name 🕨 ALDRICH CPAS AND		F	irm's EIN 🕨							
Use Only	Firm's address 7676 HAZARD CENT										
	SAN DIEGO, CA 92	108	F	Phone no. (619) 810-49	940					
May the IF	lay the IRS discuss this return with the preparer shown above? (s. e instructions)										

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CALIFORN	IA STATE	UNIVERSITY	Y SAN MARCOS		
Form	990 (2019) FOUNDATI	• = 1			80-0390564	Page 2
Pa	t III Statement of Program Serv	vice Accomp	lishments			
	Check if Schedule O contains a resp		any line in this Part II	l		X
1	Briefly describe the organization's mission					
	THE CSUSM FOUNDATION					
	CULTIVATING AND MAXIM				-	G
	RESOURCES CAREFULLY,					
	RELATIONSHIPS AND PAR					<u>ь</u> р,
2	Did the organization undertake any signific prior Form 990 or 990-EZ?		0 7			X No
					tes	21 NO
3	If "Yes," describe these new services on S Did the organization cease conducting, or		t obongoo in how it o	anduata, any program agnia	Non	X No
3	If "Yes," describe these changes on Sche		changes in now it co	onducts, any program service	185 / Tes	21 110
4	Describe the organization's program service		ents for each of its th	ree largest program services	as measured by expense	c
-	Section 501(c)(3) and 501(c)(4) organization					
	revenue, if any, for each program service r	-		or granto and anotations to t		ana
4a			including grants of \$	1,690,496.) (Re	evenue \$)
Ĩ	RECEIPT OF ENDOWMENT	GIFTS AN	D INVESTME			UNDS
	WHOSE EARNINGS ARE US					
	VARIOUS CAMPUS PROGRA					
4b	(Code:) (Expenses \$ 3,1	07,787.	including grants of \$	833,714.) (Re	evenue \$ 603,	374.)
	RECEIPTS OF GIFTS AND					ES
	INCLUDING NON-ENDOWED	SCHOLAR	SHIPS, THE	ACE FOSTER YOU	JTH SCHOLARSHI	Р
	PROGRAM, THE KAISER F			STUDENT LOAN PF	-	ICER
	STUDENT LOAN PROGRAM,	SUPPORT	FOR THE CA	AMPUS VETERANS	CENTER.	
4c	(Code:) (Expenses \$		including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Sche	edule O.)				
		ncluding grants of \$	0.0.2) (Revenue \$)	
4e	Total program service expenses 🕨	4,798	,283.			
					Form 🤤	990 (2019)
93200	2 01-20-20		~			
E 2 0	218 210575 20557 001	2010				57 10

16530218 310575 20557.001

2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

		CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
Form 990 (2	2019)	FOUNDATION				
Part IV	Checklist of Re	quired Schedule	es			

If the argumentation required to complete Schedule B, Schedule of Contributord 1 X 2 Is the argumentation required to complete Schedule B, Schedule of Cantributord 3 X 3 Did the organization asocino Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in bDbying activities, or have a section 501(p) election in effect during the tax year // IrVes, "complete Schedule C, Part II 4 X 5 Is the organization asocian solution 501(p)(d), 501(c)(3), or 501(c)(8) organization that receives membership dues, assessments, or animal amounts as defined in Revenue Procedule 84-107 // Yes, "complete Schedule C, Part II 5 X 6 Did the organization receive on one asocian solution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II 7 X 8 Did the organization maxima and undes or any smith assess? of the simulas asset? If Yes, "complete Schedule D, Part II 8 X 9 Did the organization maxima charter structures? If Yes, "complete Schedule D, Part II 7 X 10 Did the organization maxima charter structures? If Yes, "complete Schedule D, Part II 7 X 10 Did the organization maxima charter structures? If Yes, "complete Schedule D, Part II 10 X 11 If the organization ano				Yes	No
1 Is the organization engage in direct or Midel Schedule 0. Contribution? 2 X 3 Did the organization engage in direct or Midel organization engage in lobbying activities, or have a section 501(h) election in effect 3 X 4 Section 501(G)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 the organization action 501(h) election in effect 4 X 6 Did the organization action 501(h) election in effect 4 X 7 X B Did the organization martian any doora advised tunds or any similar funds or accounts? M **x; complete Schedule 0, Part II 6 X 7 Did the organization martian any doora advised tunds or any similar funds or accounts? M **x; complete Schedule 0, Part II 8 X 7 Did the organization martian collections of works of art, histocial transurves, or other similar assets? If **x; complete Schedule 0, Part II 8 X 9 Did the organization nearbourk or through a related organization, head works and wor	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
3 Did the organization engage in direct or holicet political campaign activities on behalf of or in opposition to candidates for public ortic? // **/as, "complete Schedule C, Part // 3 X 4 Section 301(c)(3) organizations. Bid the organization engage in lobbying activities, on have a section 501(t)) election in effect during the tax year // **/s, "complete Schedule C, Part // 4 X 5 Is the organization match and only of on 2406 cell (c) (C)(4). 501(c)(6),					<u> </u>
ubublic office/II // Yes,* complete Schedule C, Part I 3 X 4 Section 501((k)) organizations. Did the organization engage in bobying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(c)(k), 501(c)(k), 501(c)(k) complete Schedule C, Part II 5 X 6 Did the organization in avent on or investment of amounts in such hands or accounts? IV *es,* complete Schedule C, Part II 6 X 7 Did the organization release of hold a comeavation easement, including assements to preserve open space, the onvironment, historic land reaso, in thistoric startourse? IV *es,* complete Schedule D, Part II 8 X 9 Did the organization maintain to child complet, biotorical treasures, or other similar assets? IV *tes,* complete Schedule D, Part II 8 X 9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If *tes,* complete Schedule D, Part V 10 X 11 If the organization directly or through a related organization is 'Yes,* then complete Schedule D, Part V, VII, VIII, VII, VI, VII, VII, VII,			2	Δ	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the twy eary <i>I</i>¹ ^V/s². Complete Schedule <i>C</i>, <i>Part II</i> Is the organization ascerban 501(c)(d), 501(c)(5), or 501(c)(6), or 501	3		3		x
during the tax year? If Yes,* complete Schedule Q, Part II 4 X 5 is the organization a section Stolp(4), SG1(4), 6G1(4), 6G1(4), 5G1(4),	4				
similar amounts as defined in Revenue Procedure 98-197 M*s,* complete Schedule C, Part II 5 X 6 Did the organization matchine any donner advised funds or any similar funds or accounts? If M*s,* complete Schedule D, Part I 6 X 7 Did the organization necevie or hold a conservation easement, including assements to preserve open space, the environment, historical transmits, complete Schedule D, Part I 7 X 8 Did the organization receive or hold a conservation easement, including assements to preserve open space, the servicement, historical transmits, control transmits, and control transmits, and control transmits, control transmits, and control transmits, control tr			4		X
6 Did the organization maintain any donor advised 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 II. 7 X 7 Did the organization receive or hold a conferenzion easement, including easements to preserve open pace. 7 X 8 Did the organization maintain areas, or historic structures II'''res,' complete Schedule D, Part II 7 X 9 Did the organization maintain areas, or historic structures II'''res,' complete Schedule D, Part II 8 X 9 Did the organization maintain areas, or historic structures II''res,' complete Schedule D, Part II 8 X 10 Did the organization anount in Part X, line 21, for escow or outsofial account liability, serve as a custodian services? 9 X 10 Did the organization servet any or the following questions is 'Yes,' then complete Schedule D, Part VI. 10 X 11 If the organization report an amount for investments - orther securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17/' Yes,' complete Schedule D, Part VI. 10 X 11 Did the organization report an amount for orther securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17/' Yes,' complete Schedule D, Part XI 10 X 111<	5				
provide advice on the distribution or investment of amounts in such funds or accounts // Yes,* complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes,* complete Schedule D, Part // 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes,* complete Schedule D, Part // 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization, directly or through a related organization, bid assets in donor-restricted endowments 10 X 11 If the organization report an amount for lawstments - other socurities in Part X, line 10? // Yes,* complete Schedule D, Part V 10 X 12 Did the organization report an amount for lawstments - other socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,* complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,* complete Schedule D, Part X <	-		5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fard areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collection of works of art, historical ressures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization and collection of works of art, historical ressures, or other similar asset? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization and the Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization and the row of the following questions is "Yes," then complete Schedule D, Part V, VI 10 X 11 If the organization report an amount for law structures in "Yes," complete Schedule D, Part V, VI, VIII, VX, or X as applicable. 11a X 12 Did the organization report an amount for law structures in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 1671 "Ys," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - orbar asset law Park X, line 12, that is 5% or more of its total assets reported in Part X, line 1671 "Ys," complete Schedule D, Part VI 11a X 14 Did the organization neport an amount for other iasastits in Part X, line 251 "Y	6		e		x
the environment, historic land areas, or historic structures? // "Ves," complete Schedule D, Part II 7 X 8 Dot the organization maintain collections of works of ant, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly of through a related organization, hold assets in donor-restricted endowments of rom, quasi endowments? // "Yes," complete Schedule D, Part V 10 X 11 If the organization is enswer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X a Did the organization report an amount for law streaments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part VI 11 X b 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 167 // "Yes," complete Schedule D, Part VI 11 X c Did the organization report an amount for other assets in Part X, line 257 // "Yes," complete Schedule D, Part X 114 X c Did the organization subtiates Part V, line 130, Hat is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X <t< td=""><td>7</td><td></td><td>0</td><td></td><td>- 23</td></t<>	7		0		- 23
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 X Intel Time 10? If "Yes," complete Schedule D, Part VI 11a X 14 X Intel Time 10? If "Yes," complete Schedule D, Part VI 11a X 14 X Intel Time 10? If "Yes," complete Schedule D, Part XII 11b X 15 Intel Time 10? If "Yes," complete Schedule D, Part XII 11c X 16 Intel Time 10? If "Yes," complete Schedule D,	•		7		x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quais endowments? 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, X, or X as applicable. 10 X 12 D bd the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 D bd the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part VI 11 X 14 X Intel 16? If "Yes," complete Schedule D, Part VI 11 X 14 X Intel 17 If "Yes," complete Schedule D, Part VI 11 X 15 D dt the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part X 114 X 16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 111 X 116 <td< td=""><td>8</td><td></td><td></td><td></td><td></td></td<>	8				
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 10 X 12 If do the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 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 167 If "Yes," complete Schedule D, Part VII 11b X 14 Did the organization report an amount for investments - other assetin Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c X 11 Did the organization report an amount for other lassitilies in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 11c X 11 Did the organization orbic numerities in Part X, line 20? If "Yes," complete Schedule D, Part X 11d X 12 Did the organization and the orbic hiabilities in Part X, line 20? If "Yes," complete Schedule D, Part X 11d X 12 Did the organization included i		Schedule D, Part III	8		X
If "res," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 114 X 12 Did the organization report an amount for investments - other securities 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 VII 116 X 13 Did the organization report an amount for investments - other securities 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 VII 116 X 14 Did the organization report an amount for other labilities 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 VIII 116 X 14 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 116 X 15 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X IIII 117 X <t< td=""><td>9</td><td></td><td></td><td></td><td></td></t<>	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - other securities 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 VII 11c X 11 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 VII 11c X 12 Did the organization report an amount for other assets in Part X, line 25° If 'Yes,'' complete Schedule D, Part X 11t X 13 Did the organization separate or consolidated financial statements for the tax year? If 'Yes,'' complete Schedule D, Part X 11t X 14 Did the organization asset were or the in section 1700(f)(1/A)(II) If 'Yes,'' complete Schedule D, Part X 11t X 14 Did the organization asset and the organization aschool described in section 170(f)(1/A)(II) If 'Yes,'' complete			_		v
or in quase endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X 11 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for investments - other securities 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 11d X c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization sibility for uncertain tax positions under FIN 48 (ASC 740?)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization asched in Education function tax positions under FIN 48 (ASC 740?)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization asched esched in Louised attaments for the tax year? If "Yes," complete Schedule D, Part X 11d X 13a <	40		9		<u> </u>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, NV, or X as applicable. 1 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 4 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 11a X 4 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 VII 11d X 4 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 X 11d X 4 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 12a Did the organization is adaret in accollated, independent audited financial statements for the tax year? 11f X 13 X 11d X 11d X 14a Did the organization asecare curewes expenses of more than \$10,000 for agari	10		10	x	
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complete Schedule G, Part III 19 X 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 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 X 932003 01-20-20 Form 990 (2019)	10	IC allo da : II Tes, CUITIPIELE SCHEDULE G, Fall II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 0a2 If "Ves."	IQ	27	<u> </u>
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 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 X 932003 01-20-20 Form 990 (2019)	13		19		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 X 932003 01-20-20 Form 990 (2019)	20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 932003 01-20-20 Form 990 (2019)			20b		
932003 01-20-20 Form 990 (2019)	21				
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	1 990 (2019) FOUNDATION 80-0390	564	P	age 4					
Pa	rt IV Checklist of Required Schedules (continued)								
			Yes	No					
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	Х						
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						
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20							
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
		24a		x					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
с	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	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 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х					
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, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		x					
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x					
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f								
v	"Yes," complete Schedule L, Part IV	28c		x					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X						
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23							
30		200		x					
0.1	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31							
32				v					
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? 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?								
	If "Yes," complete Schedule R, Part V, line 2	36	Х						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38	5 1 1 1								
	Note: All Form 990 filers are required to complete Schedule O								
Pa	rt 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 108								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b								

~	Did the organization comply with backu	n withholding rules	for reportable r	avments to vend	a namina
	(gambling) winnings to prize winners?	p withholding fules		ayments to vendo	e garning
	(gambling) winnings to prize winners:				

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Form 990 (2019)

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Form	990 (2019) FOUNDATION 80-0390	564	Р	age 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
		_	Yes	No						
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 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	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 organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
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 services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	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:									
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									
11	Section 501(c)(12) organizations. Enter:									
а	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 1041?	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
		-	000							

Form **990** (2019)

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FOUNDATION

Form 990 (2019)

iec	Check if Schedule O contains a response or note to any line in this Part VI					
	tion A. Governing Body and Management					
			2	1	Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	1		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		
6	Did the organization have members or stockholders?			6		Т
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					Т
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					T
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					$^{+}$
	The governing body?	-	-	8a	X	Т
h	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			. 00	<u> </u>	╈
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
00	tion B. Policies (This Section B requests information about policies not required by the Internal Re			. 3		-
00	tion B. Tonoico (mis Section B requests information about policies not required by the internal ne	venue	; 0000.)		Yes	. 1
0-	Did the experimetion have lead charters, branches, or effiliates?			10a	163	+
	Did the organization have local chapters, branches, or affiliates?			. 10a		╉
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b	X	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	11a		+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
					37	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	es," de	escribe	12b	x	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe	12b	x x	
b c 3	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	es," de	escribe	12b 12c 13	x	
b c 3 4	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	es," de	escribe	12b 12c 13	x x	
b c 3 4	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i>	es," de	escribe	12b 12c 13	x x	
b c 3 4 5	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	es," de	dependent	12b 12c 13 14	x x	
b c 3 4 5 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	es," de	dependent	12b 12c 13 14 15a	X X X	
b c 3 4 5 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i>	es," de	dependent	12b 12c 13 14 15a	X X X X	
b c 3 4 5 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yee" in Schedule O how this was done	es," de	dependent	12b 12c 13 14 15a	X X X X	
b c 3 4 5 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i>	es," de	vith a	12b 12c 13 13 14 15a 15b	X X X X	
b c 3 4 5 5 6a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i>	es," de	vith a	12b 12c 13 13 14 15a 15b	X X X X	
b c 3 4 5 5 6a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i>	es," de I by in nent w	dependent vith a	12b 12c 13 13 14 15a 15b	X X X X	
b c 3 4 5 a b 6a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yeen" in Schedule O how this was done	es, " de I by in nent w e its p	escribe dependent rith a participation n's	12b 12c 13 14 15a 15b 16a	X X X X	
b c 3 4 5 6 a b 6 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yeen in Schedule O how this was done	es, " de I by in nent w e its p	escribe dependent rith a participation n's	12b 12c 13 13 14 15a 15b	X X X X	
b c 3 4 5 6 a b 6 a b 5	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yee <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?	es, " de I by in nent w e its p	escribe dependent rith a participation n's	12b 12c 13 14 15a 15b 16a	X X X X	
b c 3 4 5 6 a b 6 a b 6 a 7	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yee in Schedule O how this was done	e its p	escribe dependent vith a varticipation n's	12b 12c 13 14 15a 15b 15b 16a		
b c 3 4 5 6a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yee in Schedule O how this was done	e its p	escribe dependent vith a varticipation n's	12b 12c 13 14 15a 15b 15b 16a		
b c 13 14 15 16a b 16a b Sec 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in Schedule O how this was done	l by in nent w e its p ization ad 990	escribe dependent with a n's D-T (Section 501(c)	12b 12c 13 14 15a 15b 15b 16a		
b c 3 4 5 6 6 a b 6 6 a b 5 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yee <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi- exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, arr for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain</i>)	I by in nent w e its p ization d 990 on Sc	vith a vith a n's D-T (Section 501(c) hedule O)	12b 12c 13 14 15a 15b 16a (3)s onl	X X X X X y) ava	
b c 13 14 15 16a b 16a b Sec 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in <i>Schedule O how this was done</i>	I by in nent w e its p ization d 990 on Sc	vith a vith a n's D-T (Section 501(c) hedule O)	12b 12c 13 14 15a 15b 16a (3)s onl	X X X X X y) ava	aila
b c 3 4 5 6a b 6a b b 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in Schedule O how this was done	ess," definition definition of the set of th	escribe dependent vith a varticipation n's D-T (Section 501(c) hedule O) of interest policy,	12b 12c 13 14 15a 15b 16a (3)s onl	X X X X X y) ava	
b c 3 4 5 6a b 6a b b 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in Schedule O how this was done	I by in nent w e its p ization on Sc on Sc on Sc ohks an	escribe dependent vith a varticipation n's D-T (Section 501(c) hedule O) of interest policy,	12b 12c 13 14 15a 15b 16a (3)s onl	X X X X X y) ava	
b c 3 4 5 5 6a b 6a b 6a b 6a 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in Schedule O how this was done	e its p ization on Sc onflict o oks an 0 0	escribe dependent vith a varticipation n's D-T (Section 501(c) hedule O) of interest policy,	12b 12c 13 14 15a 15b 16a (3)s onl	X X X X X y) ava	aila
b c 3 4 5 5 6a b 6a b 6a b 6a 7 8	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye in Schedule O how this was done	e its p ization on Sc onflict o oks an 0 0	escribe dependent vith a varticipation n's D-T (Section 501(c) hedule O) of interest policy,	 12b 12c 13 14 15a 15b 15b 16a (3)s onl 	X X X X X y) ava	

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

FOUNDATION

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	ia a a I	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TONY JACKSON	1.00				\sim	노 @	ш.			
CHAIRMAN		X		x				0.	0.	0.
(3) STEVE WAGNER	1.00									
VICE CHAIR		X		x				0.	0.	0.
(4) NEAL HOSS	1.00									
VP FINANCE & ADMIN SERVICES	40.00	х		x				0.	263,948.	90,005.
(5) ELLEN NEUFELDT	1.00									
DIRECTOR	40.00	Х						0.	200,250.	38,433.
(6) JACK RAYMOND	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LUANNE BAS	1.00									
DIRECTOR	40.00	Х						0.	16,797.	137.
(8) ESTHER CALAC-HELLER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN FORTUNE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RON GEREVAS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BILL BRADBURY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) EMILIE HERSH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) NATHANIEL KEIFER-WHEALS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BARBARA MANNINO	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TONY PACK	1.00									
DIRECTOR		Х						0.	0.	0.
(16) TONI RITCHEY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) EDWIN FULLER	1.00									
DIRECTOR		Χ						0.	0.	0.
(18) KYLE CASEMENT	1.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

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FOUNDATION

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Form 990 (2019) FOUNDATIO	DN								80-03	390	564	Page	: 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st (Compensated Employe	es (continued)				_
(A)	(B)				C)			(D)	(E)			(F)	_
Name and title	Average			Pos	itior			Reportable Reportable				imated	
	hours per					e than is bot			compensation from related			ount of	
	week	offic	cer an	dad	lirecto	or/trus	tee)	from				other	
	(list any	tor						the	organizations			ensatior	n
	hours for	direc				Ð		organization	(W-2/1099-MIS			m the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(-,		nization	
	organizations	trust	al tru		/ee	mpe					•	related	
	below	Individual trustee or director	Institutional trustee	-	mplo	est co oyee	er				orgar	nizations	3
	line)	Indivi	nstit	Officer	Key employee	Highest compensated employee	Former						
(19) TOMMY FRIEDRICH	1.00				-								_
DIRECTOR		x						0.		0.		0).
(20) JESSICA HARLOE	1.00												_
DIRECTOR		x						0.		0.		0).
(21) CARLEEN KREIDER	1.00												—
DIRECTOR		x						0.		0.		0).
(22) JASON SIMMONS	1.00				-								
DIRECTOR	±.00	x						0.		0.		0).
(23) DAVID WILSON	1.00				-		<u> </u>	0.		0.		0	•
· · · · · · · · · · · · · · · · · · ·	1.00	v						0.		0.		0	、
DIRECTOR	1 00	X				-		0.		0.		0).
(24) LOU MONVILLE	1.00									~		0	、
DIRECTOR	1 0 0	X						0.		0.		0).
(26) JENNA HERNANDEZ	1.00									•			
DIRECTOR		Х						0.		0.		0).
(28) TAYLOR SUTHERLAND	1.00												
DIRECTOR		X						0.		0.		0).
(31) CATHY BAUR	40.00												_
EXECUTIVE DIRECTOR		1		Х				0.	222,75	58.	84	,506	; .
1b Subtotal								0.	703,75	53.	213	3,081	
c Total from continuation sheets to Part VI								0.		0.		0).
d Total (add lines 1b and 1c)								0.	703,75	53.	213	,081	
2 Total number of individuals (including but n								received more than \$100	-			1	
compensation from the organization		1030	note	u a	000	0, 11	101		,000 01 10001201	0			0
												Yes No	-
2 Did the experimetion list on sformer officer	dive at a visit to vet	1											_
3 Did the organization list any former officer,												v	,
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X	-
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	Iccrue compe	nsat	ion f	rom	i any	y unr	ela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	son .					5	X	<u>í</u>
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors [.]	that received more than	\$100,000 of com	pens	ation fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address							Description of s	ervices	С	ompen		
DEBORAH JILL GUFFEY, 0414	SW PE	IDI	LEJ	101	N			INDEPENDENT					—
STREET, PORTLAND, OR 9723					•			CONTRACTOR			130	,833	5
							_					,	
							_						—
							_						
													_
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to			steo	d above) who received m	nore than				
\$100,000 of compensation from the organiz	zation 🕨					1							

Form **990** (2019)

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CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
FOUNDATION				

					TION				80-0390	564 Page	9
Pa	rt \	/11									
			Check if Schedule O o	contain	s a response	or note to any lin	e in this Part VIII	(5)		(5)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51	
nts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am G			Fundraising events			58,045.					
lar Iar			Related organizations								
imi,		е	Government grants (contr	ibution	s) 1e						
rior S		f	All other contributions, gifts,	grants, a	and						
ibu			similar amounts not included	above	1f	2,709,719.					
dt		g	Noncash contributions included in	lines 1a-	1f 1g \$	71,496.					
aŭ		h	Total. Add lines 1a-1f			►	2,767,764.				
						Business Code					
ice	2	а	CAMPUS PROGRAMS			900099	603,374.	603,374.			
erv		b									
n S /eni		С									
Rev		d									
Program Service Revenue		е	<u> </u>								
-			All other program service			i	C02 274				_
_		g	Total. Add lines 2a-2f			1	603,374.				_
	3		Investment income (includ	•			642,943.			642,943	z
	4		other similar amounts) Income from investment of				042,043.			042,04	<u> </u>
	5		Royalties								
	5		noyallies		(i) Real	(ii) Personal					
	6	а	Gross rents	6a	()	(
	0		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	<u> </u>							_
	7		Gross amount from sales of		(i) Securities	(ii) Other					
			assets other than inventory	7a 1	.3,429,988.						
		b	Less: cost or other basis								
Ine			and sales expenses	7b 1	2,928,726.						
evenue		с	Gain or (loss)	7c	501,262.						
Ê		d	Net gain or (loss)		<u>.</u>	►	501,262.			501,263	2.
Other	8	а	Gross income from fundraising	ng event	ts (not						
ō			including \$	58,04	45. of						
			contributions reported on								
			Part IV, line 18			17,020.					
			Less: direct expenses			99,289.					
	~		Net income or (loss) from			····· ►	-82,269.			-82,26	۶.
	9	а	Gross income from gamin								
		Ŀ	Part IV, line 19								
			Less: direct expenses Net income or (loss) from		·····	-					_
	10		Gross sales of inventory, I								_
	10	a	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from			·					-
<u>ہ</u>			()			Business Code					
Miscellaneous Revenue	11	а									
ane		b									
tev(с									
Mis			All other revenue								_
_		е	Total. Add lines 11a-11d								
	12		Total revenue. See instructio	ns		►	4,433,074.	603,374.	0.	1,061,930	
93200	9 01	-20	-20							Form 990 (201	19)

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CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

Part IX Statement of Functional Expenses

Form 990 (2019)

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

Da	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	X
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,465,446.	2,465,446.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	58,764.	58,764.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	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	Other salaries and wages	710,880.	682,740.	28,140.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	122,839.	122,839.		
10	Payroll taxes	46,988.	45,128.	1,860.	
11	Fees for services (nonemployees):				
а	Management				
b	F				
С	F				
d	, , , , , , , , , , , , , , , , , , ,				
e	ů í í	110 225		110 225	
f	Investment management fees	110,325.		110,325.	
g	column (A) amount, list line 11g expenses on Sch 0.)	960,975.	670,677.	290,298.	
12	Advertising and promotion				
13	Office expenses	47,944.	47,944.		
14 45	Information technology				
15 16	Royalties				
16 17		80,035.	79,173.	862.	
17 10	Travel Payments of travel or entertainment expenses		15,175.	002.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization				
22	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HOSPITALITY AND EVENTS	369,359.	350,484.	18,875.	0 .
b	OTHER EXPENSES	311,070.	177,720.	133,350.	0 .
С	LIBRARY ACQUISITIONS	77,139.	77,139.	0.	0
d	BANK CHARGES	37,900.	16,304.	21,596.	0 .
е	·	15,222.	3,925.	11,297.	
25	Total functional expenses. Add lines 1 through 24e	5,414,886.	4,798,283.	616,603.	0 .
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

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Form 990 (2019)

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FOUNDATION

	n 990 (i rt X	Balance Sheet		00-	0390564 Page 11
Га		I			
		Check if Schedule O contains a response or note to any line in this Part X	1	1	
			(A) Beginning of year		(B) End of year
			951,680.		529,133.
	1	Cash - non-interest-bearing	84,489.		549,406.
	2	Savings and temporary cash investments	4,658,779.		2,745,519.
	3	Pledges and grants receivable, net	149,545.	4	25,583.
	4	Accounts receivable, net	147, 545.	4	23,303.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	33,569,722.		34,927,863.
	12	Investments - other securities. See Part IV, line 11	2,801,117.	12	1,947,366.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	204,088.	15	149,681.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	42,419,420.	16	40,874,551.
	17	Accounts payable and accrued expenses	205,497.	17	179,840.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	601 274		260 610
		of Schedule D	601,274. 806,771.		369,618. 549,458.
	26	Total liabilities. Add lines 17 through 25	000,771.	26	549,450.
es		Organizations that follow FASB ASC 958, check here X			
anc	07	and complete lines 27, 28, 32, and 33.	11,329,839.	27	11,809,405.
3ala	27	Net assets without donor restrictions	30,282,810.	27	28,515,688.
Ipu	28	Net assets with donor restrictions	50,202,010	20	20,313,000.
Fui		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	41,612,649.	32	40,325,093.
~	33	Total liabilities and net assets/fund balances	42,419,420.	33	40,874,551.
					Eorm 990 (2019)

Form **990** (2019)

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CALIFORNIA STATE UNIVERSITY SAN MARCO	CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
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Form 990 (2019) FOUNDATION
Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,433,074.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,414,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	-981,812.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,612,649.
5	Net unrealized gains (losses) on investments	5	-305,744.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	10	40,325,093.
Pa	t XIII Financial Statements and Benorting		

Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

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SCHEDULE A					.					OMB No. 1545-0047	
	90 or 990-EZ)		Public Charity Status and Public Support							2010	
(1 01111		Co	omplete if the orga					or a section		2019	
Doportmont	of the Treasury		4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.						Open to Public		
	enue Service		Go to www.irs.go					nformation.		Inspection	
Name of	the organizati	,	FORNIA STA						Employer	identification number	
			DATION		0112 / 2110 2 1	- 0111		00		0-0390564	
Part I	Reason		Charity Status	(All orc	anizations must co	mplete th	is part.) Se	ee instruction			
			dation because it is:								
1		•	urches, or associat		•		,				
2	,		ion 170(b)(1)(A)(ii).					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2			hospital service or					::)			
3 4	•	•							Viiii) Entor	the hospital's name,	
4	city, and stat		ation operated in c	onjunc	don with a hospital	uescribed	I III SECIIO			the hospital's hame,	
5 X		-	or the benefit of a c	ollogo	or university ewoo	d or opora	tod by a d	ovornmontal	unit doscrik	ood in	
5 21	-	-	Complete Part II.)	ollege		u or opera	leu by a y	oveninentar			
6			vernment or govern	monto	Lupit described in	nantion 17	70(6)(4)(4)	(s)			
6 7			0					. ,	bo gonoral	nublic described in	
1			complete Part II.)	anilar	part of its support i	rom a gov	ennentai		ine general	public described in	
8			ed in section 170(b	V4VAV	(vi) (Complete Par	ылу					
9	-		ganization describe				nd in coniu	unction with a	land grant	collogo	
9	-	-	-				-		-	-	
	university:	or a non-land-ç	grant college of agri	culture	e (see instructions).	Entertne	name, cit	y, and state o	i the colleg		
10		on that norma	ally receives: (1) more	o than	33 1/3% of its sur	port from	contributi	one mombor	shin foos	and gross receipts from	
10	-		•		-	-				t from gross investment	
										after June 30, 1975.	
			mplete Part III.)	6 (1633	Section 511 tax) In		3363 acqu		ganzation		
11			and operated exclu	sivolv 1	to test for public sa	fety See	section 50)9(a)(<u>4</u>)			
12	-	-	-	•	-	•			arry out the	e purposes of one or	
			rganizations describ								
			describes the type								
а			anization operated,							aivina	
			on(s) the power to r								
		÷	complete Part IV, S	-		i majority (sapporting	
b	-		anization supervise			tion with it	s support	ed organizatio	on(s), by ha	avina	
			of the supporting or								
			st complete Part IV								
с	0	()	egrated. A supporti			in connec	tion with.	and functiona	Illv integrat	ed with.	
		-	on(s) (see instruction	• •	•				, ,		
d		-	y integrated. A sup		-				rted organi	ization(s)	
	that is not	functionally int	tegrated. The organ	ization	generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	requiremer	it (see instruct	tions). You must co	mplet	e Part IV, Sections	A and D,	and Part	V.			
е	Check this	box if the orga	anization received a	writte	n determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III		
	functionally	integrated, or	r Type III non-functi	onally	integrated support	ing organi:	zation.				
f En	ter the number	of supported of	organizations		-						
			n about the suppor					-			
	(i) Name of supp		(ii) EIN		ype of organization cribed on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other	
	organizatior	1			ve (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
				<u> </u>						ļ	
				<u> </u>		ļ	ļ			ļ	
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 FOUNDATION

Part II

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4762893.	3420037.	6833800.	7057853.	2767764.	24842347.
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 \dots						
4	Total. Add lines 1 through 3	4762893.	3420037.	6833800.	7057853.	2767764.	24842347.
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)						3598082.
	Public support. Subtract line 5 from line 4.						21244265.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 24842347.
7	Amounts from line 4	4762893.	3420037.	6833800.	7057853.	2767764.	24842347.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400 000	424 040	C 27 1 C 4		C12 012	2017051
	and income from similar sources \dots	423,232.	434,848.	627,164.	689,664.	642,943.	2817851.
9							
	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.)						
	Total support. Add lines 7 through 10					Lie F	27660198.
	Gross receipts from related activities,		,				,007,379.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	•
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage			<u></u>	·····
				olumon (f))		14	76.80 %
	Public support percentage for 2019 (14 15	76.80 % 80.90 %
	Public support percentage from 2018 33 1/3% support test - 2019. If the c						
106	stop here. The organization qualifies	-					
F	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual	-					
17-	10% -facts-and-circumstances tes						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
٢	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				,,,) or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
5	furnished by a governmental unit to						
	the organization without charge						
~							
	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
U	Amounts included on lines 2 and 5 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3) orga	inization,
	check this box and stop here						🕨
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2019 (line 8, column (f), (divided by line 13	, column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	t III, line 15			16	%
Sec	tion D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from		D 1 1 1 1 1			18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and lin	
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2018. If the						6. and
2	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19	an alla not oneon a					990 or 990-EZ) 2019
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Schedule A (Form 990 or 990 EZ) 2019 FOUNDATION 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 (as 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 disgualified 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.)

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Schedule A (Form 990 or 990-EZ) 2019

17

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

Schedule A (Form 990 or 990 EZ) 2019 FOUNDATION

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Ра	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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			
		•		
a L	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form S	90 or 99	0-EZ	2019
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Sob	edule A (Form 990 or 990-EZ) 2019 FOUNDATION	DIII		80-0390564 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			DO ODDODUE Pageo
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	<u> </u>		Part VI) See instructions A
•	other Type III non-functionally integrated supporting organizations must co	-		
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	1 a		
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	T		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ated Type III supporting or	panization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 FOUNDATION			0-0390564 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	[
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
-	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019	FOUNDATION		UNIVERSITY		80-0390564 Pa
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	6, 9a, 9b, 9c, ection E, line	, 11a, 11b, and 11c; P es 1c, 2a, 2b, 3a, and	art IV, Section B, lines 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V
	9					le A (Form 990 or 990-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

80-0390564

FOUNDATION Organization type (check one):

	-	
Filers of:	Sec	tion:
Form 990 or 990-EZ	Х	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

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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.

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 \dots \blacktriangleright \$_____

Caution: An organization 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), 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).

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) (2019)

Name of organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

Employer identification number

Page 2

80-0390564

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person Payroll 60,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 х Person Payroll 133,933. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 х Person Payroll 110,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Х 4 Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 Х Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 х Person Pavroll 121,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

Employer identification number

80-0390564

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Х Person Payroll 191,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page 2

Schedule B (F	Form 990,	990-EZ, or	990-PF)	(2019)
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Name of organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION

Employer identification number

80-0390564

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 923453 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 25 16530218 310575 20557.001 2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

Name of or	ganization DRNIA STATE UNIVERSITY	SAN MARCOS	Employer identification numbe
FOUNDA		SAN MARCOS	80-0390564
Part III	from any one contributor. Complete columne (a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y . For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
923454 11-06-	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
(For	m 990)	Complete if the orc	ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. • Attach to Form 990.		2019
Depar	tment of the Treasury	Part IV, line 6, 7, 8, 9, 10	D, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. • Attach to Form 990.		Open to Public
Interna	al Revenue Service	Go to www.irs.gov/Form9	990 for instructions and the latest information	tion.	Inspection
Nam	e of the organizat		JNIVERSITY SAN MARCOS	Em	ployer identification numbe 80-0390564
Pa	rt I Organiz	FOUNDATION	ed Funds or Other Similar Funds		
Га		on answered "Yes" on Form 990, Part IV, li			unts.Complete li the
	organizatio		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	and of year		(10) 1 0.1	
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised	d funds	
Ŭ	•		s exclusive legal control?		Yes No
6			advisors in writing that grant funds can be us		
•	0	0	or donor advisor, or for any other purpose co	,	
	impermissible priv	•		0	Yes No
Pa			rganization answered "Yes" on Form 990, Pa		
1		nservation easements held by the organization			
		on of land for public use (for example, recre		historically	/ important land area
	Protection of	of natural habitat	Preservation of a	certified h	istoric structure
	Preservation	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qual	lified conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax yea	ar.			Held at the End of the Tax Yea
а	Total number of c	conservation easements		2a	
с			ructure included in (a)		
d	Number of conser	rvation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e	
	listed in the Natio	nal Register		2d	
3	Number of conser	rvation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organizatio	n during the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	asement is located 🕨		
5	Does the organiza	ation have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
		forcement of the conservation easements			
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvation ea	sements during the year
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on easeme	ents during the year
	►\$				
8	Does each conse	rvation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h	ו)(4)(B)(ii)?			Yes No

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

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) R included on Fo n 000 Part VIII lir

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	ide	
	(ii) Assets included in Form 990, Part X		\$
	(I) Revenue included on Form 990, Part VIII, line I		۵

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Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continued	1)
3	Using the organization's acquisition, accessio	on, and other record	s, check any of the	following that make	significant	t use of its		
	collection items (check all that apply):							
a	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit or							
De	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia		iary for contribution	is or other assets no	t included			
	on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
	,						Amount	
с	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
	_	(a) Current year	(b) Prior year	(c) Two years back		years back		
	5 5 J	26,288,717.	25,007,293.	24,096,974.		009,178.		5,656.
b	Contributions	2,352,467.	1,072,802.	,		292,937.		1,780.
С	Net investment earnings, gains, and losses	257,829.	1,068,211.	1,281,197.	2,6	576,221.	-1,09	1,894.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	831,348.	763,155.	,		773,675.		6,201.
f	Administrative expenses	110,324.	96,434.	,		107,687.		0,163.
g	End of year balance	27,957,341.	26,288,717.		24,0	096,974.	22,00	9,178.
2	Provide the estimated percentage of the curre			a)) held as:				
а	Board designated or quasi-endowment	8.30	_%					
b	Permanent endowment 80.80	%						
с	Term endowment 10.90 %	•						
•	The percentages on lines 2a, 2b, and 2c shou	-						
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organi	zation		
	by:						Yes	s No X
	(i) Unrelated organizations							X
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the	-						
-	rt VI Land, Buildings, and Equipm		which tunds.					
	Complete if the organization answered). Part IV. line 11a. S	See Form 990. Part X	(, line 10,			
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·			ed	(d) Book va	lue
		basis (investm	. ,		preciation		(,	10.0
1a	Land							
b								
с	Leasehold improvements							
d	Equipment							
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must ec	gual Form 990, Part	X, column (B), line 1	0c.)				0.

Schedule D (Form 990) 2019

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CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
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Schedule D (Form 990) 2019	FOUNDATION					80-0

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

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

Part IX Other Assets.

(H)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.		(a) Descrip	otion of liability	(b) Book value
(1)	Federal inc	ome taxes		
(2)	DUE TO	O RELATED	PARTIES	369,618.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) i	must equal Form 9	90, Part X, col. (B) line 25.)	369,618.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

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CALIFORNIA	STATE	UNIVERSITY	\mathbf{SAN}	MARCOS
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Sche	edule D (Form 990) 2019 FOUNDATION			80-	0390564 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	າ Revenue per R	eturi	າ.
	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	4,116,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-305,744.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	99,289.		
е	Add lines 2a through 2d			2e	-206,455.
3	Subtract line 2e from line 1			3	4,322,749.
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	110,325.		
b	Other (Describe in Part XIII.)	4b			
с				4c	110,325.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	4,433,074.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		th Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Pa 1		12a.		Retu	ırn. 5,403,850.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	99,289.		5,403,850.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	99,289.	1 2e	5,403,850. 99,289.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	99,289.	1	5,403,850.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d	99,289.	1 2e	5,403,850. 99,289.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a. 2a 2b 2c 2d	99,289.	1 2e	5,403,850. 99,289.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 2d	99,289.	1 2e	5,403,850. 99,289. 5,304,561.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	12a. 2a 2b 2c 2d 4a 4b	99,289. 110,325.	1 2e 3 4c	5,403,850. 99,289. 5,304,561. 110,325.
1 2 d c 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 4a 4b	99,289. 110,325.	1 2e 3	5,403,850. 99,289. 5,304,561.

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS ARE GENERALLY DONOR-RESTRICTED FOR THE PURPOSE OF STUDENT SCHOLARSHIPS, STUDENT LOANS AND CAMPUS PROGRAM ACTIVITIES. ALSO, THE BOARD HAS DESIGNATED CERTAIN FUNDS AS QUASI-ENDOWMENTS FOR CERTAIN PROJECTS AND PROGRAMS.

PART X, LINE 2:

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THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX

POSITIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF

16530218 310575 20557.001 2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

Schedule D (Form 990) 2019 FOUND	ORNIA STATE U ATION	JNIVERSITY	SAN MAR		390564 Page
Part XIII Supplemental Information (c	ontinued)				
ACTIVITIES, WHEN APPLICAB	LE. MANAGEMEN	IT HAS DETI	ERMINED '	THAT THE	FOUNDATION
HAS NO UNCERTAIN TAX POSI	TIONS AT JUNI	E 30, 2020	AND 201	9 AND THE	REFORE NO
AMOUNTS HAVE BEEN ACCRUED	•				
PART XI, LINE 2D - OTHER	ADJUSTMENTS:				
SPECIAL EVENT EXPENSE					99,289
PART XII, LINE 2D - OTHER	ADJUSTMENTS	:			
SPECIAL EVENT EXPENSE					99,289
				Sched	ule D (Form 990) 2
932055 10-02-19		31			. ,-
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SCHEDULE F	Statomo	nt of Act	ivities Outside the Un	itad Sta	atas L	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2019
. ,	P C C C C C C C C C C	j	Attach to Form 990.	· · , · · · · · · · , ·		Open to Public
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer i	dentification number
CALIFORNIA S	TATE UNIVER	RSITY SAN	MARCOS			
FOUNDATION					80-039	
		Activities Ou	tside the United States. Comple	te if the orgar	nization answe	ered "Yes" on
	Part IV, line 14b.	n maintain raaar	de te culetantiste the amount of ite are	nto and other	anaiatanaa	
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
5 5	, ,	,		5		
2 For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistan	ce outside the
United States.						
			an be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	•	gram service,	- <u>fau and</u>
	In the region	independent contractors	recipients located in the region)		e specific type (s) in the regi	investments
		in the region	recipients located in the region)		(S) IT the regi	in the region
CENTRAL AMERICA AN	D					
THE CARIBBEAN	C	0 0	INVESTMENTS			2,766,181.
		ļ				
						0.000
3 a Subtotal		0 0				2,766,181.
b Total from continu						
sheets to Part I		0 0				0.
c Totals (add lines 3						2 766 101
and 3b)	I	0 0				2,766,181.

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

Schedule F (Form 990) 2019

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CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 80-0390564 Page 2	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2019
		(h) Description of noncash assistance							Schee
		(g) Amount of noncash assistance					kempt		
		(f) Manner of cash disbursement					recognized as tax-e		
		(e) Amount of cash grant					foreign country, er		
		(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
		(c) Region					s listed above that are re isel has provided a secti	entities	
		(b) IRS code section and EIN (if applicable)					recipient organizations th the grantee or coun	other organizations or	
Schedule F (Form 990) 2019	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of i by the IRS, or for whic	3 Enter total number of other organizations or entities	

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Page 3	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
CALIFORNIA STATE UNIVERSITY SAN MARCOS Schedule F (Form 990) 2019 FOUNDATION 80 – 0390564 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(g) Description of noncash assistance					Sched
	(f) Amount of noncash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	c) Number of recipients					
	(b) Region					
	(a) Type of grant or assistance					

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FOUNDATION

Schedule F (Form 990) 2019

Part	IV	Foreign Forms			
1	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign rporation (see Instructions for Form 926)	Yes	x	No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization y be required to separately file Form 3520, Annual Return To Report Transactions With Foreign sts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign st With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	x	No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to tain Foreign Corporations (see Instructions for Form 5471)	Yes	x	No
4	qua Info	s the organization a direct or indirect shareholder of a passive foreign investment company or a alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, formation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund to Instructions for Form 8621)	Yes	x	No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	Yes	x	No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see tructions for Form 5713; don't file with Form 990)	Yes	x	No

Schedule F (Form 990) 2019

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CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
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Part V	Supplemental	Information
Schedule F	F (Form 990) 2019	FOUNDATION

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

932075	10-12-19
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SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, c		, or if the	2019
	c	-	d more than \$1 hch to Form 990			rm 990-EZ, line 6a.			Open to Public
Department of the Treasury Internal Revenue Service	► Go					the latest informat	ion.		Inspection
Name of the organization	• CALIFOR FOUNDAT	NIA STATE ION	UNIVERSI	ΤY	SAN	MARCOS		Employer ide 80-0390	ntification number 564
	complete this par		ganization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through a	•	-			-		
a Mail solicitat					-	overnment grants			
 b Internet and c Phone solici 	email solicitations	5	f Solicitat g Special			nment grants			
d In-person so			g opecial	Turiura	aisiirig	events			
2 a Did the organization		or oral agreement wi	th any individual	(inclu	ding o	fficers, directors, tru	stees	s, or	
key employees list b If "Yes," list the 10 compensated at le	highest paid indiv	viduals or entities (fu	-			undraising services? ements under which		Yes undraiser is to	
							()	A	
(i) Name and addres or entity (fund		(ii) Act	ivity	(iii) fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
3 List all states in wh or licensing.	ich the organizatic	on is registered or lic	ensed to solicit	contrik	outions	s or has been notified	d it is	exempt from r	egistration

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

Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Schedule G (Form 990 or 990 EZ) 2019 FOUNDATION

80-0390564 Page 2

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

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 COMMUNITY	(c) Other events	(d) Total events
			GALA	REPORT	1	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
нечепие	1	Gross receipts	9,180.	53,385.	12,500.	75,065.
	2	Less: Contributions	4,180.	41,365.	12,500.	58,045
	3	Gross income (line 1 minus line 2)	5,000.	12,020.		17,020
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses	000	97,823.	1,240.	99,289.
	10	Direct expense summary. Add lines 4 through				99,289.
		Net income summary. Subtract line 10 from I				-82,269
° a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
υ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(, =	bingo/progressive bingo	(e) e inter gammig	col. (a) through col. (c)
שמעמווחם						
_	1	Gross revenue				
2	2	Cash prizes				
D S L						
expe	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes % No	
				· · · · · · ·		
		Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
_						
		ter the state(s) in which the organization condu	· · -			N
		he organization licensed to conduct gaming a				Yes No
D	IT	No," explain:				
0-2	We	ere any of the organization's gaming licenses re	evoked suspended or t	erminated during the tax	vear?	Yes No
		Yes," explain:			year ?	Tes No
208	82 09	9-11-19			Schedule G (For	m 990 or 990-EZ) 201

38 5050 CALTE

CALIFORNIA STATE UNIVERSITY SAN MARCOS

Schedule G (Form 990 or 990-EZ) 2019 FOUNDATION	80-0	39056	4 Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and i	records:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	amount		
of gaming revenue retained by the third party \blacktriangleright \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided 🕨			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spanning to the terms of ter	pent in the		
organization's own exempt activities during the tax year s Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	Id (v): and Par	t III. lines §	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	- (.),	,	, , , , ,
932083 09-11-19 Sche	dule G (Form	990 or 99	0-EZ) 2019

hedule G (Form 990 or 990-EZ) art IV Supplemental Info	STATE	UNIVERSITY	SAN	MARCOS	80-0390564	Page 4
				Scl	nedule G (Form 990 oi	990-E

16530218 310575 20557.001

2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

SCHEDULE I (Form 990)	G Go Completion	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.	d Other Assistance to Organizations, ts, and Individuals in the United State anization answered "Yes" on Form 990, Part IV, line 21 o	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. the latest inform	ation.		Open to Public Inspection
Name of the organization CALIFORNIA FOUNDATION	STATE	UNIVERSITY S.	SAN MARCOS				Employer identification number 80-0390564
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit	toring the use of grant	of grant funds in the United States.	l States.			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	: Governments. Co	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
It (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government (if applicable) (ash grant	\$5,000. Part II can (b) EIN	the duplicated if additive (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ea. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS VALLEY					other)		
IN MARCOS	33-0535371	115	1,690,496.	0.			STUDENT SCHOLARSHIPS
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS VALLEY RD - SAN MARCOS, CA 92069	33-0535371	115	774,950.	. 0			ENGINEERING PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

CALIFORNIA STATE Schedule I (Form 990) (2010) FOUNDATION	LE UNIVERSITY		SAN MARCOS		80-0390564 Barres
er Assista	s. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 FOR RESEARCH/AWARDS	35	58,764.	.0		
Part IV Supplemental Information. Provide the information required in		ie 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	dditional information.	
PART I, LINE 2:					
GRANTS GIVEN TO CSUSM ARE FOR STUDENT		SCHOLARSHIPS A	AND THE UNIVERSITY	VERSITY	
MONITORS THE FUNDS GIVEN TO EACH S	STUDENT.	THE FINANC	FINANCIAL AID OFFICE	FICE OF THE	
UNIVERSITY QUALIFIES APPLICANTS FOR		SCHOLARSHIPS BASED	ED ON CRITERIA	ERIA OVER	
WHICH CSUSM FOUNDATION HAS NO CONTROL		EXPENDITURES	ON GRANTS	AND CONTRACTS	
ARE CLOSELY MONITORED BY THE CSUSM	f FOUNDATION	STAFF	TO COMPLY	COMPLY WITH SPONSOR	
REQUIREMENTS.					
932102 10-26-19		42			Schedule I (Form 990) (2019)

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2019 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Inspection Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION Employeer identification number 80 - 0 39 0 56 4 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, 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 Yes No 1a Check 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? 1b	sation Info	B No. 1545-00	47			
Department of the Treasury Internal Revues Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	tors, Trustees, Ke) 110				
Department of the Treasury Internal Revenue Service	npensated Employ	. U 13				
Internal Revenue Service Inspection Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION Employer identification number 80 - 0 390564 Part I Questions Regarding Compensation Yes Ia 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 Yes No Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib 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 Ib 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? 2		en to Pub	ic			
FOUNDATION 80-0390564 Part 1 Questions Regarding Compensation Yes Not 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 Yes Not Travel for companions Payments for business use of personal residence Image: Colspan="2">Image: Colspan="2">Seccelspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image:	990 for instructions					
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Yes No Travel for companions Payments for business use of personal residence Payments for business use of personal residence Image: Company spending account Image: C	UNIVERSITY		mber			
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 Yes No First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Image: Company spending account Image: Company spending account 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 Image: Company spending account Image: Company spending account		564				
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 Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees 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 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b						
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (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? 2		Yes	No			
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (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? 2	, ,					
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (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? 2						
Tax indemnification and gross-up payments Health or social club dues or initiation fees 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? 2	•					
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						
 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						
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? 2	Personal se					
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? 2	an fallan a suite					
 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? 2 		41.				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		10				
	• • •	0				
	egarding the items	2				
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's	o establish the con					
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 Written employment contract	•					
Independent compensation consultant Compensation survey or study						
Form 990 of other organizations Approval by the board or compensation committee	•					
	, pprovarb					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Section A, line 1a, v					
organization or a related organization:						
a Receive a severance payment or change-of-control payment? 4a X	>	4a	X			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	X			
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	X			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	F					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ons must complete					
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	id the organization					
contingent on the revenues of:						
		<u>5a</u>	X			
b Any related organization?5b X		<u>5b</u>	X			
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	id the organization					
contingent on the net earnings of:			37			
			X			
		6b	X			
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		-	v			
			X			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x			
		8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20°			1 2010			

Dart II Officers Directors Trustees Key Employees and Hichest Compensated Employees Tise duninate conies if additional space is peeded		wees and Hichest (Comnencated Emn	Invees I lee dunling	te coniec if additional s	snare is needed		- 200
For a product product, induction with the instructions of the instructions, 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.	be re	ported on Schedule	J, report compensat	tion from the organiz	zation on row (i) and fro	om related organization	ns, described in the in	structions, on row (ii).
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	ed inc	dividual must equal tl	re total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	cable column (D) and (E) amounts for that inc	dividual.
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(C1)-(1)((9)	In column (b) reported as deferred on prior Form 990
(1) NEAL HOSS	(i)	•0	0.	•0	.0	• 0	.0	.0
VP FINANCE & ADMIN SERVICES	(i)	263,948.	.0	• 0	79,180.	10,825.	353,953.	
(2) ELLEN NEUFELDT	Ξ	•0	.0		.0	.0		
DIRECTOR	(ii)	200,250.	.0	• 0	35,88	2,547.	238,683.	.0
(3) CATHY BAUR	(E)		• 0	•0				
EXECUTIVE DIRECTOR	(ii)	222,758.	0.	• 0	66,824.	17,682.	307,264.	• 0
	(i) (ii)							
	9							
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932112 10-21-19				44				

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80-0390564 CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION Schedule J (Form 990) 2019

CALIFORNIA STATE UNIVERSITY SAN MARCOS Schedule J (Form 990) 2019 FOUNDATION	80-0390564 Page 3
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 for any additional information.
PART I, LINE 3:	
THE CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION DOES NOT COMPENSATE	
ANY EMPLOYEES. 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. THROUGH THE RELATED ORGANIZATION'S EXECUTIVE COMPENSATION	
COMMITTEE - WHICH IS COMPRISED OF THE UNIVERSITY PRESIDENT WHO SERVES AS AN	
EX-OFFICIO MEMBER OF THE BOARD -COMPENSATION FOR THE ORGANIZATION'S	
OFFICERS IS REVIEWED ON AN ANNUAL BASIS. THE REVIEW OF CURRENT SALARY	
LEVELS FOR EACH EXECUTIVE EMPLOYEE IS PERFORMED BY ANALYZING EXECUTIVE	
COMPENSATION OF OTHER SIMILAR AUXILIARY ORGANIZATIONS WITHIN THE CALIFORNIA	
STATE UNIVERSITY SYSTEM, AS WELL AS SURVEYS OF OTHER NON-PROFIT CHARITABLE	
ORGANIZATIONS OF SIMILAR ASSET SIZE AND FUNCTIONS. THE EXECUTIVE	
COMPENSATION COMMITTEE THEN RECOMMENDS THE APPROPRIATE SALARY LEVELS TO THE	
ORGANIZATION'S BOARD OF DIRECTORS FOR APPROVAL.	
	Schedule J (Form 990) 2019

932113 10-21-19

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

|9

N	lame	of	the	organ	izati	or

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

organization CALIFORNIA STATE UNIVERSITY SAN MARCOS

Employer identification number 80-0390564

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	FOUNDATION
Part I	Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termin	ing	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		59.	FAIR MARKET	VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	50,081.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х	1	10,514.	FAIR MARKET	VA	LUE	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER)	Х	25		FAIR MARKET			
26	Other (EQUIPMENT)	X	1	410.	FAIR MARKET	VA	LUE	
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	Х	<u> </u>
32a	Does the organization hire or use third parties		-					
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19

16530218 310575 20557.001

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS

Schedule M	(Form 990) 2019 FOUNDATI				80-0390564	Pag
Part II	Supplemental Information is reporting in Part I, column (b), the this part for any additional informat	 Provide the information rec e number of contributions, the ion. 	quired by Part I, lines 3 ne number of items rec	0b, 32b, and 33, eived, or a comb	and whether the organize organize organize or a contraction of both. Also contraction of both.	zation nplete
32142 09-27-	19				Schedule M (Forr	n 990)
			47			
30218	310575 20557.001	2019.05050	CALIFORNIA	STATE UN	NIVERSITY 205	557_

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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. CALIFORNIA STATE UNIVERSITY SAN MARCOS

IIVERSITY S

Inspection Employer identification number 80-0390564

OMB No 1545-0047

Open to Public

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

ADVOCATING ON BEHALF OF THE UNIVERSITY, AND BUILDING AND SUSTAINING A

CULTURE OF PHILANTHROPY.

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

FOUNDATION

AN ELECTRONIC FORM OF THE 990 IS EMAILED TO EACH BOARD MEMBER FOR REVIEW

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 BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. THIS POLICY ALSO APPLIES TO ALL EX-OFFICIO 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: ALL EX-OFFICIO DIRECTORS ARE PAID BY A RELATED ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THROUGH THE RELATED ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE - WHICH IS COMPRISED OF THE UNIVERSITY PRESIDENT, WHO SERVES AS AN EX-OFFICIO MEMBER OF THE BOARD - COMPENSATION FOR THE ORGANIZATION'S EX-OFFICIO OFFICERS IS REVIEWED ON AN ANNUAL BASIS. THE REVIEW OF CURRENT SALARY LEVELS FOR EACH EXECUTIVE EMPLOYEE IS PERFORMED BY ANALYZING EXECUTIVE COMPENSATION OF OTHER SIMILAR AUXILIARY ORGANIZATIONS WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM, AS WELL AS SURVEYS OF OTHER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 92211 09-06-19

16530218 310575 20557.001

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557.001 2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION	Page 2 Employer identification number 80-0390564
NON-PROFIT CHARITABLE ORGANIZATIONS OF SIMILAR ASSET SIZE	· · · · · · · · · · · · · · · · · · ·
THE EXECUTIVE COMPENSATION COMMITTEE THEN RECOMMENDS THE	APPROPRIATE SALARY
LEVELS TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR APPRO	DVAL.
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FIN	IANCIAL STATEMENTS,
AND FORMS 990 ARE AVAILABLE FOR INSPECTION OR COPYING AT	THE ORGANIZATION'S
MAIN OFFICE DURING NORMAL BUSINESS HOURS WITHOUT INQUIRIN	IG AS TO THE REASON
FOR THE PUBLIC INSPECTION REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES	336,203.
MANAGEMENT AND GENERAL EXPENSES	50,700.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	386,903.
BUSINESS SERVICE FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	233,012.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	233,012.
SERVICES AND SUPPLIES:	
PROGRAM SERVICE EXPENSES	334,474.
MANAGEMENT AND GENERAL EXPENSES	6,586.
	2

FUNDRAISING EXPENSES

TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

0.

341,060.

16530218 310575 20557.001

49 2019.05050 CALIFORNIA STATE UNIVERSITY 20557_12

Schedule O (Form 990 or 9	990-EZ) (2019)			Page 2
Name of the organization	CALIFORNIA FOUNDATION	STATE UNIVERSI	TY SAN MARCOS	Employer identification number $80-0390564$
TOTAL OTHER F	EES ON FORM	990, PART IX, 1	LINE 11G, COL A	960,975.

FORM 990, PART IX, LINES 5-10:

AMOUNTS REPORTED REPRESENT DISBURSEMENTS TO OTHER EXEMPT RELATED

ORGANIZATIONS FOR SERVICES RENDERED TO THE FILING ORGANIZATION. THE

FILING ORGANIZATION DOES NOT REPORT EMPLOYEES UNDER PART V, LINE 2A AS

IT HAS ENTERED INTO CONTRACT AGREEMENTS WITH RELATED ORGANIZATIONS FOR

FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES CONDUCTED UNDER THE

DIRECTION OF THE FILING ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	lated Orç f the organiz Go to www.ir	Janizations and Unrelated Partnerships ation answered "Yes" on Form 990, Part IV, line 33, 34, 35b ▶ Attach to Form 990. s.gov/Form990 for instructions and the latest information.	r tnerships ine 33, 34, 35b, 3 st information.	6, or 37.	° °	OMB No. 1545-0047 2019 Open to Public Inspection	د
Name of the organization CALIFORNIA STATE FOUNDATION	UNIVER	MARCOS			Employer identification number 80-0390564	ication numb 564	er
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes	" on Form 990, Part IV, line 3					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ations. Complete if the organization	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt), Part IV, line 34,	because it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No	b)(13) ed NO
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-0535371, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	HIGHER EDUCATION	CALIFORNIA	115				
CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION - 33-0397688, 435 E. CARMEL STREET, SAN MARCOS, CA 92078	SUPPORT FOR CALIFORNIA STATE UNIVERSITY	CALIFORNIA	501(C)(3)	LINE 5		×	
ASSOCIATED STUDENTS, INC. OF CALIFORNIA STATE UNIVERSITY SAN MARCOS - 33-055, 333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096	STUDENT LEADERSHIP, ACTIVITIES, & RECREATION	CALIFORNIA	501(C)(3)	LINE 5		×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2019	2019

932161 09-10-19 LHA

Page 2	(j) (k) General or Percentage managing ownership	ore related	(i) 512(b)(13) controlled entity? Yes No			Schedule R (Form 990) 2019
8 0 - 0 3 9 0 5 6 4 d one or more relate	(j) Beneral or partner? Yes No	ld one or me	(h) Percentage ownership			lule R (Forn
KSITY SAN MARCOS 80-0390564 P. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	() Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	l, because it ha	(g) Share of end-of-year assets			Sched
34, because	Disproportionate allocations? Yes No	rt IV, line 3 ²		 		
art IV, line	(g) Share of end-of-year assets	orm 990, Pa	(f) Share of total income			
r Form 990, F		d "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)			
ed "Yes" or	(f) Share of total income	un answerec		 		
OS ttion answer) Intreaded, intered,	e organizatic	(d) Direct controlling entity			
N MARCOS	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	mplete if the	(c) Legal domicile (state or foreign country)	 		52
	(d) Direct controlling entity	ration or Trust. Co ear.	(b) Primary activity			
E UNIV as a Partne	C Legal domicile control country)	as a Corpo ng the tax y	Prime			
CALIFORNIA STATE FOUNDATION ated Organizations Taxable as as a partnership during the tax y	(b) Primary activity	janizations Taxable poration or trust duri	Ze			
: R (Form 990) 2019 Identification of Reli organizations treated	(a) Name, address, and EIN of related organization	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			39-10-19
Schedule Part III		Part IV				932162 09-10-19

SAN MARCOS		
STATE UNIVERSITY		
STATE		
CALIFORNIA	FOUNDATION	
	le R (Form 990) 2019	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tty			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		X
				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				ŧ		×
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organization(s)				두		×
				÷		×
i Lease of facilities. equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			Ŧ		×
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			1 T		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ed organization(s)			1n	Х	
o Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1p	×	
				1q	×	
r Other transfer of cash or property to related organization(s)				٦r		X
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	iis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CALIFORNIA STATE UNIVERSITY SAN MARCOS	Д	4,200,370.COST	COST REIMBURSEMENT			
STATE UNIVERSITY	ф	2,465,446.FMV				
(4)						
(5)						
(6)						
932163 09-10-19	53		Schedule R (Form 990) 2019	R (Form	(066 I	2019

564 Page 4		oss revenue)	(j) (k) General or managing partner? ownership					Schedule R (Form 990) 2019
80-039056		/ total assets or gro	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (
		neasured by	(h) Dispropor- tionate allocations? Yes No					
	37.	t of its activities (n	(g) Share of end-of-year assets					
	990, Part IV, line 3	than five percent	(f) Share of total income					
	s" on Form	ucted more	(e) Are all 501(c)(3) orgs.?	8				
SAN MARCOS	the organization answered "Yes" on Form 990, Part IV, line 37	the organization condu	(related, unrelated, excluded from tax under sections 512-514)					
STATE UNIVERSITY	mplete if the organ	ip through which t sion for certain inve	(c) Legal domicile (state or foreign country)					
	o le as a Partnership. Cor	ntity taxed as a partnersh tructions regarding exclu	(b) Primary activity					
CALIFORNIA Schedule R (Form 990) 2019 FOUNDATION	Part VI Unrelated Organizations Taxable as a Partnership. Complete if	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
FOUNDATION				

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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