



**Sarah Villarreal**  
*President's Designee*  
AVP, Community Outreach,  
Community Engagement

**Dr. Ranjeeta Basu**  
*Designated Member*  
Interim Vice President for  
Academic Affairs

**Neal Hoss**  
*Designated Member*  
Vice President,  
Finance & Administrative Services

**Dr. Charles De Leone**  
*Faculty Member*  
Interim Dean, Graduate  
Studies and Research

**Dr. Cynthia Chavez Metoyer**  
*Faculty Member, Community*  
Engagement-Office of Internships

**Jason Schreiber**  
*Administrative Member*  
Dean of Students

**Dr. Ann Bersi**  
*Community Member*  
Nevada State Tax Commission

**Christopher D. Thibodeau, CPA**  
*Community Member*  
The Classical Academies

**Kenny Tran**  
*ASI President*  
Student Member

## **REVISED Regular Meeting of the Board of Directors**

**February 27, 2020 @ 4:00 p.m. – 5:30 p.m.**

**Extended Learning 615**

### **AGENDA**

- I. **Convening of Regular Board Meeting** (*Chavez Metoyer*)
  - A. Consideration of Minutes November 14, 2019 Regular Meeting (**Attachment A**)
  
- II. **Committee Reports and University Updates**
  - A. Administration Update (*Newberg*)
  - B. Innovation Hub Advisory Committee Update (*De Leone*)
  - C. Student Housing Advisory Committee Update (*Schreiber*)
  - D. University Update (*Villarreal*)
  - E. Finance and Operations Committee Report (*Schreiber*) (**Attachment B**)
  
- III. **Consent Agenda** (*Chavez Metoyer*)  
**Brought forward by the Joint Audit Committee**
  - A. Form 990 Tax Return FY 18/19 Ratification (**Attachment C**)**Brought forward by the Finance and Operations Committee**
  - A. Quarterly Financial Report & Summary 12/31/19 (**Attachment D**)
  - B. FY19/20 CSUSM Corporation Admin Mid-Year Financial Report & Budget (**Attachment E**)
  - C. FY19/20 Student Housing Mid-Year Financial Report & Budget (**Attachment F**)
  
- IV. **Action Items** (*Chavez Metoyer*)
  - A. None
  
- V. **Special Guest – David Bagley**
  - A. Compliance Training
  
- VI. **Closed Session** (*Chavez Metoyer*)
  
- VII. **Adjournment of Meeting** (*Chavez Metoyer*)

**Next Meeting:** May 28, 2020

## **ATTACHMENT A**

Minutes of the November 14, 2019 Regular Meeting



**Minutes of the Regular Meeting of the Board of Directors  
November 14, 2019**

Extended Learning 615 – Dean’s Conference Room

**Attendees**

**Members:** Cynthia Chavez Metoyer (Chair), Ann Bersi, Chris Thibodeau, Jason Schreiber, Chuck De Leone, Kenny Tran

**Members Absent:** Jennifer Williams, Mike Schroder, Charles Ragland, Kamel Haddad, Neal Hoss, Wes Schultz

**Staff:** Bella Newberg, Cynthia Fenimore, Deborah Davis, Janelle Temnick, Janine Prior, Michelle Hinojosa, Trina Beckwith, Karla Frazee

**Guests:** n/a

**Convening of the Regular Meeting**

A quorum being present, Chair Chavez Metoyer called the meeting to order at 4:06 p.m. and welcomed the committee and staff.

**Minutes of the September 12, 2019 Annual Meeting**

*A motion was made and seconded (Bersi/De Leone) to approve the September 12, 2019 Annual Meeting Minutes. Motion carried.*

**Minutes of the September 12, 2019 Regular Meeting**

*A motion was made and seconded (Bersi/De Leone) to approve the September 12, 2019 Regular Meeting Minutes. Motion carried.*

**Committee Reports**

Chavez Metoyer asked the committee if they had any comments or wanted to discuss any of the Committee Reports sent prior to the meeting for review as Attachments C-F, there was none.

**Reporting Items**

**Administration Update**

Newberg reported that the Ribbon Cutting Ceremony for the Extended Learning Building took place and was a successful event. Newberg provided a staffing update and reported that at our request, Advisory Services, an entity under the arm of audit at the Chancellor’s Office, will review our business processes and recommend best practices.

**Student Housing & Dining Update**

Schreiber reported on the current occupancy rate for the UVA and QUAD and both properties are in the 97<sup>th</sup> percentile. Schreiber reviewed the 2020 timeline regarding housing applications and roommate selection. Fall 2020 will be the first year that the student housing application will include choosing a meal plan. Schreiber reported that preparation continues regarding the dining project and we continue to hold informational meetings with various student entities on

campus to keep them abreast of the progress as well as get their input. Schreiber reported that the student feedback has been valuable. SODEXO hosted a tasting event for staff and students to highlight some of their culinary selections. Newberg reported that two teams have been assembled, one to create the OncCard program and the other to create a program to have the cost of housing and dining be put on student accounts.

**Summer Conference**

Temnick reported that in 2017 Unique Venues named CSUSM one of the top corporate retreat locations stating “Luxury for less.” Temnick presented a recap of summer conference activity for 2019 and reviewed what is to be expected for 2020. Temnick reported that we anticipate at the least, 11 groups returning.

**Board Retreat**

Newberg reminded the committee that one of the actions that came out of the Board Retreat held in June 2019 was the importance of “telling our story.” Chavez Metoyer reported that she, Hoss and De Leone have a meeting on calendar to compile a plan to help accomplish this.

**Consent Agenda**

Chavez Metoyer explained that a Consent Agenda was included as Item IV in the meeting Agenda and that the purpose of the Consent Agenda is to save time. Chavez Metoyer asked if anyone wanted to move the item from the Consent Agenda to the Regular Agenda. There being none, *a motion comes moved and seconded (De Leone/Bersi) to approve CSUSM Corporation Financial Audit Report & A-133 Compliance Report 6/30/19 (Attachment H) brought forward by the Joint Audit Committee. Motion carried.*

**Action Item**

**Quarterly Financial Report & Summary 6/30/19**

Davis reviewed the Quarterly Financial Report & Summary 6/30/19 that was provided in the agenda packet sent prior to the meeting as Attachment I. *A motion was made and seconded (De Leone/Thibodeau) to approve the Quarterly Financial Report & Summary 6/30/19 as presented. Motion carried.*

**Closed Session**

Before adjourning the Regular Meeting, *a motion was made and seconded (Bersi/De Leone) to move into a closed session immediately following adjournment of the Regular Meeting. Motion carried.*

**Adjournment of Regular Meeting**

The Regular Meeting adjourned by acclamation at 5:04 p.m.

\_\_\_\_\_  
Jason Schreiber  
Secretary

\_\_\_\_\_  
Date

## **ATTACHMENT B**

Investment Report, 12/31/19  
Extended Learning Project Cost Summary  
FY19/20 Extended Learning-Operations Mid-Year  
Financial Report

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

**CORPORATION ADMIN**

TYPE	Beginning Investment Value 9/30/19	Income	Purchases	Maturities and Sales	Cash Withdrawal and Deposits	Change in Market Value	Ending Investment Value 12/31/19	%
CD's	\$ 1,928,931	\$ 15,628	\$ -	\$ (245,000)	\$ -	\$ (1,333)	\$ 1,682,598	20%
Mutual Funds	4,904,406	67,314	1,620,050	-	-	(23,595)	6,568,175	80%
Cash	10,148	15	-	-	(9,422)	-	742	0%
<b>TOTAL</b>	<b>\$ 6,843,486</b>	<b>\$ 82,957</b>	<b>\$ 1,620,050</b>	<b>\$ (245,000)</b>	<b>\$ (9,422)</b>	<b>\$ (24,928)</b>	<b>\$ 8,251,515</b>	<b>100%</b>

**INCOME DETAIL**

TYPE (see notes below)	Oct-19	Nov-19	Dec-19	TOTAL
CD's <sup>(1)</sup>	\$ 7,936	\$ 7,371	\$ 321	\$ 15,628
Mutual Funds - PIMCO <sup>(2)</sup>	10,087	9,684	45,050	64,822
Mutual Fund - Federated Ultrashort Bond <sup>(3)</sup>	154	668	1,670	2,492
Cash	12	2	1	15
	<u>\$ 18,189</u>	<u>\$ 17,726</u>	<u>\$ 47,042</u>	<u>\$ 82,957</u>

**INVESTMENT EARNINGS SUMMARY**

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Income	\$ 79,590	\$ 82,957	\$ -	\$ -	\$ 162,547
Change in Market Value	(15,058)	(24,928)	-	-	(39,986)
CD's Accrued Interest	(9,960)	(4,347)	-	-	(14,307)
Total Investment Earnings	<u>\$ 54,572</u>	<u>\$ 53,682</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 108,254</u>
Income Credited to:					
Corporation Admin	\$ 55,934	\$ 53,391	-	\$ -	\$ 109,325
EL/P3 Project	(2,476)	-	-	-	(2,476)
Sponsored Projects	1,114	291	-	-	1,405
Total	<u>\$ 54,572</u>	<u>\$ 53,682</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 108,255</u>

\$ (0)

**NOTES:**

- (1) CD's have varying maturities from March 2020 - April 2021 and coupons from 1.9% - 3% - weighted avg - 2.6%  
(2) Mutual Funds - PIMCO have one year hold from date of purchase; current yield ranging from 2.3% -3.1%  
(3) Mutual Funds - Federated Ultrashort - no hold period; current yield approximately 2.1%

Mutual Fund Liquidity		
Liquid	Under Hold Period	Total
\$ 3,352,294	\$ 1,500,000	\$ 4,852,294
1,715,881	-	1,715,881
<u>\$ 5,068,175</u>	<u>\$ 1,500,000</u>	<u>\$ 6,568,175</u>

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

**HOUSING**

TYPE	Beginning Investment Value 9/30/19	Income	Purchases	Maturities and Sales	Cash Withdrawal and Deposits	Change in Market Value	Ending Investment Value 12/31/19	%
CD's	\$ 1,228,352	\$ 8,387	\$ -	\$ (245,000)	\$ -	\$ (953)	\$ 982,399	22%
Mutual Funds	\$ 2,413,694	\$ 12,638	\$ 1,103,050	\$ -	\$ -	\$ (3,622)	\$ 3,525,760	78%
Cash	\$ 698	\$ 12	\$ -	\$ -	\$ 337	\$ -	\$ 1,047	0%
<b>TOTAL</b>	<b>\$ 3,642,743</b>	<b>\$ 21,037</b>	<b>\$ 1,103,050</b>	<b>\$ (245,000)</b>	<b>\$ 337</b>	<b>\$ (4,575)</b>	<b>\$ 4,509,205</b>	<b>100%</b>

**INCOME DETAIL**

TYPE (see notes below)	Oct-19	Nov-19	Dec-19	TOTAL
CD's <sup>(1)</sup>	\$ 544	\$ 562	\$ 7,281	\$ 8,387
Mutual Fund - Federated Ultrashort Bond <sup>(2)</sup>	\$ 3,908	\$ 4,210	\$ 4,519	\$ 12,638
Cash	\$ 4	\$ 1	\$ 7	\$ 12
	<u>\$ 4,456</u>	<u>\$ 4,773</u>	<u>\$ 11,808</u>	<u>\$ 21,037</u>

**INVESTMENT EARNINGS SUMMARY**

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Income	\$ 16,956	\$ 21,037	\$ -	\$ -	\$ 37,993
Change in Market Value	2,886	(4,575)	-	-	(1,689)
CD's Accrued Interest	2,059	(1,284)	-	-	775
Total Investment Earnings	<u>\$ 21,900</u>	<u>\$ 15,178</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 37,079</u>

**NOTES:**

- (1) CD's have varying maturities from February 2020 - August 2020 and coupons from 1.75% - 2.7% - weighted avg 2.3%  
(2) Mutual Funds - Federated Ultrashort - no hold period; current yield approximately 2.1%

Mutual Fund Liquidity		
Liquid	Under Hold Period	Total
\$ 3,525,760	\$ -	\$ 3,525,760
\$ 3,525,760	\$ -	\$ 3,525,760

**TOTAL CORPORATION INVESTMENT TOTALS**

	Beginning Investment Value 9/30/19	Income	Purchases	Maturities and Sales	Cash Withdrawal and Deposits	Change in Market Value	Ending Investment Value 12/31/19	%
Corporation Admin	\$ 6,843,486	\$ 82,957	\$ 1,620,050	\$ (245,000)	\$ (9,422)	\$ (24,928)	\$ 8,251,515	64.7%
Housing	\$ 3,642,743	\$ 21,037	\$ 1,103,050	\$ (245,000)	\$ 337	\$ (4,575)	\$ 4,509,205	35.3%
<b>TOTAL</b>	<b>\$ 10,486,229</b>	<b>\$ 103,994</b>	<b>\$ 2,723,100</b>	<b>\$ (490,000)</b>	<b>\$ (9,085)</b>	<b>\$ (29,503)</b>	<b>\$ 12,760,720</b>	<b>100.0%</b>

**Extended Learning Building & Parking**  
**Project Cost Summary (against original budget)**  
*As of February 18, 2020*

	<b>Projected Costs</b>	<b>Original Approved PSA/Budget</b>	<b>(Over)/Under</b>
<b>Projected Final Purchase Price - Per North City Univ One 2/18/20 (Developer)</b>	<b>\$ 71,669,386</b>	70,769,033	(900,353)
<b>Adjustments:</b>			
Add: Lender Title policy expense over orig estimate)	478	-	(478)
Deduct: Parking Change Orders (cost transferred to Parking)	(186,018)	-	186,018
<b>Projected Final Purchase Price-CSUSM Corp</b>	<b>\$ 71,483,846</b>	70,769,033	(714,813)
<b>Costs paid Direct by CSUSM (SFM, Inspection, Legal,Consultants, other misc)</b>	<b>1,749,305</b>	1,773,967	24,662
<b>Total Construction Costs</b>	<b>\$ 73,233,151</b>	72,543,000	(690,151)
<b>Group II</b>	2,000,000	2,000,000	-
<b>Total Construction &amp; Group II</b>	<b>\$ 75,233,151</b>	<b>74,543,000</b>	<b>(690,151)</b>
<b>Total Other Costs (Interest, additional legal, Kellogg Temp Move, other misc)</b>	<b>744,263</b>	<b>1,000,000</b>	<b>255,737</b>
<b>TOTAL ESTIMATED PROJECT COSTS</b>	<b>\$ 75,977,414</b>	<b>\$ 75,543,000</b>	<b>\$ (434,414)</b>
<b>Funding Summary by Source</b>			
State Revenue Bonds	\$ 63,543,000	\$ 63,543,000	\$ -
Campus - EL & Parking	12,434,414	12,000,000	(434,414)
<b>Total</b>	<b>\$ 75,977,414</b>	<b>\$ 75,543,000</b>	<b>\$ (434,414)</b>

Deficit created by owner initiated change orders that exceeded contingency



**CSUSM CORPORATION - Extended Learning Building Operations**  
**FY2019-2020 Mid-Year Financial Report (as of 12/31/19)**

Account Category	FY 19/20 Budget	Dec Ytd Actuals	Jan - Jun Forecast	Projected Total FY 19/20	Variance to Budget	Notes
<b>Revenues</b>						
Management Services (CSUSM Corp)	\$ 47,963	\$ 21,355	\$ 26,608	\$ 47,963	\$ -	
Allocation to NCUO	14,890	7,446	7,444	14,890	-	
<b>Total Revenues</b>	<b>\$ 62,853</b>	<b>\$ 28,801</b>	<b>\$ 34,052</b>	<b>\$ 62,853</b>	<b>\$ -</b>	
<b>Expenses</b>						
Salaries & Benefits	\$ 112,000	\$ 84,432	\$ 27,568	\$ 112,000	\$ -	Property Manager
Utilities <sup>(a)</sup>	420,252	115,056	278,600	393,656	26,596	Direct Pay
Facilities Services - FDM <sup>(b)</sup>	400,485	187,937	189,037	376,974	23,511	Campus
Contractual Services <sup>(c)</sup>	274,208	74,610	154,570	229,179	45,029	Dir Pay-Custodial 3rd Shift
Information Technology Costs	135,296	57,984	78,362	136,346	(1,050)	Campus
Risk Management and Safety <sup>(d)</sup>	22,753	9,751	42,902	52,653	(29,900)	Campus
Insurance	56,295	-	56,295	56,295	-	Direct Pay to AORMA
Property Tax <sup>(e)</sup>	-	-	45,306	45,306	(45,306)	Direct Pay to Developer
Other	4,292	2,840	1,452	4,292	-	
<b>Subtotal Expenses</b>	<b>\$ 1,425,581</b>	<b>\$ 532,610</b>	<b>\$ 874,092</b>	<b>\$ 1,406,702</b>	<b>\$ 18,879</b>	
Less: Cost Recovery from EL	\$ (1,090,464)	\$ (485,542)	\$ (604,922)	\$ (1,090,464)	\$ -	
Less: Cost Recovery from Campus	(272,263)	(121,229)	(151,034)	(272,263)	-	
<b>Total Expenses Remaining after Cost Recovery</b>	<b>62,853</b>	<b>(74,161)</b>	<b>118,135</b>	<b>43,974</b>	<b>18,879</b>	
<b>Net Operations</b>	<b>\$ -</b>	<b>\$ 102,962</b>	<b>\$ (84,083)</b>	<b>\$ 18,879</b>	<b>\$ 18,879</b>	

**NOTES:**

- (a) Savings over approved budget due to 10.5 months of operation
- (b) Final costs approved with FDM lower than original budget
- (c) Final contracted costs lower than original budget
- (d) Projected higher than original budget due to startup costs
- (e) CSUSM ineligible for property tax exemption until calendar year 2020 - accounting has filed for exemption

**CSUSM CORPORATION - Extended Learning Parking Operations**  
**FY2019-2020 - Mid-Year Financial Report (as of 12/31/19)**

Account Category	FY 19/20 Budget	Dec Ytd Actuals	Jan - Jun Forecast	Projected Total FY 19/20	Variance to Budget	Notes
<b>Revenues</b>						
Allocation to NCUO (56%) <sup>(a)</sup>	\$ 199,545	\$ 81,342	\$ 81,342	\$ 162,683	\$ (36,862)	Based on final proj costs of \$290k
<b>Total Revenues</b>	<b>\$ 199,545</b>	<b>\$ 81,342</b>	<b>\$ 81,342</b>	<b>\$ 162,683</b>	<b>\$ (36,862)</b>	
<b>Operating Expenses</b>						
Salaries & Benefits	\$ 100,959	\$ 48,083	\$ 64,110	\$ 112,193	\$ (11,234)	Campus
Utilities	29,450	7,259	27,191	34,450	(5,000)	Corp Direct Pay
Facilities Services - FDM <sup>(b)</sup>	81,730	6,754	9,006	15,760	65,970	Campus
Contracted Services (3rd shift custodial/FDM & Parking PM contracts) <sup>(c)</sup>	61,593	52,495	25,807	78,302	(16,709)	Direct Pay & Campus
Information Technology Costs	18,277	7,833	10,444	18,277	-	Campus
Insurance	40,258	-	31,524	31,524	8,734	Direct Pay to AORMA
Property Tax <sup>(d)</sup>	-	-	12,175	12,175	(12,175)	Direct Pay to Developer
Other Administrative	24,064	-	-	-	24,064	
<b>Total Expenses</b>	<b>\$ 356,331</b>	<b>\$ 122,424</b>	<b>\$ 180,257</b>	<b>\$ 302,681</b>	<b>\$ 53,650</b>	
Less: Cost Recovery from Campus <sup>(a)</sup>	(156,786)	(66,517)	(61,304)	(127,821)	(28,965)	Based on final proj costs of \$290k
<b>Total Expenses Remaining after Cost Recovery</b>	<b>199,545</b>	<b>55,907</b>	<b>118,953</b>	<b>174,860</b>	<b>24,685</b>	
<b>Net Operations</b>	<b>\$ 0</b>	<b>\$ 25,434</b>	<b>\$ (37,611)</b>	<b>\$ (12,177)</b>	<b>\$ (12,177)</b>	

**NOTES:**

- (a) Final costs approved by parties was \$290k, lower than original budget of \$356k - allocation to NCUO and Campus being billed at the \$290k
- (b) Final costs approved with FDM lower than original budget
- (c) Q1 included some one time startup - painting and striping (\$47k)
- (d) CSUSM ineligible for property tax exemption until calendar year 2020 - accounting has filed for exemption

# **ATTACHMENT C**

Form 990 Tax Return FY 18/19

**2018**

**990**

**PUBLIC**

**DISCLOSURE**

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>333 S. TWIN OAK VALLEY RD.</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN MARCOS, CA 92096</b> <b>F</b> Name and address of principal officer: <b>BELLA NEWBERG</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>33-0397688</b> <b>E</b> Telephone number <b>760-750-4700</b> <b>G</b> Gross receipts \$ <b>25,061,233.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CSUSM.EDU/CORP</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1990</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE FINANCIAL AND PROGRAM ADMINISTRATIVE SUPPORT TO CALIFORNIA STATE UNIVERSITY SAN MARCOS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>797</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>38</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>13,055,233.</b>	<b>15,655,423.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>8,950,714.</b>	<b>9,233,222.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>33,003.</b>	<b>169,338.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-108,380.</b>	<b>3,250.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,930,570.</b>	<b>25,061,233.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,729,729.</b>	<b>3,553,002.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>9,777,240.</b>	<b>10,718,847.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,377,310.</b>	<b>9,439,343.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,884,279.</b>	<b>23,711,192.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,046,291.</b>	<b>1,350,041.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>65,022,015.</b>	<b>122,627,234.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>51,756,016.</b>	<b>107,758,994.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>13,265,999.</b>	<b>14,868,240.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BELLA NEWBERG, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date <b>01/30/20</b> Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ <b>ALDRICH CPAS AND ADVISORS, LLP</b> Firm's address ▶ <b>7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108</b> Firm's EIN ▶ _____ Phone no. (619) <b>810-4940</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CALIFORNIA STATE UNIVERSITY SAN MARCOS, CORPORATION IS A NON-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO PROVIDE ADMINISTRATIVE AND OTHER BUSINESS SERVICES TO CALIFORNIA STATE UNIVERSITY SAN MARCOS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 14,172,633. including grants of \$ 2,719,608. ) (Revenue \$ ) ADMINISTRATION OF RESEARCH AND TRAINING GRANTS AWARDED TO THE CAMPUS FACULTY FROM VARIOUS FEDERAL, STATE, AND OTHER GOVERNMENTAL AGENCIES AND PRIVATE FOUNDATIONS. FEDERAL GRANT REVENUES TOTALED \$13.6 MILLION WHILE STATE AND LOCAL GOVERNMENT AGENCY GRANT REVENUES TOTALED APPROX \$1.6 MILLION. GRANTS AND AWARDS FROM PRIVATE FOUNDATIONS AND OTHER NON-GOVERNMENTAL ENTITIES TOTALED \$465,000.

4b (Code: ) (Expenses \$ 4,681,205. including grants of \$ 500,000. ) (Revenue \$ 6,219,417. ) DEVELOPMENT AND MANAGEMENT OF THE ON-CAMPUS AND AFFILIATED OFF-CAMPUS STUDENT HOUSING PROGRAM WHICH PROVIDES HOUSING AND STUDENT-LIFE ACTIVITIES FOR APPROXIMATELY 1547 STUDENTS.

4c (Code: ) (Expenses \$ 2,455,213. including grants of \$ 133,394. ) (Revenue \$ 2,404,917. ) PROVIDE FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES TO VARIOUS CAMPUS PROGRAMS AND ACTIVITIES. OTHER CAMPUS PROGRAMS FOR WHICH SERVICES WERE PROVIDED INCLUDE FACULTY RESEARCH DEVELOPMENT AND VARIOUS COMMUNITY OUTREACH PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 200,000. including grants of \$ 200,000. ) (Revenue \$ 608,888. )

4e Total program service expenses 21,509,051.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</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 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION**

Form 990 (2018)

33-0397688 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		365
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 797		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			



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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	10		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	3		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**CLINT ROBERTS, CONTROLLER - 760-750-4470**  
**333 S. TWIN OAKS VALLEY ROAD, SAN MARCOS, CA 92096-0001**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. GRAHAM OBEREM CHAIRMAN	3.00 40.00	X		X				0.	251,474.	90,403.
(2) CHARLES RAGLAND VICE CHAIRMAN	3.00 40.00	X		X				0.	0.	0.
(3) CYNTHIA CHAVEZ METOYER SECRETARY	1.00 40.00	X		X				0.	127,348.	52,663.
(4) NEAL HOSS TREASURER	1.00 40.00	X		X				0.	255,830.	84,848.
(5) JENNIFER WILLIAMS DIRECTOR	1.00 40.00	X						0.	153,434.	53,871.
(6) JASON SCHREIBER DIRECTOR	1.00 40.00	X						0.	126,588.	42,001.
(7) DR. CHARLES DE LEONE DIRECTOR	1.00 40.00	X						0.	166,299.	69,779.
(8) MICHAEL SCHRODER DIRECTOR	1.00 40.00	X						0.	187,561.	77,612.
(9) CHRISTOPHER THIBODEAU DIRECTOR	1.00 40.00	X						0.	0.	0.
(10) ANN BERSI DIRECTOR	1.00 40.00	X						0.	0.	0.
(11) XAVIER MARTINEZ DIRECTOR	1.00 40.00	X						0.	0.	0.
(12) DAWN MARIE MYERS DIRECTOR	1.00 40.00	X						40,510.	0.	16,204.
(13) REX ANDRADE DIRECTOR	1.00 40.00	X						4,389.	0.	176.
(14) CONNER WHITTEM DIRECTOR	1.00 40.00	X						0.	0.	0.
(15) SAVANA DOUDAR DIRECTOR	1.00 40.00	X						7,112.	0.	284.
(16) ARMANDO ZARAGOZA DIRECTOR	1.00 40.00	X						4,472.	0.	179.
(17) BELLA NEWBERG EXECUTIVE DIRECTOR	40.00			X				0.	160,640.	69,849.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							56,483.	1,429,174.	557,869.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							56,483.	1,429,174.	557,869.	

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

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

**Section B. Independent Contractors**

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

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

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

**CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION**

Form 990 (2018)

33-0397688 Page **9**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	15,190,219.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	465,204.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		15,655,423.			
	<b>Program Service Revenue</b>	<b>2 a</b> STUDENT HOUSING RELATED .....	<b>Business Code</b> 900099	6,219,417.	6,219,417.	
<b>b</b> CAMPUS PROGRAMS .....		900099	2,404,916.	2,404,916.		
<b>c</b> COMMISSIONS BOOKSTORE .....		900099	312,364.	312,364.		
<b>d</b> OTHER COMMISSIONS .....		900099	159,771.	159,771.		
<b>e</b> CAMPUS DINING SERVICES .....		900099	136,754.	136,754.		
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			9,233,222.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		169,338.		169,338.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	3,250.			
		(ii) Personal	0.			
		<b>c</b> Rental income or (loss) .....	3,250.			
	<b>d</b> Net rental income or (loss) .....		3,250.		3,250.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>d</b> Net gain or (loss) .....				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11</b>	<b>a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		25,061,233.	9,233,222.	0.	172,588.	

**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION**

Form 990 (2018)

33-0397688 Page **10**

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,726,025.	1,726,025.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,826,977.	1,826,977.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	42,618.	42,618.		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,549,762.	8,029,810.	519,952.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	408,270.	378,825.	29,445.	
<b>9</b> Other employee benefits .....	1,185,469.	1,093,789.	91,680.	
<b>10</b> Payroll taxes .....	532,728.	500,491.	32,237.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	45,770.	36,706.	9,064.	
<b>c</b> Accounting .....	85,360.		85,360.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	2,884,147.	2,366,610.	517,537.	
<b>12</b> Advertising and promotion .....	35,141.	35,141.		
<b>13</b> Office expenses .....	806,974.	793,746.	13,228.	
<b>14</b> Information technology .....	600,555.	580,728.	19,827.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	544,077.	478,472.	65,605.	
<b>17</b> Travel .....	521,938.	496,030.	25,908.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	324,389.	315,813.	8,576.	
<b>20</b> Interest .....	684,262.	684,024.	238.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,785,380.	1,291,113.	494,267.	
<b>23</b> Insurance .....	125,540.	102,375.	23,165.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a OTHER EXPENSES</b> .....	594,272.	328,220.	266,052.	0.
<b>b REPAIRS AND MAINTENANCE</b> .....	247,361.	247,361.	0.	0.
<b>c OTHER STUDENT AMENITIES</b> .....	154,177.	154,177.	0.	0.
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	23,711,192.	21,509,051.	2,202,141.	0.
<b>26 Joint costs.</b> 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)

**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION**

Form 990 (2018)

33-0397688 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	646,614.	<b>1</b>	1,349,000.	
	<b>2</b> Savings and temporary cash investments .....	10,714,153.	<b>2</b>	5,835,557.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	6,497,395.	<b>4</b>	14,075,777.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	8,217.	<b>9</b>	809,852.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 107,290,951.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,951,364.	42,819,155.	<b>10c</b>	89,339,587.
	<b>11</b> Investments - publicly traded securities .....	4,279,900.	<b>11</b>	11,160,880.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	56,581.	<b>15</b>	56,581.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	65,022,015.	<b>16</b>	122,627,234.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,616,657.	<b>17</b>	9,434,731.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	9,987,555.	<b>19</b>	13,521,983.	
	<b>20</b> Tax-exempt bond liabilities .....	18,950,023.	<b>20</b>	17,967,885.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	17,201,781.	<b>25</b>	66,834,395.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	51,756,016.	<b>26</b>	107,758,994.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	13,265,999.	<b>27</b>	14,868,240.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	13,265,999.	<b>33</b>	14,868,240.		
<b>34</b> Total liabilities and net assets/fund balances .....	65,022,015.	<b>34</b>	122,627,234.		

Form **990** (2018)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,061,233.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,711,192.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,350,041.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,265,999.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	252,200.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,868,240.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2018)

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION  
Employer identification number 33-0397688

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support, (vi) Amount of other support.

Total



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7442989.	9838625.	11879250.	13055233.	15655423.	57871520.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7442989.	9838625.	11879250.	13055233.	15655423.	57871520.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						57871520.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	7442989.	9838625.	11879250.	13055233.	15655423.	57871520.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	145,952.	154,567.	153,431.	58,074.	172,588.	684,612.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						58556132.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	30,409,248.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.83 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	97.92 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number

33-0397688

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ..... ▶ \$ \_\_\_\_\_

**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).



Name of organization <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b>	Employer identification number <b>33-0397688</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,512,143.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>2,635,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>4,875,256.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>506,315.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,228,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b>	Employer identification number <b>33-0397688</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b>	Employer identification number <b>33-0397688</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION  
**Employer identification number** 33-0397688

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" 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)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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)	
<b>Total.</b> (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) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>POST RETIREMENT BENEFITS</b>	1,537,951.
(3) <b>DUE TO RELATED ORGANIZATIONS</b>	1,816,680.
(4) <b>NOTE PAYABLE</b>	63,479,764.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	66,834,395.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,650,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	252,200.	
b	Donated services and use of facilities	2b	1,336,666.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,588,866.	
3	Subtract line 2e from line 1	3	25,061,233.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,061,233.	

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

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

1	Total expenses and losses per audited financial statements		1	25,047,858.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,336,666.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,336,666.	
3	Subtract line 2e from line 1	3	23,711,192.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,711,192.	

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE CORPORATION FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THE CORPORATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENTS OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE CORPORATION HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018; THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION**

Employer identification number  
**33-0397688**

**Part I General Information on Grants 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 criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS ROAD - SAN MARCOS, CA 92096	33-0535371	115	881,803.	0.			CALIFORNIA STATE UNIVERSITY SAN MARCOS STUDENT SCHOLARSHIPS
CALIFORNIA STATE UNIVERSITY SAN MARCOS - 333 S. TWIN OAKS ROAD - SAN MARCOS, CA 92096	33-0535371	115	844,222.	0.			CONTRIBUTION TO CAMPUS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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Schedule I (Form 990) (2018)



CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION

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

(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	1221	1,826,977.	0.		

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

PART I, LINE 2:

GRANTS GIVEN TO CSUSM ARE FOR STUDENT SCHOLARSHIPS AND THE UNIVERSITY  
MONITORS THE FUNDS GIVEN TO EACH STUDENT. THE FINANCIAL AID OFFICE OF THE  
UNIVERSITY QUALIFIES APPLICANTS FOR SCHOLARSHIPS BASED ON CRITERIA OVER  
WHICH CSUSM CORPORATION HAS NO CONTROL. EXPENDITURES ON GRANTS AND  
CONTRACTS ARE CLOSELY MONITORED BY THE CSUSM CORPORATION STAFF TO COMPLY  
WITH SPONSOR REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION** Employer identification number **33-0397688**

**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.

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

**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? .....

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. GRAHAM OBEREM CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	251,474.	0.	0.	72,515.	17,888.	341,877.	0.
(2) CYNTHIA CHAVEZ METOYER SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	127,348.	0.	0.	30,502.	22,161.	180,011.	0.
(3) NEAL HOSS TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,830.	0.	0.	73,771.	11,077.	340,678.	0.
(4) JENNIFER WILLIAMS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	153,434.	0.	0.	44,285.	9,586.	207,305.	0.
(5) JASON SCHREIBER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	126,588.	0.	0.	33,619.	8,382.	168,589.	0.
(6) DR. CHARLES DE LEONE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	166,299.	0.	0.	46,362.	23,417.	236,078.	0.
(7) MICHAEL SCHRODER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,561.	0.	0.	54,085.	23,527.	265,173.	0.
(8) BELLA NEWBERG EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,640.	0.	0.	46,322.	23,527.	230,489.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

THE OFFICERS LISTED ON SCHEDULE J ARE EMPLOYEES OF THE RELATED  
ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED  
ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE  
COMPENSATION.

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION** Employer identification number **33-0397688**

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (A) CONTINUATIONS</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TRUSTEES OF THE CALIFORNIA STATE UNIVERS	91-2155587	13077CXXX	08/07/13	13060835.	REFUND PRIOR ISSUE		X		X		X
<b>B</b> TRUSTEES OF THE CALIFORNIA STATE UNIVERS	91-2155587	13077CXXX	08/20/14	9,705,474.	REFUND PRIOR ISSUE		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	13,060,835.		9,705,474.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	61,788.		44,812.							
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds	12,999,047.		9,660,662.							
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X							
<b>16</b> Has the final allocation of proceeds been made?	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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**Schedule K (Form 990) 2018**

**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>		<b>X</b>				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>		<b>X</b>				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<b>X</b>		<b>X</b>				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		<b>X</b>		<b>X</b>				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		<b>X</b>		<b>X</b>				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		<b>X</b>		<b>X</b>				
<b>b</b> Exception to rebate? .....		<b>X</b>		<b>X</b>				
<b>c</b> No rebate due? .....		<b>X</b>		<b>X</b>				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		<b>X</b>		<b>X</b>				

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Part IV Arbitrage (Continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

SCHEDULE K-1, PART I, BOND ISSUES:

SCHEDULE K, SUPPLEMENTAL INFORMATION: THE TOTAL PROCEEDS OF ISSUE IN PART

II DISCLOSE THE SAN MARCOS UNIVERSITY CORPORATION'S PORTION OF TOTAL ISSUE

PRICE OF BONDS ISSUED BY THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY.

IN AUGUST 2014, THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY ISSUED \$8,340,000 OF SERIES 2014A SYSTEMWIDE REVENUE BONDS AT A NET PREMIUM OF \$1,365,474. THE SERIES 2014A BOND PROCEEDS WERE USED TO REFUND \$9,205,000 OF THE SERIES 2005A SYSTEMWIDE REVENUE BONDS. THE REMAINING PORTION OF THE SERIES 2005A BOND OF \$705,000 WAS PAID UPON MATURITY IN NOVEMBER 2014.

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions *(Continued)*

IN MARCH 2005, A GROUND AND FACILITY LEASE WAS SIGNED BETWEEN THE BOARD AND UCORP FOR A TERM OF 28 YEARS BEGINNING ON MAY 1, 2005, WITH AN OPTION TO EXTEND AN ADDITIONAL 10 YEARS. THE GROUND AND FACILITY LEASE AGREEMENT WAS AMENDED IN JULY 2017 DUE TO THE UCORP AND CORPORATION MERGER. THE CORPORATION IS RESPONSIBLE FOR PAYING A BASE RENT EQUAL TO THE RELATING BOND OBLIGATION AND ADDITIONAL RENTAL PAYMENTS TO COVER ALL ADMINISTRATIVE COSTS AND OTHER EXPENSES IN CONNECTION WITH THE REFINANCING OR LEASING OF THE FACILITY. THE BONDS COMPRISE SERIES 2013A AND SERIES 2014A BONDS BEARING ANNUAL INTEREST OF 5.0 PERCENT (PAID SEMIANNUALLY). RENTAL PAYMENTS ARE SECURED BY A PLEDGE OF ALL UCORP REVENUES. THE LEASE OBLIGATION DUE TO THE BOARD IS TREATED AS A FINANCING ARRANGEMENT. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRECLUDE RECOGNITION OF A REAL ESTATE SALE WHERE THERE IS CONTINUING INVOLVEMENT WITH THE PROPERTY ON THE PART OF THE SELLER. IF THE SELLER-LESSEE HAS ANY CONTINUING INVOLVEMENT OTHER THAN THE LEASEBACK, SALE LEASEBACK ACCOUNTING IS PROHIBITED. ADDITIONALLY, IF THE SELLER IS REQUIRED TO SUPPORT OPERATIONS OR CONTINUE TO OPERATE THE PROPERTY AT ITS OWN RISK FOR AN EXTENDED PERIOD OF TIME, THE TRANSACTIONS SHOULD BE ACCOUNTED FOR AS A FINANCING, LEASING OR PROFIT-SHARING ARRANGEMENT. THE FINANCING METHOD IS USED WHEN THE SITUATIONS ARE GENERALLY SIGNIFICANT ENOUGH THAT, IN SUBSTANCE, THE ARRANGEMENT IS A LOAN BY THE BUYER-LESSOR TO THE SELLER-LESSEE.

SINCE THE PRESENT VALUE OF THE FUTURE LEASE PAYMENTS ON MAY 1, 2005 EXCEEDED 90 PERCENT OF THE FAIR VALUE OF THE LEASED BUILDING, THE BUILDING AND THE RELATED LIABILITY UNDER THE CAPITAL LEASES WERE RECORDED IN 2005 AT THE PRESENT VALUE OF THE FUTURE PAYMENTS DUE UNDER THE LEASES.

THE BALANCE OF THE LIABILITY UNDER CAPITAL LEASE AT JUNE 30, 2019, IN THE AMOUNT OF \$17,967,885, IS NET OF THE REMAINING \$170,826 OF UNAMORTIZED GAIN ASSOCIATED WITH THE MODIFICATION OF THE CAPITAL LEASE IN AUGUST 2014, AND REPRESENTS THE PRESENT VALUE OF THE BALANCE DUE IN FUTURE YEARS FOR LEASE RENTALS, DISCOUNTED AT 3.89 PERCENT. THE BALANCE OUTSTANDING AT JUNE 30, 2018 WAS \$18,950,023, WHICH WAS NET OF \$194,388 IN UNAMORTIZED GAIN ASSOCIATED WITH THE MODIFICATION OF THE CAPITAL LEASE IN AUGUST 2014.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION

Employer identification number  
33-0397688

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

SERVICES INCLUDE THE ADMINISTRATION OF RESEARCH AND TRAINING GRANT  
AWARDS TO CAMPUS FACULTY, AND OPERATION OF VARIOUS CAMPUS COMMERCIAL  
OPERATIONS INCLUDING THE BOOKSTORE AND FOOD SERVICES. OTHER SERVICES  
PROVIDED INCLUDE FINANCIAL MANAGEMENT SUPPORT TO OTHER CAMPUS ENTITIES  
AND PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 200,000. INCLUDING GRANTS OF \$ 200,000. REVENUE \$ 608,888.

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

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

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

AT THE BEGINNING OF EACH FISCAL YEAR ALL MEMBERS OF THE AUXILIARY'S BOARD  
OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b>	Employer identification number <b>33-0397688</b>
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THIS POLICY ALSO APPLIES TO ALL DIRECTOR LEVEL POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR, AND ALL OTHER POSITIONS THAT HAVE SIGNIFICANT EXPOSURE AND/OR DECISION MAKING AUTHORITY TO WARRANT REGULAR MONITORING OF THE CONFLICT OF INTEREST ACTIVITIES.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR IS AN EMPLOYEE OF THE RELATED ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE COMPENSATION. THE EXECUTIVE EMPLOYEE'S SALARY IS INCLUDED WITH THE ORGANIZATION'S FISCAL YEAR OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORMS 990 (FROM THE PREVIOUS THREE YEARS) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	1,169,586.
MANAGEMENT AND GENERAL EXPENSES	203,438.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,373,024.

BUSINESS SERVICES:

Name of the organization	CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION	Employer identification number	33-0397688
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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	314,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	314,000.

ADMINISTRATIVE FEES:

PROGRAM SERVICE EXPENSES	1,142,959.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,142,959.

PROFESSIONAL DEVELOPMENT:

PROGRAM SERVICE EXPENSES	54,065.
MANAGEMENT AND GENERAL EXPENSES	99.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,164.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,884,147.
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**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
CORPORATION**

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY SAN MARCOS	P	5,412,990.	COST REIMBURSEMENT
(2) CALIFORNIA STATE UNIVERSITY SAN MARCOS	Q	971,116.	COST OF SERVICES
(3)			
(4)			
(5)			
(6)			







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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION</b>	Employer identification number (EIN) or  <b>33-0397688</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 S. TWIN OAK VALLEY RD.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN MARCOS, CA 92096</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CLINT ROBERTS, CONTROLLER**

• The books are in the care of ▶ **333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096-0001**  
Telephone No. ▶ **760-750-4470** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     **MAY 15, 2020**    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     **JUL 1, 2018**    , and ending     **JUN 30, 2019**    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

## **ATTACHMENT D**

Quarterly Financial Report & Summary 12/31/19

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

	Balance 12/31/2019	Balance 9/30/2019	Quarter Increase/ (Decrease)
<b>Assets</b>			
Cash and cash equivalents	\$ 2,132,590	\$ 4,534,232	\$ (2,401,642)
Investments	12,728,517	10,467,120	2,261,397
Accounts Receivable-Extended Learning Building	569,003	2,722,290	(2,153,287)
Accounts Receivable-Sponsored Programs	2,010,807	1,641,104	369,703
Other Receivable	1,033,307	1,325,500	(292,193)
Other Assets	141,475	131,200	10,275
Extended Learning Building & Equipment (Net)	75,152,658	75,011,838	140,820
Housing Building & Equipment (Net)	17,508,543	17,734,371	(225,828)
CCF Building & Fixtures (Net)	3,638,934	3,701,073	(62,139)
Property & Equipment (Net)	1,780,981	2,308,910	(527,929)
<b>Total Assets</b>	<b>\$ 116,696,815</b>	<b>\$ 119,577,638</b>	<b>\$ (2,880,823)</b>
<b>Liabilities &amp; Net Assets</b>			
<b>Liabilities:</b>			
Accounts Payable and Accrued Expenses	\$ 2,895,103	\$ 3,091,354	\$ (196,251)
Deferred Revenue	17,962,583	19,360,477	(1,397,894)
Bond Payable - Housing	17,033,854	17,967,885	(934,031)
Post-Retiree Health Benefit Accrual	1,585,550	1,561,751	23,799
Note Payable - Extended Learning Building	62,744,017	63,594,017	(850,000)
Note Payable - Starbucks	150,293	150,293	-
<b>Total Liabilities</b>	<b>\$ 102,371,400</b>	<b>\$ 105,725,777</b>	<b>\$ (3,354,377)</b>
<b>Net Assets:</b>			
Without Donor Restrictions			
Operating Reserves	\$ 2,956,126	\$ 2,956,126	\$ -
Campus/Designated Programs	3,849,383	3,646,662	202,721
Housing	4,370,878	4,274,557	96,321
Administrative Current Year Net Activity	214,924	167,399	47,525
Property & Equipment	2,934,104	2,807,117	126,987
<b>Total Net Assets</b>	<b>\$ 14,325,415</b>	<b>\$ 13,851,861</b>	<b>\$ 473,554</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 116,696,815</b>	<b>\$ 119,577,638</b>	<b>\$ (2,880,823)</b>

**California State University San Marcos Corporation**  
**Administrative Operating Summary**  
**7/1/19 to 12/31/19**

	Annual Budget FY 19/20	Quarter 2 10/1/19 to 12/31/19			Fiscal Year To Date 7/1/19 to 12/31/19			Comparison of Prior FYTD Actual to Current FYTD Actual		
		Budget	Actual	Variance	Budget	Actual	Variance	Prior FYTD 12/31/18	Current FYTD 12/31/19	% Increase (Decrease)
<b>Revenue</b>										
Net Grant/Contract Admin Fees	\$ 916,400	\$ 229,100	\$ 229,100	\$ -	\$ 458,200	\$ 458,200	\$ -	\$ 440,000	\$ 458,200	4%
Admin Fees - Campus Programs	120,000	30,000	31,696	1,696	60,000	64,702	4,702	59,002	64,702	10%
Follett-Bookstore Commission	333,000	26,640	23,314	(3,326)	166,500	141,323	(25,177)	159,581	141,323	-11%
Sodexo Commission	143,000	35,750	44,267	8,517	71,500	68,800	(2,700)	64,083	68,800	7%
Other Commercial Services Revenues	160,450	40,113	42,862	2,750	80,225	65,717	(14,508)	63,845	65,717	3%
Housing	498,000	124,500	124,500	-	249,000	249,000	-	279,000	249,000	-11%
Summer Revenue	152,500	152,500	203,651	51,151	152,500	203,651	51,151	171,831	203,651	19%
Center for Children & Family (CCF)	256,500	64,125	64,125	-	128,250	128,250	-	34,500	128,250	272%
Investment Income	80,000	20,000	53,391	33,391	40,000	109,325	69,325	26,071	109,325	319%
Exchange of Value - CSUSM	293,223	73,306	73,306	-	146,612	146,612	-	150,486	146,612	-3%
Space Rental	3,250	-	-	-	-	-	-	-	-	-
Other Revenue	20,000	-	835	835	20,000	21,090	1,090	17,253	21,090	22%
<b>Total Revenue</b>	<b>\$ 2,976,323</b>	<b>\$ 796,034</b>	<b>\$ 891,047</b>	<b>\$ 95,014</b>	<b>\$ 1,572,787</b>	<b>\$ 1,656,670</b>	<b>\$ 83,883</b>	<b>\$ 1,465,652</b>	<b>\$ 1,656,670</b>	<b>13%</b>
Post-Retirement	2,500	\$ 625	\$ 1,199	\$ (574)	\$ 1,250	\$ 2,398	(1,148)	\$ 10,154	\$ 2,398	-76%
Expenses: Admin Operations	2,665,833	666,458	842,323	(175,865)	1,332,916	1,439,348	(106,432)	1,149,246	1,439,348	25%
<b>Net Operating Revenues</b>	<b>\$ 307,990</b>	<b>\$ 128,950</b>	<b>\$ 47,525</b>	<b>\$ (81,425)</b>	<b>\$ 238,621</b>	<b>\$ 214,924</b>	<b>\$ (23,697)</b>	<b>\$ 306,252</b>	<b>\$ 214,924</b>	<b>-30%</b>

## **ATTACHMENT E**

**FY19/20 CSUSM Corporation Admin  
Mid-Year Financial Report & Budget**

**CSUSM CORPORATION - ADMINISTRATION**  
**FY2019-2020 Mid-Year Financial Report & Revised Budget (as of 12/31/19)**

Administration - High-Level Summary	FY 19-20 Budget	Budget Adjustment	Revised Budget FY19-20	Dec YTD Actuals	Jan - Jun Forecast	Projected Total FY 19-20
<b>Total Revenues</b>	\$ 2,976,323	\$ 177,027	\$ 3,153,350	\$ 1,656,670	\$ 1,496,680	\$ 3,153,350
<b>Total Expenses</b>	2,665,833	373,377	3,039,210	1,439,348	1,599,862	3,039,210
<b>Net Income/(Net Loss) Before Post Retirement Expense</b>	<b>\$ 310,490</b>	<b>\$ (196,350)</b>	<b>\$ 114,140</b>	<b>\$ 217,322</b>	<b>\$ (103,182)</b>	<b>\$ 114,140</b>
Post Retirement Expense	2,500	2,295	4,795	2,398	2,398	4,795
<b>Net Income/(Net Loss) After Post Retirement Expense</b>	<b>\$ 307,990</b>	<b>\$ (198,645)</b>	<b>\$ 109,345</b>	<b>\$ 214,925</b>	<b>\$ (105,580)</b>	<b>\$ 109,345</b>

Administration - Detailed Summary						
Account Category	FY 19-20 Budget	Budget Adjustment	Revised Budget FY19-20	Dec YTD Actuals	Jan - Jun Forecast	Projected Total FY 19-20
<b>Revenues</b>						
Space Rental	\$ 3,250	\$ -	\$ 3,250	\$ -	\$ 3,250	\$ 3,250
Summer Residents	59,000	(14,768)	44,232	44,232	-	44,232
Housing Fee (for Corporation Incurred Costs)	498,000	-	498,000	249,000	249,000	498,000
Summer Conferences <sup>(a)</sup>	93,500	65,919	159,419	159,419	-	159,419
Revenue from Investments <sup>(b)</sup>	80,000	64,325	144,325	109,325	35,000	144,325
<b>Commercial Services <sup>(c)</sup></b>						
Follett	333,000	(53,000)	280,000	141,323	138,677	280,000
Sodexo	143,000	(9,000)	134,000	68,800	65,200	134,000
CCF	256,500	-	256,500	128,250	128,250	256,500
Other	165,450	(2,500)	162,950	65,717	97,233	162,950
Overhead Admin Fee	120,000	-	120,000	64,702	55,298	120,000
OSP Recovery (for Mgmt of Grants & Contracts) <sup>(d)</sup>	916,400	112,518	1,028,918	458,200	570,718	1,028,918
EOV	293,223	-	293,223	146,612	146,611	293,223
Other	15,000	13,533	28,533	21,090	7,443	28,533
<b>Total Revenues</b>	<b>\$ 2,976,323</b>	<b>\$ 177,027</b>	<b>\$ 3,153,350</b>	<b>\$ 1,656,670</b>	<b>\$ 1,496,680</b>	<b>\$ 3,153,350</b>
<b>Operating Expenses</b>						
Salaries & Benefits <sup>(e)</sup>	\$ 1,529,801	\$ 107,148	\$ 1,636,949	\$ 744,182	\$ 892,768	\$ 1,636,949
Communications	10,000	-	10,000	4,658	5,342	10,000
Utilities Group	15,160	-	15,160	7,580	7,580	15,160
Travel	47,468	(14,145)	33,323	10,773	22,550	33,323
Capital Outlay Projects	-	2,140	2,140	-	2,140	2,140
State Pro Rata Charges Group	6,105	-	6,105	2,957	3,149	6,105
Contractual Services Group <sup>(f)</sup>	136,710	100,045	236,755	80,183	156,572	236,755
Information Technology Costs <sup>(g)</sup>	53,855	27,518	81,373	-	81,373	81,373
Furniture/Equipment <sup>(h)</sup>	-	31,651	31,651	18,637	13,014	31,651
Business Services Fees (Campus)	318,861	-	318,861	159,430	159,431	318,861
Misc. Operating Expenses <sup>(i)</sup>	372,873	54,184	427,057	171,112	255,945	427,057
Transfers to EL Bldg Project - Corp Group II	100,000	14,024	114,024	114,024	-	114,024
Campus Support <sup>(j)</sup>	75,000	50,812	125,812	125,812	-	125,812
<b>Total Operating Expenses</b>	<b>\$ 2,665,833</b>	<b>\$ 373,377</b>	<b>\$ 3,039,210</b>	<b>\$ 1,439,348</b>	<b>\$ 1,599,862</b>	<b>\$ 3,039,210</b>
<b>Net Income/(Loss) Before Post Retirement Exp</b>	<b>\$ 310,490</b>	<b>\$ (196,350)</b>	<b>\$ 114,140</b>	<b>\$ 217,322</b>	<b>\$ (103,182)</b>	<b>\$ 114,140</b>
Benefits Post Retirement Health	2,500	2,295	4,795	2,398	2,398	4,795
<b>Net Income/(Loss) After Post Retirement Exp</b>	<b>\$ 307,990</b>	<b>\$ (198,645)</b>	<b>\$ 109,345</b>	<b>\$ 214,925</b>	<b>\$ (105,580)</b>	<b>\$ 109,345</b>

**NOTES: (for any adjustments > \$25,000)**

- (a) Higher than budgeted results due to continued growth of program
- (b) Higher average invested balance and earnings than budgeted
- (c) Lower than budgeted revenues, primarily at bookstore due to decline in textbook sales; budget assumed there would be increase in enrollment to offset textbook decline
- (d) Increased recovery from IDC for 1) Cayuse software implementation (\$72k) and 2) Legal fee allowance (\$40k)
- (e) Addition of Sr. Sponsored Projects Analyst and Campus IITS dedicated support; net of reduction for delayed start of new dining support staff (from mid year to Spring)
- (f) Comprised of: **Consulting Svcs Gen - (\$32k)** for Housing Study/Employers Group wrapup from prior yr (\$22k)& OSP Consultant-DeRosa (\$10k) & **Consulting Svcs - Legal (\$68k)** for OSP Allowance (\$40k), Maximus contract, and Corp general (\$28k),
- (g) Cayuse - OSP software increase in current year expected costs (from original projected \$45k to \$72k)
- (h) Purchase of Corp golf cart upon move to EL Bldg (\$18.6k); Furn-Corp/OSP suites (\$8.3k); Storage container for EL/Innov Hub/Housing/Dining/Summ. Conf (\$3.7k)
- (i) \$36k add'l Comm Serv maint expense - Sodexo general & Starbucks remodel; \$10k SCCUR conference sponsorship; \$6k Housing spruce up; \$2k misc
- (j) Additional CCR contribution made for Office of the President (\$50k)

**FY2019-2020 Mid-Year Financial Report & Revised Budget (as of 12/31/19)**

<b>Corporation Administration Reserves</b>	<b>FY19-20 Budget</b>	<b>Budget Adjustment</b>	<b>Revised Budget FY19-20</b>
Beginning Balance (from previous Fiscal Year)	\$ 3,036,449	\$ -	\$ 3,036,449
Add: Net Income	307,990	(198,645)	109,345
Less: Capital Expenditures & Projects	(800,000)	(100,000)	(900,000)
<b>Ending Balance</b>	<b>\$ 2,544,439</b>	<b>\$ (298,645)</b>	<b>\$ 2,245,794</b>
<b>Summary of FY19-20 Capital Expenditures &amp; Projects</b>			
	<b>Amount</b>		
Innovation Hub	\$ 450,000		
Residential Dining Project	350,000		
<b>Residential Dining Project - Construction Contingency</b>	<b>100,000</b>	<b>ADDITIONAL FUNDS REQUEST</b>	
<b>Total</b>	<b>\$ 900,000</b>		

# **ATTACHMENT F**

**FY19/20 Student Housing  
Mid-Year Financial Report & Budget**



**CSUSM CORPORATION - STUDENT HOUSING**  
**FY2019-2020 - Mid-Year Financial Report (as of 12/31/19)**

<b>Student Housing</b>					
<b>Account Category</b>	<b>FY19-20 Budget</b>	<b>Dec Ytd Actuals</b>	<b>Jan - Jun Forecast</b>	<b>Projected Total FY 19-20</b>	<b>Variance to Budget</b>
<b>Revenues</b>					
Rental income	\$ 5,399,140	\$ 2,809,778	\$ 2,774,701	\$ 5,584,479	\$ 185,339
Operating Income	306,200	179,670	271,900	451,570	145,370
<b>Total Revenues <sup>(a)</sup></b>	<b>\$ 5,705,340</b>	<b>\$ 2,989,448</b>	<b>\$ 3,046,601</b>	<b>\$ 6,036,049</b>	<b>\$ 330,709</b>
<b>Operating Expenses</b>					
Salaries & Benefits	692,801	311,753	364,165	675,918	16,883
Rental	33,150	16,191	16,700	32,891	259
Administrative	82,079	46,048	39,150	85,198	(3,119)
Common Area	211,606	88,001	116,380	204,381	7,225
Grounds	30,270	27,154	9,420	36,574	(6,304)
Utilities	602,284	313,533	297,342	610,875	(8,591)
Interior Unit <sup>(b)</sup>	61,350	79,437	22,250	101,687	(40,337)
Maintenance <sup>(c)</sup>	131,214	171,017	(14,087)	156,930	(25,716)
Taxes & Insurance	65,492	34,201	32,744	66,945	(1,453)
Bad Debt Expense	12,000	4,937	6,000	10,937	1,063
<b>Total Operating Expenses</b>	<b>1,922,246</b>	<b>1,092,272</b>	<b>890,064</b>	<b>1,982,336</b>	<b>(60,090)</b>
<b>Fees</b>					
Management Fee	178,660	112,343	81,103	193,446	(14,786)
Res Ed Allocation (UVA)	367,154	183,577	183,578	367,155	(1)
Corporation Covered Expenses	498,000	249,000	249,000	498,000	-
<b>Total Fees</b>	<b>1,043,814</b>	<b>544,920</b>	<b>513,681</b>	<b>1,058,601</b>	<b>(14,787)</b>
<b>Total Operating Expense &amp; Fees</b>	<b>2,966,060</b>	<b>1,637,192</b>	<b>1,403,745</b>	<b>3,040,937</b>	<b>(74,877)</b>
<b>Net Operating Income before Depreciation, Amortization, Interest &amp; Other</b>	<b>2,739,280</b>	<b>1,352,257</b>	<b>1,642,856</b>	<b>2,995,113</b>	<b>255,833</b>
<b>Depreciation, Amortization, Interest &amp; Other</b>					
Depreciation & Amortization <sup>(d)</sup>	871,617	587,771	585,750	1,173,522	(301,905)
Interest Expense	674,997	338,899	336,098	674,997	-
Other - Investment Income <sup>(e)</sup>	-	(28,343)	(20,000)	(48,343)	48,343
<b>Total Depreciation, Amortization, Interest &amp; Other</b>	<b>1,546,614</b>	<b>898,327</b>	<b>901,848</b>	<b>1,800,176</b>	<b>(253,562)</b>
<b>Net Operating Income</b>	<b>1,192,666</b>	<b>453,929</b>	<b>741,008</b>	<b>1,194,937</b>	<b>2,271</b>
Less: Campus Contribution	500,000	-	500,000	500,000	-
<b>Net Income After Campus Contribution</b>	<b>692,666</b>	<b>453,929</b>	<b>241,008</b>	<b>694,937</b>	<b>2,271</b>
<b>Debt Service Summary</b>					
Bond Payable -Principal	\$ 999,628	\$ 934,031	\$ 65,597	999,628	\$ -
Bond Payable -Interest	674,997	338,899	336,098	674,997	-
<b>Total Debt Service</b>	<b>\$ 1,674,625</b>	<b>\$ 1,272,930</b>	<b>\$ 401,695</b>	<b>\$ 1,674,625</b>	<b>\$ -</b>
<b>NOTES:</b>					
(a) Actual occupancy exceeding budgeted rate of 90%; higher than budgeted lease processing fees					
(b) Higher than expected turn costs and interior painting					
(c) Overage due to Elevator maintenance					
(d) Underbudgeted item					
(e) Investment income - unbudgeted line item					

**CSUSM CORPORATION - STUDENT HOUSING**  
**FY2019-2020 - Mid-Year Financial Report (as of 12/31/19)**

<b>Student Housing Reserves</b>		<b>FY19-20 Budget</b>	<b>Projected Total FY 19-20</b>	
Beginning Balance (from previous Fiscal Year)		\$ 4,186,569	\$ 4,186,569	
Add: Net Income after Campus Contribution		692,666	2,271	694,937
Less: Capital Expenditures & Projects		(1,581,000)	(200,000)	(1,781,000)
<b>Ending Balance</b>		<b>\$ 3,298,235</b>	<b>\$ (197,729)</b>	<b>\$ 3,100,506</b>
<b>Summary of FY19-20 Capital Expenditures &amp; Projects</b>		<b>FY19-20 Budget</b>		
<b>Capital Expenditures</b>		<b>\$ 806,000</b>		
	Detail			
ADA -Courtyard/Room Conversion	\$ 35,000	Complete		
Painting-Exterior	\$ 93,000	Complete		
Pool resurface (per Risk)	\$ 30,000	Complete		
HVAC (roof & apt units)	\$ 316,000	In Progress		
Security (cameras)	\$ 43,500	In Progress		
Lighting-Common Areas	\$ 78,000	In Progress		
Elevator	\$ 40,000	In Progress		
Standard Replacements	\$ 22,500			
Signage/Signage Plan	\$ 40,000	In Progress		
Bldg A Architect Design	\$ 60,000			
Contingency	\$ 48,000			
<b>Master Plan</b>			<b>125,000</b>	
<b>Residential Dining (orig Satellite Dining &amp; Equipment)</b>			<b>200,000</b>	
<b>Residential Dining</b>			<b>450,000</b>	
<b>Residential Dining - Construction Contingency</b>			<b>200,000</b>	<b>ADDITIONAL FUNDS REQUEST</b>
<b>Total</b>			<b>1,781,000</b>	