efile	e GF	RAPHIC	print Submission Dat	e - 2020-11-12						DLN: 9	3493317088710				
Form	9	90	Return of Org Under section 501(c), 527, Do not enter		- ernal Reve	nue Cod	e (excej	ot priva	ate foundat	NX –	2019				
Treas	ury	ent of the		<u>5.gov/Form990</u> for inst			-				Open to Public Inspection				
A <sup>erv</sup> #8	or th	ne 2019 c	alendar year, or tax year be	ginning 07-01-2019	, and endi	ing 06-3	80-2020								
B Che □ Ad	ck if a dress	applicable: change hange	C Name of organization UNIVERSITY CORPORATION AT M						<b>D Employ</b> 77-038		ication number				
		-	Doing business as												
_		rn/terminated	Number and street (or P.O. box i	f mail is not delivered to stree	et address)	Room/su	iite		E Telephon	e number					
<ul> <li>Amended return</li> <li>Application</li> <li>Opending</li> </ul>			100 CAMPUS CTR BLDG 201 NO City or town, state or province, o	101		1.0011,50				82-3395					
			SEÁSIDE, CA 93955						<b>G</b> Gross r	eceipts \$ 8	33,406,812				
			F Name and address of print KEVIN SAUNDERS 100 CAMPUS CTR BLDG 201	'				subor	a group ret dinates?		🗌 Yes 🗹 No				
<b>і</b> Тах	-exer	mpt status:	SEASIDE, CA 93955	(insert no.) 2947(a)(	1) or	527	H(b)	includ			Yes No				
J We	ebsi	te: 🕨 WV	WW.CSUMB.EDU		.1) 01 🕛 .	527	H(c)		exemption						
<b>K</b> Forn	n of o	rganization	: 🗹 Corporation 🗌 Trust 🗌 A	ssociation 🗌 Other 🕨			L Year o	of forma	tion: 1994	M State	of legal domicile: CA				
Pa	rt I	Sum	imary												
nce		TO FURTH	scribe the organization's missic IER THE PROGRAMS OF THE CA , EDUCATIONAL AND CHARITAB	LIFORNIA STĂTE UNIVERS		EREY BA	Y AND S	UPPOR	T THE UNIVI	ERSITY'S	SCIENTIFIC,				
/ema															
Activities & Governance			is box <b>b</b> if the organization discontinued its operations or disposed of more than 25% of its net assets. of voting members of the governing body (Part VI, line 1a)												
ŝ	4	Number	of independent voting member	4	2										
MIL	5	Total nur	mber of individuals employed in	5	1,038										
ctiv	6	Total nur	Total number of volunteers (estimate if necessary)												
٩	7a	Total unr	elated business revenue from F	Part VIII, column (C), line	12	• •	• •			7a	-151,863				
	b	Net unre	lated business taxable income	from Form 990-T, line 39		• •		•	•	7b	-151,863				
		Cartalla	Manager and success (Dent )//// Para	16)				Pri	or Year	000	Current Year				
9	8		tions and grants (Part VIII, line			•			22,814,		22,301,721				
Revenue		•	service revenue (Part VIII, line ent income (Part VIII, column (A	•		•			40,697,		36,959,951 2,351,005				
ĥ			venue (Part VIII, column (A), lin	,		•			1,891, -99,		-373,615				
			enue—add lines 8 through 11 (			(12			65,303,		61,239,062				
	13		nd similar amounts paid (Part I						7,328,		6,549,995				
			•						7,520,	0	0,549,995				
10			enefits paid to or for members (Part IX, column (A), line 4)								19,952,050				
Exp enses		a Professional fundraising fees (Part IX, column (A), line 11e)							19,		9,825				
p er			I fundraising expenses (Part IX, column (D), line 25) >699,305												
ă			penses (Part IX, column (A), lin						31,367,	845	35,185,402				
	18	Total exp	enses. Add lines 13–17 (must e			58,893,	639	61,697,272							
	19	Revenue	less expenses. Subtract line 18			6,409,	932	-458,210							
Net Assets or Fund Balances							Beg	jinning	of Current Y	′ear	End of Year				
Bal	20	Total ass	ets (Part X, line 16)			•			200,941,	927	198,127,958				
ind /	21	Total liab	ilities (Part X, line 26)			· ·			127,245,4		124,046,985				
			t assets or fund balances. Subtract line 21 from line 20								74,080,973				
	rt II		nature Block perjury, I declare that I have exa	mined this return includ	ling accom	nanvina	schodul	ac and	statements	and to t	he hest of my				
knowl	edge	e and beli edge.	ferjury, i declare that i have exe	ininea this return, inclua	ror (othor t	than offic	cer) is ba	ased on	all informa	tion of w	hich preparer has				
	nowl	1.6	ef, it is true, correct, and compl	ete. Declaration of prepa	rer (other t										
<u>.</u> .		Signa	ef, it is true, correct, and compl	ete. Declaration of prepa				202 Dat	20-11-09 te						
Sign Here		SHER	ture of officer RY BAGGETT CONTROLLER	ete. Declaration of prepa											
		SHER Type	ture of officer RY BAGGETT CONTROLLER or print name and title				Date		te	PTIN					
	•	SHER Type	ture of officer RY BAGGETT CONTROLLER or print name and title Print/Type preparer's name	ete. Declaration of prepa			Date	Dat Che self-	ck if employed	PTIN P01630879	)				
Pai Pre	d	SHER Type	ture of officer RY BAGGETT CONTROLLER or print name and title				Date	Dat Che self-	ck if	P01630879	)				
Pai Pre	d	SHER Type	ture of officer RY BAGGETT CONTROLLER or print name and title Print/Type preparer's name	Preparer's signature			Date	Dat Che self- Firm	ck if employed	P01630879 2772601	)				
Pai Pre Use	d pa è O	sHER Type	iture of officer  RY BAGGETT CONTROLLER or print name and title Print/Type preparer's name  Firm's name  It GLENN BURDETTE Firm's address  1150 PALM STREET	Preparer's signature				Dat Che self Firm Pho	te ck if employed n's EIN ► 95-	P01630879 2772601 544-1441	9 9 es 🗌 No				

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement of Program S	Service Accomplish	nments		
	Check if Schedule O contains a	response or note to ar	ny line in this Part III .		🗹
1	Briefly describe the organization's mis	ssion:	-		
MAN.	SE FISCAL FLEXIBILITY TO PROVIDE RES AGE COMMERCIAL ACTIVITIES AND ENT ATIVES. THE CORPORATION IS COMMITT NERS ARE PREPARED TO CONTRIBUTE I	REPRENEURIAL ACUMEI ED TO SUPPORTING TH	N TO GENERATE REVEN E UNIVERSITY IN BUILD	JE IN SUPPORT OF THE UNIVE NG A MULTICULTURAL LEARN	RSITY'S STRATEGIC
2	Did the organization undertake any si	gnificant program servi	ices during the year whi	ch were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🛛 No
3	If "Yes," describe these new services of Did the organization cease conducting		hanges in how it condu	ts any program	
5	services?	g, or make significant c	nanges in now it conduc	cs, any program	. 🗌 Yes 🔽 No
	If "Yes," describe these changes on So	bedule O			
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	service accomplishmen izations are required to			
4a	(Code: ) (Expenses HOUSING, DINING AND RESIDENTIAL LIFE		including grants of \$ FACULTY AND STAFF OF TH	12,000 ) (Revenue \$ E UNIVERSITY.	36,231,654 )
4b	(Code: ) (Expenses GRANTS & CONTRACTS: EXTERNALLY SPO		including grants of \$ STERED BY THE CORPORAT	4,338,911 ) (Revenue \$ ON FOR THE UNIVERSITY.	)
4c	(Code: ) (Expenses	\$ 4,589,016	including grants of \$	2,079,183 ) (Revenue \$	)
	CAMPUS SUPPORT, DEVELOPMENT AND IN	FRASTRUCTURE: VARIOUS		ECTS FOR THE BENEFIT OF THE U	NIVERSITY AND ITS AUXILIARIES
	(Code: ) (Expenses	\$ 767,244	including grants of \$	) (Revenue \$	787,588)
	OPERATION OF UNIVERSITY RADIO STATIO	N, KAZU, WHICH PROVIDES	NEWS BROADCASTING SE	RVICES FOR FACULTY, STAFF AND 1	THE LOCAL COMMUNITY.
	(Code: ) (Expenses EDUCATIONAL CONFERENCES, WORKSHO STUDENTS.		including grants of \$ ND SUPPORT PROVIDED BY	119,901 ) (Revenue \$ THE CORPORATION IN SUPPORT O	) F THE UNIVERSITY AND ITS
	(Code: ) (Expenses STUDENT SUPPORT AND SCHOLARSHIPS	\$ 299,322	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe ir				
	(Expenses \$ 2,683,31	55		001 ) (Revenue \$	787,588)
4e	Total program service expenses	► 55,967,7	//5		

Part IV Checklist of Required Schedules

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

Page **3** 

Form **990** (2019)

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

1a	Enter the number	reported in B	Box 3 of Form	1096. Er	nter -0- if not applicable	

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

# Yes Form **990** (2019)

226

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1c

1a

1b

Page **4** 

	Form	990	(2019)	
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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	<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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         Image: Comparison of the state			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			ines
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
36			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		105	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	<sup>1</sup> 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
	ation D. Delisie (This Continue Descurate information 1 and 11 and 11 and 12 and 12			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.) Yes	No
	Did the organization have local chapters, branches, or affiliates?	e Code 10a		No No
10a				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
10a b 11a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10a 10b	Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

CA

✓ 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: SHERRY BAGGETT 100 CAMPUS CENTER BLDG 201 101 SEASIDE, CA 939558001 (831) 582-3395

 $\checkmark$ 

# 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for	than o is b	ne bo	ox, ι n of	t ch Inle fice	r and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) EDUARDO OCHOA PHD PRESIDENT	1.00  40.00	х		x				0	305,821	122,111
(2) FRAN HORVATH	1.00	х		x				0	204,964	70,802
SECRETARY/TREASURER (3) KEVIN SAUNDERS	40.00 1.00									
EXECUTIVE DIRECTOR	40.00	Х		Х				0	248,530	90,717
(4) JASMINE BHARDWAJ STUDENT DIRECTOR	1.00 	x						0	0	0
(5) SCOTT FAUSTI PHD FACULTY DIRECTOR	1.00  40.00	x						0	124,588	45,936
(6) RONNIE HIGGS PHD STUDENT AFFAIRS DIRECTOR	1.00	x						0	219,858	85,923
(7) ROBERT TAYLOR ESQ	40.00 1.00	х						0	0	0
COMMUNITY MEMBER DIRECTOR (8) BARBARA ZAPPAS	1.00									
UNIVERSITY DEVELOPMENT DIR	40.00	Х						0	215,644	82,858
(9) MARY JO ZENK STAFF DIRECTOR	1.00  40.00	х						0	86,630	46,557
(10) STARR LEE ASSOCIATE EXECUTIVE DIRECT	40.00					x		171,009	0	19,559
(11) FORREST MELTON SR. SCIENTIST	40.00					x		147,536	0	47,593
(12) SHERRY BAGGETT	40.00					x		135,654	0	46,397
CONTROLLER (13) LEE JOHNSON	40.00									
SR. SCIENTIST						х		133,334	0	37,109
(14) VINCENT GERARD AMBROSIA SR. SCIENTIST	40.00					x		129,290	0	25,684
						<u> </u>				
					_					
								I		Form <b>990</b> (2019)

	(A) Name and title	(B) Average hours per week (list any hours for	than c is b	one bo	ox, u n off	: che nles ïcer	and a	on	(D) Reporta compens from t organizati	able sation the ion (W-	(E) Reportable compensation from related organizations (	W-	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1	MISC)	2/1099-MISC	)	organizat rela organiz	ted
												+		
												_		
												+		
												_		
												_		
	Sub-Total				•		<u></u>					$\top$		
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)			• • •	· ·	•	5		71	6,823	1,406,0	35		721,246
2	Total number of individuals (including reportable compensation from the org		to those	liste	d abo	ove)	) who	rece	ived more t	han \$10	0,000 of			
3	Did the organization list any <b>former</b> o	fficer director o	or tructe	o ko	, om	nlo		r hia	hest compe	ansatad			Yes	No
5	line 1a? If "Yes," complete Schedule J	for such individu	ual .		•	•	•	•	• • •	• •	• •	3		No
4	For any individual listed on line 1a, is to organization and related organizations individual	the sum of repo greater than \$	rtable c 150,000	ompe )? <i>If</i> " •	nsat Yes," •	ion ' <i>cor</i>	and ot mplete	her Sch	compensati nedule J for s	ion from <i>such</i>	the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?									n or indiv	vidual for	5		No
-	ection B. Independent Contract													
1	Complete this table for your five higher the organization. Report compensation	n for the calend									year.	npens		
TOME		(A) Ind business addre	ess								(B) ription of services		Compe	C) nsation
	BLESON INCORPORATED									DNSTRUCT	ION			1,318,008
	IAS, CA 93901								JAI	NITORIAL	SERVICES			824,651
BOST	IUNTINGTON AVENUE 12TH FLOOR ON, MA 02116									0.0000000				170.000
2415	NCE RESIDENTIAL COMPANY E CAMELBACK RD STE 600								PR		IANAGEMENT			476,688
J M EL	NIX, AZ 85016 LECTRIC								СС	ONSTRUCT	ION			418,360
SALIN	RIFFIN STREET IAS, CA 93901 V WHITE CUSTODIAL SERVICES								141	NITORIAL	SERVICES			362,650
1773	LONDONDERRY WAY IAS, CA 93906										-			,
JALIN					4 la -a				<u> </u>					

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

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 ► 14

Form 990 (2019)	
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Page **9** 

Part	VIII Statement of Reve	nue					
	Check if Schedule O con	tains a respor	ise or note to any	line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<b>1a</b> Federated campaigns .	1.1-1			revenue	revenue	512 - 514
nts nts	<b>b</b> Membership dues	. 1a 1b					
Grai	<b>c</b> Fundraising events	10 1c	35,928				
ts, (	<b>d</b> Related organizations	1d	482,368				
Gif	e Government grants (contributio	بلنب	15,167,895				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grand similar amounts not include above	ants, ed <b>1f</b>	6,615,530				
ntribu d Oth	g Noncash contributions included lines 1a - 1f:\$	lin <b>1g</b>	102,956				
ပီမ	h Total. Add lines 1a-1f .		• • •	22,301,721			
			Business Code	24 252 004	24 252 004		
	2a HOUSING, DINING & RESIDENTIA	L LIF	624200	34,353,804	34,353,804		
enue	<b>b</b> COMMISSIONS AND SERVICE FEE	S	611710	1,818,559	1,818,559		
Rev				787,588	787,588		
lice	c RADIO STATION FUNDING		515100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ser 1	d						
Program Service Revenue	e						
Å	<b>6</b> All all a						
	f All other program service re		36,959,951				
	<ul><li>9 Total. Add lines 2a-2f.</li><li>3 Investment income (including</li></ul>			1	1		
	similar amounts)		•	1,477,333	3		1,477,333
	<ul><li>4 Income from investment of ta</li><li>5 Royalties</li></ul>			·			
	5 Royalties	(i) Real	(ii) Personal				
				-			
	6a Gross rents 6a	150,592		-			
	b Less: rental expenses 6b	623,655					
	c Rental income or (loss) 6c	-473,063					
	<b>d</b> Net rental income or (loss)			-473,063	3 -36,882	-151,863	-284,318
	(i)	Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	20,918,359					
	b Less: cost or other basis and sales expenses <b>7b</b>	20,044,687					
	c Gain or (loss) 7c	873,672					
	<b>d</b> Net gain or (loss)			873,672	2		873,672
Ð	8a Gross income from fundraising en (not including \$ 35,9)	vents 28 of					
ňu	contributions reported on line 1c	).					
eve	See Part IV, line 18	 8a	34,682				
Other Revenue	<b>b</b> Less: direct expenses		31,407	3,275			3,275
the	<b>c</b> Net income or (loss) from fu	ndraising ever	nts 🕨	3,27			3,273
0	<b>9a</b> Gross income from gaming act See Part IV, line 19						
	<b>b</b> Less: direct expenses .	. 9b		1			
	<b>c</b> Net income or (loss) from ga	ming activitie	s 🕨	-			
	<b>10a</b> Gross sales of inventory, les	5					
	returns and allowances		1,537,937				
	<b>b</b> Less: cost of goods sold .	. 10b	1,468,001				
	<b>c</b> Net income or (loss) from sa	1	-	69,936	5 69,936		
	Miscellaneous Revent <b>11a</b> OTHER INCOME	he	Business Code 900099	9 26,237	7 26,237		
	L						
	b						
	c			+			<u> </u>
	d All other revenue	•					
	e Total. Add lines 11a-11d .			26,237	7		
	12 Total revenue. See instruct	tions	🕨	61.239.062	37.019.242	-151.863	2.069.962

Form **990** (2019)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See	(A) Total expenses 5,825,981 724,014	(B) Program service expenses 5,825,981	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b, 9b, and 10b of Part VIII.         1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	Total expenses 5,825,981	Program service expenses	Management and	Fundraising
domestic governments. See Part IV, line 21			3	
•	724 014			
Part IV, line 22	724,014	724,014		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	1			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,581,826	12,347,487	2,899,224	335,115
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	714,563	520,778	162,084	31,701
9 Other employee benefits	2,784,378	2,141,019	589,499	53,860
<b>10</b> Payroll taxes	871,283	710,074	134,027	27,182
<b>11</b> Fees for services (non-employees):				
a Management	507,677	507,677		
<b>b</b> Legal	74,948	59,787	15,161	
c Accounting	129,377	13,950	115,427	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,825			9,825
f Investment management fees	70,816	35,408	35,408	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,994,446	2,659,720	325,178	9,548
12 Advertising and promotion	168,034	144,337	451	23,246
<b>13</b> Office expenses	905,720	753,459	52,685	99,576
14 Information technology	725,285	579,473	110,850	34,962
15 Royalties				
<b>16</b> Occupancy	6,190,030	6,084,156	105,124	750
17 Travel     18 Payments of travel or entertainment expenses for any federal, state, or local public officials	540,079	520,409	10,966	8,704
<b>19</b> Conferences, conventions, and meetings	547,464	474,365	20,086	53,013
<b>20</b> Interest	4,334,410	4,334,387	23	
21 Payments to affiliates	0.400.500			
22 Depreciation, depletion, and amortization .	9,403,597	9,056,566	347,031	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	7,243,651	7,175,495	68,156	
b NON-CAPITALIZED EQUIPME	780,786	780,786		
c STUDENT SERVICES	356,865	356,865		
d COMMUNITY OUTREACH	104,489	93,321	90	11,078
e All other expenses	107,728	68,261	38,722	745
25 Total functional expenses. Add lines 1 through 24e	61,697,272	55,967,775	5,030,192	699,305
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				Form <b>990</b> (2010)

# Part X Balance Sheet

Γ ά	ΤCΛ	Check if Schedule O contains a response or not	e to any line in this Part IX .			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		1,557,076	1	3,004,898
	2	Savings and temporary cash investments	[	7,792,439	2	3,889,324
	3	Pledges and grants receivable, net		6,018,606	3	4,737,406
	4	Accounts receivable, net		4,821,422	4	5,992,145
	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% controlled entity		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se			6	
\$	7	Notes and loans receivable, net		3,628,157	7	3,306,552
ssets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges		412,058	9	269,696
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 202,029,949			
	b	Less: accumulated depreciation	<b>10b</b> 76,910,508	119,484,562	10c	125,119,441
	11	Investments—publicly traded securities .		49,405,633	11	45,805,126
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets	[	66,588	14	42,422
	15	Other assets. See Part IV, line 11		7,755,386	15	5,960,948
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)	200,941,927	16	198,127,958
	17	Accounts payable and accrued expenses		3,503,084	17	4,568,121
	18	Grants payable			18	
	19	Deferred revenue		3,235,126	19	2,260,651
	20	Tax-exempt bond liabilities			20	
SS	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	er officer, director, trustee, key butor, or 35% controlled entity		22	
1	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		120,507,242	25	117,218,213
	26	Total liabilities. Add lines 17 through 25 .		127,245,452	26	124,046,985
Assets or Fund Balances	27	Organizations that follow FASB ASC 958, cf complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here 🕨 🗌 and		27	
Ba	28	Net assets with donor restrictions			28	
pun:		Organizations that do not follow FASB ASC	958, check here 🕨 🗹 and			
PL F	29	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current funds		0	29	0
ts o	30	Paid-in or capital surplus, or land, building or equ		0	30	0
set	31	Retained earnings, endowment, accumulated in	· •	73,696,475	31	74,080,973
As	32	Total net assets or fund balances	Ļ	73,696,475	32	74,080,973
Net	33	Total liabilities and net assets/fund balances	Ļ	200,941,927	33	198,127,958
				200,011,027		Form <b>990</b> (2019)

Form **990** (2019)

FOITH	990 (2019)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	1,239,062
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	1,697,272
3	Revenue less expenses. Subtract line 2 from line 1	3			-458,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	3,696,475
5	Net unrealized gains (losses) on investments	5			842,708
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	4,080,973
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated basis ☑ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b	Yes	

Form **990** (2019)

Page **12** 

efil	le GR	APHIC prir	nt S	Submission Date	e - 2020-11-12			DLN: 9	93493317088710
					harity Statu organization is a sec 4947(a)(1) nonexe ▶ Attach to Form	tion 501(c)(3 mpt charitab	) organization or le trust.		OMB No. 1545-0047
Depa Treas		nt of the		► Go to <u>www.ir</u>	<u>s.gov/Form990</u> for in	nstructions a	nd the latest info	ormation.	Open to Public Inspection
Maen	eadfRid	<b>Decorganizati</b> CORPORATION /	<b>on</b> At Monti	EREY BAY				Employer identifica	tion number
-	rt I				<b>tus</b> (All organization e it is: (For lines 1 thro			ee instructions.	
1			•		ssociation of churches	5	2	A)(i).	
2					( <b>1)(A)(ii).</b> (Attach Sch				
3					rvice organization desc			ii).	
4		A medical r name, city,			ted in conjunction with	a hospital des	cribed in <b>section</b> :	170(b)(1)(A)(iii). Ent	ter the hospital's
5				erated for the bene (Complete Part II.)	ït of a college or unive	rsity owned or	operated by a gov	ernmental unit descril	bed in <b>section</b>
6				-	r governmental unit de				
7 8		section 17	'0(b)(1	)(A)(vi). (Complete	a substantial part of it Part II.) n 170(b)(1)(A)(vi). (		5	nit or from the genera	I public described in
9					escribed in <b>170(b)(1)</b> See instructions. Enter				ge or university or a
10		activities re income and	lated to unrela	o its exempt function	e income (less section	exceptions, and	l (2) no more than	331/3% of its support f	rom gross investment
11		An organiza	ation org	ganized and operate	d exclusively to test fo	or public safety	See section 509	(a)(4).	
12		more public	ly supp	orted organizations	d exclusively for the b described in <b>section</b> the type of supporting of	509(a)(1) or s	ection 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the		rated, supervised, or co appoint or elect a majo				
b		manageme	nt of th						ng control or nization(s). <b>You must</b>
с					supporting organization must complete Part			d functionally integrat	ed with, its supported
d		Type III no functionally	<b>n-func</b> integra	tionally integrate	d. A supporting organi on generally must satis rt IV, Sections A and	zation operate sfy a distribution	d in connection wit on requirement and		
е		Check this	box if th	ne organization rece	ived a written determi	nation from the		e I, Type II, Type III fur	nctionally integrated,
f	Enter				supporting organization				
g					t the supported organi				
	(i) N	Jame of supp organizatior		<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									
		work Reduc	tion Ac	t Notice, see the	nstructions for	Cat. No. 11	285F	Schedule A (Form	990 or 990-EZ) 2019

Joen 1		<u> </u>	<u> </u>	<u> </u>				
F	Part II Support Schedule for (Complete only if you cl the organization failed t	hecked the box of	on line 5, 7, or 8	of Part I or if th	e organization fa	ailed to qualify u		
5	Section A. Public Support		the tests listed i	below, please co	inplete Fart III.)			
-	lendar year							
	r fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	17,150,389	19,605,244	20,942,683	22,814,032	22,301,721	102,814,069	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to				130,702		130,702	
4	the organization without charge	17,150,389	19,605,244	20,942,683	22,814,032	22,432,423	102,944,771	
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	17,130,389	19,003,244	20,942,005	22,014,052	22,432,423	102,944,771	
J	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)						1,166,960	
6	Public support. Subtract line 5 from line 4.						101,777,811	
S	Section B. Total Support							
	lendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
(0)	r fiscal year beginning in) Amounts from line 4.	17,150,389	19,605,244	20,942,683	22,814,032	22,432,423	102,944,771	
8	Gross income from the statest, dividends, payments received on securities loans, rents, royalties and income from similar sources	915,749						
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	 other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	Total support. Add lines 7 through 10						110,613,210	
12						12	191,637,275	
13	First five years. If the Form 990 is f						nization, check	
s	this box and stop here	 lic Support Per	 rcentage			▶□		
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	92.010 %	
	Public support percentage for 2018 S					15	91.570 %	
	33 1/3% support test—2019. If the							
	and <b>stop here.</b> The organization qua 33 1/3% support test—2018. If the	lifies as a publicly	supported organiz	zation			. 🕨 🗹	
17a	box and <b>stop here.</b> The organizatio <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organizatio in Part VI how the organization meets	t—2019. If the orgon meets the "facts	ganization did not s-and-circumstance	check a box on lin es" test, check this	e 13, 16a, or 16b, s box and <b>stop he</b>	and line 14 <b>re.</b> Explain		
b	organization	st—2018. If the or zation meets the "	rganization did not facts-and-circumst	t check a box on lin tances" test, check	ne 13, 16a, 16b, o < this box and <b>sto</b>	r 17a, and line <b>5 here.</b>	. ► 🗆	
18	supported organization							
	instructions						. 🕨 🗆	

# 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.)

	ction A. Public Support						
	ndar year	(-) 2015	(1) 2010	(-) 2017	(4) 2010	(-) 2010	(f) T-+-1
	iscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			1	1		
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid						
_	to or expended on its behalf.						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
74	received from disgualified persons						
h	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ction B. Total Support						
	ndar year						
(or f	iscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_							
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or			1	İ		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
17	<b>Total support.</b> (Add lines 9, 10c,			1			
13	11, and 12.).						
	<b>First five years.</b> If the Form 990 is fo	r the organization	s first second th	ird fourth or fifth	tax yoar as a soc	1000 501(c)(3)	) organization
14	-	-			-		
	check this box and <b>stop here</b>						🕨 🗆
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2019 (lir	ne 8. column (f) di	vided by line 13	column (f))		15	
16	Public support percentage from 2018 S	Schedule A, Part III	l, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c. colur	nn (f) divided hy l	ine 13 column (f)	)	17	
	1 5						
18	Investment income percentage from 2					18	
19a	331/3% support tests-2019. If the or	rganization did no	t check the box o	n line 14, and line	15 is more than 3	3 1/3%, and li	ne 17 is not more
	han 33 1/3%, check this box and <b>stop h</b>	ere. i ne organiza	uon quaimes as a	publicly supporte	eu organization		
b	33 1/3% support tests—2018. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33	1/3% and line 18 is not
	more than 33 1/3%, check this box and	stop here. The o	rganization quali	fies as a publicly s	supported organiza	tion	
20		•	5		11 5		_
20	Private foundation. If the organization	on did not check a	i box on line 14, 1	.ya, or 19b, check			
					Schedu	le A (Form	990 or 990-EZ) 2019

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

# Section A. All Supporting Organizations

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

Yes No

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			
Section B. Type   Supporting Organizations					

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting</i>			
	curred out the purposes of the supported organization(s) that operated, supervised of controlled the supporting			

# Section C. Type II Supporting Organizations

organization.

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

# Section D. All Type III Supporting Organizations

			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	mantaneu a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

# 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer (a) and (b) below.** 
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3a

Yes

**N** 

Yes

No

No

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	ations					
1	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.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-int	egrate	d Type III supporting orga	nization (see instructions)				

Schedule A (Form 990 or 990-EZ) 2019			Page 7
Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (continued	d)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplisi	h exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
<ul> <li>Administrative expenses paid to accomplish exempt put</li> </ul>	irposes of supported organization	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to w details in <b>Part VI</b> ). See instructions	hich the organization is respons	sive (provide	
<b>9</b> Distributable amount for 2019 from Section C, line 6			
· · · ·			
10 Line 8 amount divided by Line 9 amount		(!!)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<ul> <li>5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.</li> </ul>			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			

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



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).

#### **Facts And Circumstances Test**

Return Reference	Explanation
	Schedule A (Form 990 or 990-EZ) 2019

efile GRAPHIC prin	nt S	Submission Date - 20	20-11-12		DL	N: 93493317088710
SCHEDULE C		<b>Political Cam</b>	paign and Lobb	ovina Act	ivities	OMB No. 1545-0047
(Form 990 or	For O		pt From Income Tax L			2019
Department of the Treasury Internal Revenue	▶Comp		is described below. ►Atta Form990 for instructions and			Open to Public Inspection
Sethe organization		ered "Yes" on Form	990, Part IV, Line 3, or			6 (Political
<ul> <li>Section 501(c) (</li> <li>Section 527 org</li> <li>If the organization</li> <li>Activities), then</li> </ul>	organ other th anization answ	izations: Complete Pa nan section 501(c)(3)) ons: Complete Part I-A r <b>ered "Yes" on Form</b>	rts I-A and B. Do not com organizations: Complete only. <b>990, Part IV, Line 4, or</b> d Form 5768 (election un	Parts I-A and C	, Part VI, line	47 (Lobbying
•	) orgar	nizations that have NO	T filed Form 5768 (election	on under sectio	on 501(h)): Com	plete Part II-B. Do not
990-EZ, Part V, lin	ie 35c		990, Part IV, Line 5 (Proparate instructions), the		separate instr	uctions) or Form
Name of the organiza		TEREY BAY			Employer identi	fication number
					77-0387459	
Part I-A Complet	te if th	e organization is exe	mpt under section 501(	c) or is a secti	on 527 organiz	ation.
"political campaig	gn activit	ties")	d indirect political campaign ac			r definition of
_			tions)			\$
			e instructions) mpt under section 501(			
-		-	-			+
			organization under section 495 Inization managers under secti			\$
			t file Form 4720 for this year? .			, <u> </u>
5			,			U Yes U No
<b>4a</b> Was a correction	made?					🗌 Yes 🗌 No
b If "Yes," describe			mpt under section 501(	c) except cos	+ion = 501(c)(2)	
-		-	-			
	-		ganization for section 527 exen contributed to other organizatio	•		\$
function activities	5				• •	۶
•			2. Enter here and on Form 112			<u>ــــــــــــــــــــــــــــــــــــ</u>
4 Did the filing orga	anization	file Form 1120-POL for t	his year?			🗌 Yes 🗌 No
organization mad political contribut	e payme	ents. For each organization eived that were promptly a	tion number (EIN) of all sectior listed, enter the amount paid and directly delivered to a sepa nal space is needed, provide in	from the filing org rate political orga	anization's funds. nization, such as a	Also enter the amount of
(a) Name		(b) Address	(c) EIN	fil	) Amount paid from ling organization's nds. If none, enter -0	contributions received
		-				┥────
2						

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

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<b>n</b> -	-	-	
Ра	(1	е	

Sch	edule C (Form 990 or 990-EZ) 2019			Page <b>2</b>
P	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
	Check <b>b</b> if the filing organization belongs to an expenses, and share of excess lobbyin	g expenditures).	group member's name	, address, EIN,
В	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.	•	-
	Limits on Lobbyin (The term "expenditures" mean		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opini	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c an	d 1d)		
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		-		
g	Grassroots nontaxable amount (enter 25% of line 1f			
h				
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?			🗌 Yes 🗌 No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	Form 5768 (election under section 501(n)).		- \		(1-)	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(	a)		(b)	
		Yes	No	4	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation,					
	including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	-		
с	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	Yes			1	L0,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				1	L0,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), or	secti	on		
	501(c)(6).					
-			(	-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	01()	$(\alpha)$
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I					
	"Yes."	II-A, II	ne J,	15 ali	Swei	eu
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
с	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions) .....

# Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
	\$10,000 WAS CONTRIBUTED TO THE CALIFORNIA COALITION FOR PUBLIC HIGHER EDUCATION ISSUES COMMITTEE TO FURTHER EFFORTS FOR CONSTRUCTION AND MODERNIZATION OF PUBLIC SCHOOLS AND UNIVERSITIES. THE COMMITTEE SUPPORTS BALLOT MEASURES AND LEGISLATIVE ISSUES THAT ARE SUPPORTIVE OF PUBLIC HIGHER EDUCATION. INDIVIDUALS, INCLUDING VOLUNTEERS AND DIRECTORS, MAY PERIODICALLY MAKE CONTACT WITH LEGISLATORS TO ENCOURAGE FUNDING AND SUPPORT FOR CALIFORNIA STATE UNIVERSITY AND UNIVERSITY OF CALIFORNIA CAMPUSES.

4 5

епіе	GRAPHIC pri	nt	Submission Date - 2020	-11-12						DLN: 934	9331708871
SCHE (Form			Supplement	tal Fi	inanci	al Stater	nents	5			No. 1545-0047
Departn Treasury	nent of the		► Complete if the or Part IV, line 6, 7, 8, 9,	rganizat 10, 11a, ▶ Attacl	ion answer 11b, 11c, n to Form 9	ed "Yes," on Fo 11d, 11e, 11f, 1 90.	orm 990, L2a, or 12	2b.	n.	Ор	019 en to Public nspection
Service Name	of the organiz	ation						Emp	lover ide	entification	number
UNIVER	SITY CORPORATIO	ON AT MO	ONTEREY BAY					-	387459	encincación	muniber
Part	Organiz	zation	s Maintaining Donor Adv	ised Fu	inds or Ot	her Similar F				•	
			e organization answered "Ye		orm 990, Pa	art IV, line 6.					
<b>1</b> Tot	tal number at e	nd of y	oor		(a) Donor	advised funds			<b>(b)</b> Fun	ds and oth	er accounts
		-	ear								
			ts from (during year)								
		•	of year								
			orm all donors and donor adviso	ors in writ	ting that the	assets held in do	onor advis	ed fi	unds are	the	
<b>6</b> D cł рг	id the organiza haritable purpo rivate benefit?	tion inf ses and	subject to the organization's ex orm all grantees, donors, and do I not for the benefit of the donor	onor advi r or dono	isors in writi r advisor, or	ng that grant fun for any other pu	ds can be rpose cont	use		r	Yes No
Part			Easements. e organization answered "Ye	s" on Fr		art IV line 7					
<b>1</b> Pu			ion easements held by the orga								
_ (			id for public use (e.g., recreation			Preservatio	n of an his	stori	callv imp	oortant land	darea
ſ	Protection of the second se					Preservatio					
ſ	Preservation							line		Structure	
<b>2</b> C			igh 2d if the organization held a	qualifier	l conservatio	on contribution in	the form	of a	conserva	ation	
			ay of the tax year.	quannee				[			l of the Year
<b>a</b> To	tal number of c	onserv	ation easements				2	a			
	•		by conservation easements				. 2	b			
-			easements on a certified histor					2c			
			easements included in (c) acquational Register	ired afte	r 7/25/06, ar	nd not on a histor	ric <b>2</b>	d			
	umber of conse ax year ►	ervatior	easements modified, transferre	ed, releas	sed, extingu	ished, or termina	ted by the	e org	anizatior	n during the	e
<b>4</b> N	umber of states	s where	e property subject to conservatio	on easem	nent is locate	ed 🕨			_		
5 D	oes the organiz	ation h	ave a written policy regarding t	he period	dic monitorir	ıg, inspection, ha	ndling of v	viola	tions, an	nd	
			servation easements it holds? .							🗌 Yes	□ No
6 St		er hou	rs devoted to monitoring, inspec	cting, hai	ndling of vio	lations, and enfo	rcing cons	erva	tion eas	ements dui	ring the year
/	mount of exper	nses ind	curred in monitoring, inspecting,	, handling	g of violatior	s, and enforcing	conservat	ion	easemen	nts during t	he year
			easement reported on line 2(d) )(ii)?					(h)(4	)(B)(i)	🗌 Yes	🗆 No
ba	alance sheet, a ne organization	nd incl 's acco	w the organization reports conse ude, if applicable, the text of the unting for conservation easeme	e footnote nts.	e to the orga	inization's financ	ial statem	ents	that des	scribes	
Part I	III Organiz	zation	s Maintaining Collections e organization answered "Ye	s of Art	, Historica	al Treasures,	or Othe	r Si	milar A	Assets.	
	the organizatio		ed, as permitted under SFAS 11								
ar ar		asures	or other similar assets held for he footnote to its financial state	public ex	khibition, ed			leia		ublic servic	c, providc,
ar in <b>b</b> If hi	Part XIII, the te the organization istorical treasur	asures, ext of t on elect res, or o		public ex ments th 6 (ASC 9	chibition, ed at describes 58), to repor	these items. t in its revenue s	tatement	and	balance	sheet work	ks of art,
ar in <b>b</b> If hi fo	n Part XIII, the te the organizatic istorical treasur ollowing amoun	asures, ext of t on elect res, or o ts relat	ne footnote to its financial state ed, as permitted under SFAS 11 other similar assets held for pub	public ex ments th 6 (ASC 9 lic exhibi	khibition, ed at describes 58), to repor ition, educat	these items. t in its revenue s ion, or research i	tatement n furthera	and nce	balance of public	sheet work	ks of art,
ar in b If hi fo (i) F	n Part XIII, the te the organizatic istorical treasur Illowing amoun Revenue include	asures, ext of the on elect res, or o ts relat ed on F	ne footnote to its financial state red, as permitted under SFAS 11 other similar assets held for pub ing to these items:	public ex ments th 6 (ASC 9 lic exhibi	xhibition, ed at describes 58), to repor ition, educat	these items. t in its revenue s ion, or research i	tatement n furthera	and nce	balance of public \$	sheet work	ks of art,
ar in b If hi fo (i) F (ii) A	n Part XIII, the te the organizatic istorical treasur ollowing amoun Revenue include sssets included the organizatic	asures, ext of the res, or o ts relat ed on F in Form on recei	he footnote to its financial state ed, as permitted under SFAS 11 other similar assets held for pub ing to these items: orm 990, Part VIII, line 1	public ex ments th 6 (ASC 9 lic exhibi	khibition, ed at describes 58), to repor ition, educat	these items. t in its revenue s ion, or research i	tatement n furthera	and nce	balance of public \$ \$	sheet work service, pi	ks of art,
<b>b</b> If bi fo (i) F (ii) A 2 If fo	n Part XIII, the te the organizatic istorical treasur ollowing amoun Revenue include ssets included the organizatic ollowing amoun	asures, ext of the res, or of ts relat ed on F in Form on receits requ	he footnote to its financial state ed, as permitted under SFAS 11 other similar assets held for pub ing to these items: orm 990, Part VIII, line 1 o 990, Part X	public ex ments th 6 (ASC 9 lic exhibi  cal treasu 116 (ASC	khibition, ed at describes 58), to repor ition, educat   ures, or othe . 958) relatin	these items. t in its revenue s ion, or research i  r similar assets fo g to these items:	tatement n furthera  or financia	and nce	balance of public \$ \$ in, provid	sheet work service, pi	ks of art,

Sche	edule D (Form 990) 2019					Page <b>2</b>
Pai	rt III Organizations Maintain	ing Collections of <i>I</i>	Art, Historica	al Treasures,	, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, a items (check all that apply):	ccession, and other reco	ords, check any	of the following	that are a significant us	se of its collection
а	Public exhibition		d (	D Loan or exc	hange programs	
b	Scholarly research		e	Other		
С	Preservation for future generation	ons				
4	Provide a description of the organizati Part XIII.	on's collections and exp	olain how they fu	irther the orgar	nization's exempt purpos	se in
5	During the year, did the organization a assets to be sold to raise funds rather					🗌 Yes 🗌 No
Pa	rt IV Escrow and Custodial An Complete if the organization line 21.		Form 990, Pa	rt IV, line 9, o	r reported an amount	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					See Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	e following table	:	Ar	nount
с	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				lf	
2a	Did the organization include an amou	nt on Form 990, Part X, I	ine 21, for escr	w or custodial	account liability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here if the	e explanation ha	s been provided	d in Part XIII 🛛	)
Ра	rt V Endowment Funds.		-			
	Complete if the organization					
12	Beginning of year balance	(a) Current ye	ear (b) Prior	year (c) Iw	o years back (d) Three yea	ars back (e) Four years back
	Contributions	·				
	Net investment earnings, gains, and los					
	Grants or scholarships	.505				
	Other expenditures for facilities					
e	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of t	he current year end bal	ance (line 1g, co	olumn (a)) held	as:	
а	Board designated or quasi-endowmen	t 🕨	-			
b	Permanent endowment 🕨					
с	Temporarily restricted endowment					
-	The percentages on lines 2a, 2b, and	2c should equal 100%.				
3a	Are there endowment funds not in the organization by:	possession of the organ	nization that are	held and admi	nistered for the	Yes No
	(i) unrelated organizations				•	3a(i)
b	(ii) related organizations If "Yes" on 3a(ii), are the related organ		ed on Schedule	 R?		3a(ii) 3b
4	Describe in Part XIII the intended uses	of the organization's er	ndowment funds			
Pa	rt VI Land, Buildings, and Eq		F 000 D			V I. 10
					ccumulated depreciation	(d) Book value
1a	Land	2,000,734				2,000,734
	Buildings	132,802,857			38,910,230	93,892,627
	Leasehold improvements	62,136,845			34,140,315	27,996,530
	Equipment	5,089,513			3,859,963	1,229,550
	Other					
	Add lines 1a through 1e. (Column (d)	must equal Form 990, F	Part X, column (I	B), line 10(c).)		125,119,441

(a) Description of security or category	(b) Book	(c) Method	d of valuation:
(including name of security)	value		-year market value
1) Financial derivatives			
3)			
C)			
))			
Ξ)			
-)			
3)			
4)			
)			
otal. (Column (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, P	art IV, line		
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marker value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		•	
Complete if the organization answered 'Yes' on Form 990, Pa	irt IV, line :	11d. See Form 990, Part X	
(a) Description			(b) Book value
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
<b>otal.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities.			O Dart V line 25
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	ILIV, IIIC.	11e of 111.3ee ronn 33	(b) Book value
1) Federal income taxes 9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			117,218,2
stan (column (s) mast equal i onn et e, en e, en e, en e, e,		-	

Schedule D (Form 990) 2019

Return.

Part XI

1	Total revenue, gains, and other s	upport per audited financial statements	•		•	1	64,284,992
2	Amounts included on line 1 but r	ot on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on	investments	2a		842,708		
b	Donated services and use of faci	lities	2b			1	
с	Recoveries of prior year grants		2c			1	
d	Other (Describe in Part XIII.) .		2d			1	
е	Add lines <b>2a</b> through <b>2d</b>		• • •			2e	842,708
3	Subtract line $\mathbf{2e}$ from line $1$ .					3	63,442,284
4	Amounts included on Form 990,	Part VIII, line 12, but not on line <b>1</b> :					
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b 🔒	4a				
b	Other (Describe in Part XIII.) .		4b		-2,203,222	1	
с	Add lines <b>4a</b> and <b>4b</b>		·		•	4c	-2,203,222
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)				5	61,239,062
Par		penses per Audited Financial Stater			penses per	Retu	rn.
	· · · · · · · · · · · · · · · · · · ·	ization answered 'Yes' on Form 990, Part					<del>.</del>
1		dited financial statements	• •	• •	• •	1	63,900,494
2	Amounts included on line 1 but r						
а	Donated services and use of faci	lities	2a				
b	Prior year adjustments		2b				
с	Other losses		2c 2d				
d	Other (Describe in Part XIII.) .	2,203,222					
е	Add lines <b>2a</b> through <b>2d</b>		• •	• • •	· ·	2e	2,203,222
3	Subtract line $\mathbf{2e}$ from line $1$ .			• •		3	61,697,272
4	Amounts included on Form 990,	Part IX, line 25, but not on line <b>1:</b>	_	_			
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b 🔒 .	4a				
b	Other (Describe in Part XIII.) .		4b				
с	Add lines 4a and 4b		• •			4c	0
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.)				5	61,697,272
Pa	rt XIII Supplemental Inf	ormation					
Prov 2d a	ide the descriptions required for F and 4b; and Part XII, lines 2d and 4	Part II, lines 3, 5, and 9; Part III, lines 1a and 4; b. Also complete this part to provide any addit	Part IV, ional ir	lines 1b a formation	nd 2b; Part V, li	ne 4; F	Part X, line 2; Part XI, lines
	Return Reference		Exp	lanation			
PART	X, LINE 2:	THE UNIVERSITY CORPORATION AT MONTERE UNDER GASB.	Y BAY IS	5 NOT SUB	JECT TO FIN 48	DISCL	OSURE REQUIREMENTS
	XI, LINE 4B - OTHER STMENTS:	COST OF GOODS SOLD -1,468,001. RENTAL E	XPENSE	ES LINE 6B	-735,221.		
	XII, LINE 2D - OTHER STMENTS:	COST OF GOODS SOLD 1,468,001. RENTAL E>	PENSE	S LINE 6B	735,221.		
						Sche	edule D (Form 990) 2019

Reconciliation of Revenue per Audited Financial Statements With Revenue per

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

efile GRAPHIC print	Submission Date	- 2020-11-12		DI	LN: 93493317088710				
SCHEDULE G	Supplei	OMB No. 1545-0047							
(Form 990 or 990- EZ)	Fund	Supplemental Information Regarding Fundraising or Gaming Activities							
	Complete if the orgar organiz	2019 Open to Public							
Department of the Treasury	Go to wa		Form 990 or Form 990-EZ. for instructions and the latest	information.	Inspection				
Name of the organization UNIVERSITY CORPORATION A	T MONTEREY BAY			Employer ide	entification number				
	A MONTENET DAI			77-0387459					
	•	5		Form 990, Part IV, line 1	17.				
	filers are not required	•	•						
_	organization raised funds	through any of t	he following activities. Cheo						
a Mail solicitations				on-government grants					
<b>b</b> Internet and email				overnment grants					
<b>c</b> Phone solicitations			g 🔄 Special fundrais	sing events					
<b>d</b> In-person solicitati	ons								
			individual (including officer ction with professional func	lastata a substance —	res 🗍 No				
	hest paid individuals or e least \$5,000 by the orga		rs) pursuant to agreement	s under which the fundraise	er is				
(i) Name and address of individual or entity (fundraiser)	f (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	<ul> <li>(v) Amount paid to (or retained by)</li> <li>fundraiser listed in col. (i)</li> </ul>	(vi) Amount paid to (or retained by) organization				
1		Yes No							
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total		►							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

=======

chodulo	G (Form	000 or	000 EZ)	2010
chequie	GIFORD	990.01	990-EZI	2019

S

5

7

6 Volunteer labor

Other direct expenses

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events I

	(event type)	(event type)	(total number)	col. <b>(c)</b> )
1 Gross receipts	46,171 33,153	21,664	2,775 2,775	70,610 35,928
<b>3</b> Gross income (line 1 minus line 2)	13,018	21,664		34,682
<b>11</b> Net income summary. Subtract line 10 t	from line 3, column (d)	2,099 200 5,614	780	10,733 200 20,474 31,407 3,275
rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	inization answered "Ye	s" on Form 990, Part IV	, line 19, or reported n	nore than \$15,000
1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
2       Cash prizes       . <td< td=""><td></td><td></td><td></td><td></td></td<>				
	2       Less: Contributions	1       Gross receipts       .	1       Gross receipts       46,171       (event type)         1       Gross receipts       33,153       3         2       Less: Contributions       33,153       3         3       Gross income (line 1 minus line 2)       13,018       21,664         4       Cash prizes       -       -         5       Noncash prizes       -       -         6       Rent/facility costs       -       -         7       Food and beverages       -       -         7       Food and beverages       -       200         9       Other direct expenses       14,860       5,614         10       Direct expenses summary. Add lines 4 through 9 in column (d)          11       Net income summary. Subtract line 10 from line 3, column (d)	1       Gross receipts

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			
9 a b				
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?         . <th>🗌 Yes</th> <th>□ No</th> <th>- 1</th>	🗌 Yes	□ No	- 1

 $\Box$ Yes

No No

%

 $\Box$ 

 $\Box$ No

**Yes**\_\_\_\_%

 $\Box$ 

Direct expense summary. Add lines 2 through 5 in column (d)

No

Yes\_\_\_\_%

Schedule G (Form 990 or 990-EZ) 2019

Sche	dule G (Form 990 or 990-EZ) 2019				Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		🗌 Yes		
12	ls the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□ Yes	_	
13	Indicate the percentage of gaming activity conducted in:		_ ics		
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:			
	Name 🕨				
15a	Address Description of the organization have a contract with a third party from whom the organization receives gaming revenue?		🗌 Yes	_	
b	If "Yes," enter the amount of gaming revenue received by the organization $\triangleright$ \$ and th amount of gaming revenue retained by the third party $\triangleright$ \$	e			
с	If "Yes," enter name and address of the third party:				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation $\blacktriangleright$ \$				
	Description of services provided				
	□ Director/officer □ Employee □ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	•	🗌 Yes		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year 🕨 💲				
Pa	<b>t IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information				,
	Return Reference Explanation				

efile GRAPHIC print	Submission Date						DLN: 93493317088710			
Note: To capture the fu Schedule I	ll content of this d	locument, please se	elect landscape mod	e (11" x 8.5") who	en printing.		OMB No. 1545-0047			
(Form 990)	Gov	ernments ar	her Assistan nd Individual ation answered "Yes," (	s in the Un	ited States		2019			
Department of the Treasury Internal Revenue Service			Attach to Form <u>w.irs.gov/Form990</u> for	990.			Open to Public Inspection			
Name of the organization UNIVERSITY CORPORATION AT	-					<b>Employer</b> 77-03874	r identification number 7459			
	rmation on Grants									
the selection criteria us	ed to award the grants	or assistance?	ne grants or assistance, t • • • • • • • • • • • • • • • • • • •		for the grants or assistand	ce, and	🗹 Yes 🗌 No			
Part II Grants and Oth	er Assistance to Don		nd Domestic Governme		organization answered "Yes	s" on Form 990, Part	IV, line 21, for any recipient			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Descriptior noncash assista				
(1) CALIFORNIA STATE UNIVERSITY MONTEREY BAY 100 CAMPUS CENTER SEASIDE, CA 93955	91-1785970	115	3,237,051				UNIVERSITY SUPPORT AND SCHOLARSHIPS			
(2) HARTNELL COLLEGE 411 CENTRAL AVE SALINAS, CA 93901	94-2850573	115	331,331				SUBAWARD			
(3) FOUNDATION OF CALIFORNIA STATE UNIVERS MONTEREY BAY 100 CAMPUS CENTER BLDG 201 SEASIDE, CA 93955	80-0494808 ITY	501(C)(3)	1,213,178				UNIVERSITY SUPPORT			
(4) CSU FRESNO FOUNDATIO 5241 N MAPLE AVENUE FRESNO, CA 93740	DN 94-6003272	115	6,609				SUBAWARD			
(5) CSU DOMINGUEZ HILLS FOUNDATION 1000 EAST VICTORIA STREE SCC 202 CARSON, CA 90747	95-2543028 T	501(C)(3)	251,621				SUBAWARD			
(6) CAL POLY CORPORATION ONE GRAND AVE BLDG 38 R 102 SAN LUIS OBISPO, CA 9340	Μ	501(C)(3)	366,857				SUBAWARD			
(7) EDUCATIONAL RESULTS PARTNERSHIPS 2300 N STREET SUITE 3 SACRAMENTO, CA 95816	95-4839405	501(C)(3)	23,925				SUBAWARD			
(8) UC DAVIS 1850 RESEARCH PARK DR DAVIS, CA 95618	94-6036494	115	109,335				SUBAWARD			
(9) EL CAMINO COMMUNITY COLLEGE 16007 CRENSHAW BLVD TORRANCE, CA 90506	95-6001060	501(C)(3)	272,582				SUBAWARD			
(10) SAN JOSE STATE RESEARCH FOUNDATION 210 N FOURTH STREET 4TH FLOOR SAN JOSE, CA 95112	94-6017638	501(C)(3)	10,861				SUBAWARD			
		•	listed in the line 1 table .				10			

Part III Part III Grants and Other Assis Part III can be duplicated			. Complete if the organiza	ation answered "Yes" on F	orm 990, Pa	rt IV, line 22.		raye Z
(a) Type of grant or assistance	Part III can be duplicated if additional space i a) Type of grant or assistance (b) re		<b>(c)</b> Amount of cash grant	(d) Amount of noncash assistant		hod of valuation /, appraisal, othe		(f) Description of noncash assistance
(1) SEA LAB MONTEREY BAY - CAMP FOSTER EDUCATION AND PROMOTE AWARENESS WITH MARINE PROGRA GRADES K-12 AND LOCAL COMMUN	MS FOR	1795	141,938		·			
(2) UPWARD BOUND - OUTREACH PI SERVICES FOR LOW-INCOME STUDE PREPARE THEM FOR POSTSECONDA EDUCATION	NTS TO	177	126,443					
(3) THE GEO FUTURES PROGRAM: A WORKSHOP FOR UNDERGRADUATES CONFERENCE BASED PROGRAM TH/ PROVIDES MENTORING FOR GEOSCI STUDENTS ATTENDING THE ANNUAI CONFERENCE.	5 - A AT IENCE	43	67,579					
(4) GEAR-UP - PROVIDES COLLEGE AWARENESS AND SUPPORT ACTIVIT TUTORING AND COLLEGE SCHOLAR IMPROVE ACCESS TO HIGHER EDUC FOR DISADVANTAGED STUDENTS	SHIPS TO	2051	61,512					
(5) RESEARCH EXPERIENCES FOR UNDERGRADS (REU) - ASSISTANCE INDIVIDUALS PARTICIPATING IN RESI BASED PROJECTS WITH THIRD PART RESEARCH HOSTS	EARCH-	36	45,532					
(6) TRANSITION TO COLLEGE LEVEL COURSE PROJECT - BUILDS ON THE PROJECT (OTHER FUNDING FROM CI 9/30/18) MOMENTUM BY CONTINUIN PROVIDE SUPPORT FOR A PROFESSI DEVELOPMENT COMMUNITY OF TRA TO COLLEGE LEVEL MATH (TCLM) TE AS WELL AS OTHER SECONDARY MATHEMATICS TEACHERS THROUGH MONTEREY COUNTY; CONTINUING REFINEMENT OF THE TCLM CURRICL DEVELOPING A LONG-TERM EVALUA PLAN; AND BUILDING CAPACITY TO ' TOWARDS SUSTAINABILITY.	MCCMR DE ENDED IG TO ONAL NSITION EACHERS HOUT JLUM; TION	25	38,423					
<ul> <li>(7) NOAA CENTER FOR COASTAL MA ECOSYSTEMS - PROGRAM TO RECRU TRAIN, AND GRADUATE STUDENTS E NOAA'S EDUCATION STRATEGIC PLA</li> </ul>	JIT, BASED ON	24	31,349					
(8) TEACHER PATHWAY PROGRAM - GRANT WILL ENABLE CSUMB'S COLI EDUCATION TO SUPPORT THE 4TH Y BUDGET FOR CONTINUATION OF TH MONTEREY COUNTY COLLABORATIV TEACHER PATHWAY PROGRAM (S. CO AND SALINAS).	_EGE OF ′EAR E ′E 2+2+1	54	30,472					
(9) MCNAIR POSTBACCALAUREATE ACHIEVEMENT PROGRAM - PROVIDE DISADVANTAGED COLLEGE STUDEN EFFECTIVE PREPARATION FOR DOCT STUDY BY PROVIDING OPPORTUNITI MENTORING, INTERNSHIPS, WORKS SEMINARS, TUTORING, CULTURAL EY ACADEMIC COUNSELING AND OTHE EDUCATIONAL ACTIVITIES.	TS WITH ORAL ES FOR HOPS, VENTS,	26	27,695					
(10) RESEARCH-BASED INTERVENTION PROGRAM TO INCREASE CORE COUL PROGRAM COMPLETION, INCREASE BACHELOR'S DEGREE ATTAINMENT I STRENGTHEN COMMUNITY COLLEGE ARTICULATION AND TRANSFER SERVAND CREATE SYSTEM CHANGE AND INCREASED UNDERSTANDING.	RSE AND IN STEM, E /ICES,	105	22,346					
(11) BIG DATA TO KNOWLEDGE (BD: INNOVATIVE RESEARCH EDUCATION SUMMER PROGRAM THAT PROVIDES STUDENTS TO SPEND THE SUMMER WITH UCSC SCIENTISTS AND DATA SPECIALISTS.	CSUMB	19	21,432					
(12) EDUCATIONAL TALENT SEARCH PROVIDES SERVICES TO LOW INCON GENERATION STUDENTS TO HELP TI GRADUATE FROM HIGH SCHOOL AN COMPLETE A PROGRAM OF HIGHER EDUCATION.	1E, FIRST HEM	1166	20,933					
(13) COLLEGE ASSISTANCE MIGRAN PROGRAM (CAMP) - ASSISTANCE TO STUDENTS WHO ARE MIGRATORY FARMWORKERS ENROLLED IN THEIF YEAR OF UNDERGRADUATE STUDIES IHE	RFIRST	41	19,078					
(14) AMERICORPS - INCREASE CAPA PARTNER ORGANIZATIONS TO ATTR SUSTAIN HIGH QUALITY AND HIGH V VOLUNTEERS.	ACT AND	30	18,654					
(15) STUDENT SUPPORT SERVICES F - STEM/HEALTH SCIENCES - PROVIDI ACADEMIC, CAREER DEVELOPMENT, PERSONAL SUPPORT FOR SCIENCE, TECHNOLOGY, ENGINEERING, MATH (STEM) AND HEALTH SCIENCES (HS) STUDENTS WHO ARE FIRST-GENERA LOW-INCOME STUDENTS AND/OR ST WITH DISABILITIES.	ES , AND EMATICS TION,	132	17,932					
(16) CSUMB STUDENT SUPPORT SEF AIMED AT PROVIDING ACADEMIC, C/ DEVELOPMENT, AND PERSONAL SUF FOR FIRST-GENERATION, LOW-INCO STUDENTS AND/OR STUDENTS WITH DISABILITIES.	AREER PPORT ME	164	13,886					
(17) CALSWEC IV-E PROGRAM - PRO EDUCATIONAL AND MONETARY SUPI PROFESSIONAL CHILD WELFARE WC TO OBTAIN BACHELOR AND MASTEF DEGREES IN SOCIAL WORK.	PORT FOR ORKERS	7	12,568					
(18) OSHER LIFELONG LEARNING IN (OLLI) - EDUCATION PROGRAM FOR AGE 50 AND BETTER WHO ARE EAG EXPLORE TRADITIONAL AND NEW AI KNOWLEDGE JUST FOR THE JOY OF	ADULTS ER TO REAS OF IT.	1065	6,242				1:4: • •	
			nation required in Part	i, line 2; Part III, colun	nn (b); and	any other add	utional ir	itormation.
								TE UNIVERSITY, MONTEREY BAY. THE
E	VALUATIONS	5, QUALIFICATIONS AND	D MONITORING PROCESSE	S ARE DETERMINED BY T	HE UNIVERS	ITY.		
, , , ,		ZATION TRACKS THE NI EN AND THE TYPE OF F		SISTED IN EACH PROGRA	M AND/OR E	STIMATES THE N	NUMBER O	F RECIPIENTS BASED ON THE TOTAL Schedule I (Form 990) 2019

efile GRAPH	IIC print	Submission Date - 20	20-11-12		DLN: 93	84933	1708	8710
Schedule	J	Comp	ensati	on Information	С	MB No.	1545-	0047
(Form 990)		For certain Officers,	Directors, 1	rustees, Key Employees, and Hig	hest			
		Complete if the organ	ization ans	ated Employees wered "Yes" on Form 990, Part IV,	line 23.	20	)1	9
Department of	the	▶ Go to <u>www.irs.gov/</u> F		to Form 990. instructions and the latest inform	nation.	Open	to Pu	blic
Treasury Internal Revenu						Insp	pectio	n
Service								
Name of the o UNIVERSITY COR		IONTEREY BAY			Employer identificati	on num	nber	
Dout	ucctions D	egarding Compensatio			77-0387459			
Part I Q	uestions R	legarding Compensatio	'n				Yes	No
				the following to or for a person listed relevant information regarding these			103	
Firs	t-class or cha	arter travel		Housing allowance or residence for p	personal use			
Trav	vel for compa	anions		Payments for business use of person	al residence			
0		on and gross-up payments		Health or social club dues or initiation				
U Dise	cretionary sp	ending account		Personal services (e.g., maid, chauff	eur, chef)			
				follow a written policy regarding paym				
		•	-	plete Part III to explain		1b 2	Yes Yes	<b> </b>
				or allowing expenses incurred by all r, regarding the items checked on Line	ela?	2	ies	
				d to establish the compensation of the	e			
				ot check any boxes for methods CEO/Executive Director, but explain ir	n Part III.			
	npensation co			Written employment contract				
	•	npensation consultant er organizations		Compensation survey or study Approval by the board or compensat	ion committee			
4 During th	o voar did ar	- av person listed on Form 000	Part VII Soc	tion A, line 1a, with respect to the filin	a organization or a			
	ganization:	iy person listed on Form 990,	Fait VII, Sec	tion A, line 1a, with respect to the him	ig organization of a			
<b>a</b> Receive a	severance p	ayment or change-of-control	payment? .			4a		No
<b>b</b> Participat	e in, or receiv	ve payment from, a suppleme	ental nonqual	ified retirement plan?		4b		No
				nsation arrangement?		4c		No
If "Yes" to	any of lines	4a-c, list the persons and pro	vide the appl	licable amounts for each item in Part I	11.			
Only 501	L(c)(3), 501(	c)(4), and 501(c)(29) orga	nizations m	ust complete lines 5-9.				
		orm 990, Part VII, Section A, ent on the revenues of:	line 1a, did th	ne organization pay or accrue any				
<b>a</b> The orgar	nization? .					5a		No
						5b		No
lf "Yes," o	n line 5a or 5	b, describe in Part III.						
		orm 990, Part VII, Section A, ent on the net earnings of:	line 1a, did th	ne organization pay or accrue any				
-						6a		No
-						6b		No
		ib, describe in Part III.						
				ne organization provide any nonfixed t III .		7		No
				ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des	cribe			
				· · · · · · · · · · · · · · · ·		8		No
9 If "Yes" or	n line 8, did tl	he organization also follow th	e rebuttable i	presumption procedure described in R	egulations section	Ĕ		
53.4958-6	6(c)?			· · · · · · · · · · · ·		9		
For Paperwork	Reduction	Act Notice, see the Instru	ctions for Fe	orm 990. Cat. No. 5	0053T Schedule	I (For	m 990	) 2019

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

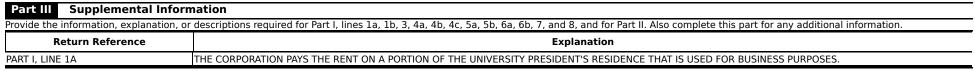
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amour	nts for that individual.
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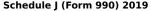
(A) Name and Title		(B) Breakd	own of W-2 and/or compensation	1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1EDUARDO OCHOA PHD PRESIDENT	(i)	0	0	0	0	0	0	0	
	(ii)	305,821	0	0	91,710	30,401	427,932	0	
2FRAN HORVATH SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0	
	(ii)	204,964	0	0	61,691	9,111	275,766	0	
3KEVIN SAUNDERS EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0	
	(ii)	248,530	0	0	74,555	16,162	339,247	0	
4SCOTT FAUSTI PHD FACULTY DIRECTOR	(i)	0	0	0	0	0	0	0	
	(ii)	124,588	0	0	36,367	9,569	170,524	0	
5RONNIE HIGGS PHD STUDENT AFFAIRS DIRECTOR	(i)	0	0	0	0	0	0	0	
	(ii)	219,858	0	0	66,006	19,917	305,781	0	
6BARBARA ZAPPAS UNIVERSITY DEVELOPMENT DIR	(i)	0	0	0	0	0	0	0	
	(ii)	215,644	0	0	64,740	18,118	298,502	0	
7STARR LEE ASSOCIATE EXECUTIVE DIRECT	(i)	171,009	0	0	17,101	2,458	190,568	0	
	(ii)	0	0	0	0	0	0	0	
8FORREST MELTON SR. SCIENTIST	(i)	147,536	0	0	14,754	32,839	195,129	0	
	(ii)	0	0	0	0	0	0	0	
9SHERRY BAGGETT CONTROLLER	(i)	135,654	0	0	13,565	32,832	182,051	0	
	(ii)	0	0	0	0	0	0	0	
10LEE JOHNSON SR. SCIENTIST	(i)	133,334	0	0	13,333	23,776	170,443	0	
	(ii)	0	0	0	0	0	0	0	
11VINCENT GERARD AMBROSIA SR. SCIENTIST	(i)	129,290	0	0	12,929	12,755	154,974	0	
	(ii)	0	0	0	0	0	0	0	
				l	1		Schedule I (F	orm 990) 2019	

Schedule J (Form 990) 2019









efi	le GRAPHIC pr	int	Submissio	on Date -	2020-11-12				DLN: 934	I: 93493317088710			
SCI	HEDULE M			No	nanch (	`ontri	butions		OMB	No. 15	545-00	)47	
(Fo	rm 990)			NO	ncash (	Jontri	butions				1	-	
		▶Com	plete if the c	organizatio	ons answered '	"Yes" on Fo	rm 990, Part IV, lines 2	9 or 30.		0		•	
		► Atta	ach to Form 9	990.									
_		▶Go t	o www.irs.go	v/Form99	o for the lates	t informatio	on.		On	en to	Dub	lic	
Depa Trea	artment of the				_				Ομ	nspe	ction	IIC.	
	nal Revenue												
Serv											-		
	e of the organizat RSITY CORPORATION		NTEREY BAY					Employer i	dentificatio	n num	ber		
								77-0387459	9				
Pa	rt I Types o	of Pro	perty									·	
				(a)	(b)		(c)		(d)	)			
					Number of con				lethod of de				
				applicable	items cont	ributed	amounts reported on Form 990, Part VIII, line 1		ash contribu	ution a	moun	ts	
1	Art—Works of art							- 9					
2	Art—Historical tre												
3	Art—Fractional in	terests											
4	Books and public	ations											
5	Clothing and hou			х				89 ESTIMATE	D FMV				
-	goods			~									
6	Cars and other ve												
7 8	Boats and planes Intellectual prope												
9	Securities—Public	-		х		10	73.0	42 FAIR MAR					
10	Securities—Close	•		~		10	13,3		KET VALUE				
	Securities—Partn	•											
	or trust interests												
12	Securities—Misce	ellaneo	us										
13	Qualified conserv contribution—Hi structures	storic											
14	Qualified conserv contribution—Ot	/ation											
15	Real estate—Res												
16	Real estate—Con												
17	Real estate—Oth	er .											
18	Collectibles .												
19	Food inventory												
20	Drugs and medic	al supp	olies .										
	Taxidermy												
	Historical artifact							_					
23	Scientific specim												
24	Archeological art			х		1	16.0						
25	GRAND Other ► ( )	PIANO		~		1	10,0	00 ESTIMATE					
	DONAT	ED	-	Х		14	11,0	83 ESTIMATE	D FMV				
	AUCTIO												
26	Other ► ( ITEMS ) CHROM			X		4	1.0	42 ESTIMATE					
	AND SU			^		4	1,84	+2 ESTIMATE	ט דוייו ע				
	FOR GE												
27			- 、										
28			_)										
29	Number of Forms for which the org							29					
			on completed		1 01017, 2 01100	lenne ug				- T	Yes	No	
30a	During the year.	. did th	e organization	receive bv	contribution any	v property re	ported in Part I, lines 1 thr	ouah 28. th	at it must		105		
	hold for at least	three y	years from the	date of the	initial contribut	ion, and whi	ch isn't required to be use		t purposes	20-		Ne	
b	If "Yes," describe	e the a	rrangement in	Part II.						30a		No	
31	Does the organi	zation	have a gift acc	eptance po	licy that require	s the review	of any nonstandard contri	ibutions?		31	Yes		
	5		-	•			-		⊢				
	contributions?	• •				ations to sol	icit, process, or sell nonca	•••		32a	Yes		
	If "Yes," describe					_							
33			n't report an ar	nount in co	lumn (c) for a ty	pe of proper	ty for which column (a) is	checked,					
	describe in Part		-		-								
For P	aperwork Reduction	on Act I	Notice, see the	Instructions	s for Form 990.		Cat. No. 51227J		Schedule M	1 (Forn	n 990)	(2019)	

#### Schedule M (Form 990) (2019)



Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	THE ORGANIZATION USES A PROFESSIONAL FUNDRAISER FOR VEHICLE DONATIONS, IF ANY.



efile GRAPH	IC prin	nt	Subm	ssion	Date	- 202	20-11-1	.2											DLN	: 934	9331	7088	3710
SCHEDUL (Form 990 990-EZ) Department of t	or	Su		mplete Form	to pro 1 990 (	ovide i or 990	form information -EZ or t Attach	tioı o p to	n f pro Fo	or re vide rm 9	spon any a 90 or	ses t addit • 990	o spe ional -EZ.	ecific I info	c que orma	estior tion.		90-	EZ	<b>2</b>	No. 1 O en to	19 Publ	9 lic
Name of the org		on									-			-			mploy	/er id	lentifi		numb		
UNNOERSITHEVORPU Service	SRATION A	at mon	TEREY BA	ŕ												7	7-038	7459					
Return Reference										Ex	plan	atio	n										
FORM 990, PART VI, SECTION A, LINE 7A	THE UNIVERSITY PRESIDENT MAY APPOINT EX OFFICIO DIRECTORS BY VIRTUE OF OFFICE HELD WITH THE UNIVERSITY AND MUST APPROVE ALL DIRECTORS. THE UNIVERSITY PRESIDENT IS THE EX OFFICIO PRESIDENT OF THE CORPORATION.																						
FORM 990, PART VI, SECTION A, LINE 7B	ARE SUBJECT TO REVIEW AND APPROVAL OF THE UNIVERSITY PRESIDENT, WHO ALSO SERVES AS THE E OFFICIO PRESIDENT OF THE CORPORATION.											,											
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE, AS AUTHORIZED BY THE BOARD, WILL REVIEW AND APPROVE THE 990 BEFOR FILED.								RE IT	' IS													
FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE POTENTIAL CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIAT UPON DISCLOSURE.								DIATE	ELY													
FORM 990, PART VI, SECTION B, LINE 15		-	ATION IS			) AGA	INST UN	VIV	ER	SITY	' Pay	SCH	IEDU	LES	FOR	COI	/IPAR	ABIL	ITY /	AND 1	THE A	ΟΑ	
FORM 990, PART VI, SECTION C, LINE 19			g doc He wee		rs, pc	DLICIE	S AND I	FIN	AN	ICIAI	LS AI	RE M	IADE	AVA	ILAE	BLE T	O TH	IE PU	JBLIC	C UPC	ON RE	QUES	σT
FORM 990, PART VII, SECTION A			RECTOR				1PENSA	TIC	Л	FRO	)M RI	ELAT	ED O	ORGA	ANIZ	ΑΤΙΟ	NS F	OR J	OB D	OUTIE	5 UNR	ELAT	ED
FORM 990, PART XII, LINE 2C (NO CHANGE):	THE A BOAR		СОММ	TTEE	HAS (	OVERS	SIGHT C	OF T	ТН	IE AU	JDIT	AND	REC	OMN	MENI	DS A	JDIT	OR S	ELEC	CTION	і то т	ΉE	

SCHEDULE R	Submission Date - 2020-11-12		al 11-a 1- 1				OMB No. 154		_
(Form 990)	Complete if the organization	ganizations an anization answered "Yes" Attach to Fo	on Form 990, Pai orm 990.	rt IV, line 3	3, 34, 35b, 3	-	201		
Department of the Treasury Internal Revenue Service	► Go to <u>wv</u>	<u>vw.irs.gov/Form990</u> for ins	structions and the	e latest inf	ormation.		Open to I Inspect		
Name of the organization UNIVERSITY CORPORATION AT MON	ITEREY BAY					Employer identificatio	n number		_
						77-0387459			
Part I Identificatio	n of Disregarded Entities. Complete								
Name, address, an	(a) ad EIN (if applicable) of disregarded entity	(b) Primary activi	ity Legal dom	<b>c)</b> icile (state n country)	<b>(d)</b> Total incom	e End-of-year assets	(f) Direct contro entity	olling	
	of Related Tax-Exempt Organization of Related Tax-Exempt Organizations during the tax year.	<b>ns.</b> Complete if the orgar	nization answered	d "Yes" on I	Form 990, Pa	art IV, line 34 because	e it had one or mo	re	
Name, address, ar	(a) nd EIN of related organization	(b) Primary activity	(c) Legal domicile (sta or foreign country		(d) t Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlle entity? Yes N	.3) ed
(1)CALIFORNIA STATE UNIVERSITY 100 CAMPUS CENTER	Y MONTEREY BAY	EDUCATION - THE CORPORATION IS AN AUXILIARY ORGANIZATION	CA	115				N	
SEASIDE, CA 93955 91-1785970			64	F01(C)(	2)	LINE 7			-
(2)FOUNDATION OF CALIFORNIA S 100 CAMPUS CENTER SEASIDE, CA 93955		SUPPORT OF CALIFORNIA STATE UNIVERSITY, MONTEREY BAY AS AN AUXILIARY	CA	501(C)(	5)	LINE /		N	0
80-0494808 (3)OTTER STUDENT UNION AT CAI 100 CAMPUS CENTER BLDG 12	LIFORNIA STATE UNIVERSITY MONTEREY BAY	MANAGE AND OPERATE UNIVERSITY CAMPUS STUDENT UNION	CA	501(C)(	3)	LINE 12A, I		N	0
SEASIDE, CA 93955 82-0714842									
									_
For Donorwork Doduction A	Act Notice, see the Instructions for Form	200	Cat. No. 5013				chedule R (Form 9		

Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded from under section 512-514)	ed, total incom		Disprop	<b>h)</b> ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
								Yes	No		Yes	No	
						·						241	
It IV Identification of Related Organiza it had one or more related organizatio						ganization ar	swered "Ye	s" on I	Form 9	90, Part IV,	line	34 D	ecause
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		(c) Legal domicile te or foreic			(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of tota income	l Shar	<b>(g)</b> re of end- year assets	-of- Perce	<b>h)</b> entage ership		(i) Section 512(b) (13) controlled entity?

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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# 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> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
с	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
		1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1i</b>		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	В	4,333,456	
(2)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	к	4,467,503	
(3)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	М	3,339,096	
(4)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	Ρ	6,194,733	
(5)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	С	259,046	
(6)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	D	3,306,552	
(7)CALIFORNIA STATE UNIVERSITY MONTEREY BAY	E	1,165,000	

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

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

was not a related organization. See instructions regarding exclus		Investmen	it partnerships	s.									
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			•									<u> </u>	







#### Provide additional information for responses to questions on Schedule R. (see instructions).



