PUBLIC

DISCLOSURE

2018

990

				** PU	JBLIC DIS	SCLOSURE	COPY	* *					
	Ω	00	Retur	n of Ord	anizatio	n Exempt	t Fror	n Ir	ncome	e Tax		OMB No. 15	\$45-0047
Forr	n J	90	Under section 5	501(c), 527, or	4947(a)(1) of th	ne Internal Rever	nue Code	e (exc	ept private	foundatio	ons)	20	18
		of the Treasury			-	mbers on this fo		-	-			Open to	
		enue Service				for instructions						Inspec	tion
-			ar year, or tax ye	ear beginning	JUL 1,	2018 a	nd ending	י <u>ן נ</u>	UN 30,				
B c a	heck if pplicat		organization						D Employ	er identif	ication	number	
	Addr chan			LATE ON	LVERSTIN	SAN MARC	.05						
	Name		ORATION							33-0	397	688	
	chan Initial returr		usiness as and street (or P.0) hoy if mail is n	not delivered to str	eet address)	Boom/	suite	E Telepho			000	
	Final	222	S. TWIN (000 4441 000)	110011/1	Suito				-4700	
	termi	n	own, state or pro			ion postal code			G Gross rec				,233.
	Amer returr	nded CAN	MARCOS, (.9		ľ	H(a) Is this	s a group r		-	
	Appli tion	^{ca-} F Name a	nd address of pri	ncipal officer:	3ELLA NEV	WBERG				bordinate		Yes	X No
	pend		AS C ABOV						H(b) Are all				No
Т	ax-ex	empt status:	X 501(c)(3)	501(c) () 🗲 (insert r	no.) 4947(a)((1) or	527	lf "No	," attach a	a list. (s	ee instruc	tions)
			CSUSM.EDU	J/CORP					H(c) Grou				
		f organization:	X Corporation	Trust	Association	Other ►	L	Year o	of formation:	1990 ₁	M State	of legal dor	nicile: CA
Pa	art I	,											
e	1	Briefly describ	e the organizatio	n's mission or	most significant	activities: TO	PROVI		FINAN	ICIAL	AND	PROG.	RAM
ano						FORNIA ST						RCOS.	
Governance	2	Check this bo				operations or dis					ssets. I		10
g	3		ing members of t		• •								<u> </u>
<u>م</u>	4					dy (Part VI, line 1)				······			797
ities	5					Part V, line 2a)							38
Activities &	0					ine 12							0.
Ă						38							0.
		Not unrelated					<u></u>	<u> </u>	Prior Y			Current Y	-
Ø	8	Contributions	and grants (Part	VIII. line 1h)					13,055			5,655	
Revenue	9		ce revenue (Part							,714.		9,233	
eve	10								33	3,003.			,338.
œ	11					and 11e)				3,380.			,250.
	12	Total revenue	- add lines 8 thro	ugh 11 (must e	əqual Part VIII, c	olumn (A), line 12	2)		21,930			5,061	
	13					3)			2,729	,729.		3,553	
										0.			0.
ses						umn (A), lines 5-1			9,777	7,240.	1	0,718	
ens										0.			0.
Expenses			ng expenses (Pa				0.			1 210		0 420	242
								—	/,3// 19,884	7,310.		9,439	
	18	-				(A), line 25)				5,291.		<u>3,711</u> 1,350	
SS	19	Revenue less	expenses. Subtra	act line 18 fron	1 line 12		<u></u>	Baa	z,040		-		
ance	200	Total assets (F	Part V line 16)						65,022			<u>End of Ye</u> 2,627	
Asse Bal	20 21	-	(Part X, line 10) (Part X, line 26)						<u>51,756</u>			7,758	
Net Assets or Fund Balances	21								13,265			4,868	
	art II								,	,		_,	<u>, 0 0 0</u>
				examined this r	eturn, including ac	ccompanying sched	lules and st	tateme	ents, and to t	he best of m	ny know	ledge and b	elief, it is
						on all information of							
										-			

Sign Here	Signature of officer Date BELLA NEWBERG, EXECUTIVE DIRECTOR Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN							
Paid			01/30/20 self-employed								
Preparer	Firm's name 🕨 ALDRICH CPAS ANI		Firm's EIN 🕨								
Use Only	Firm's address 7676 HAZARD CENT	ER DRIVE, STE 1300									
	SAN DIEGO, CA 92108 Phone no. (619)										
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No										

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CALIFORNIA STATE UNIVERSITY SAN MARCOS 1990 (2018) CORPORATION 33-0397688 Page
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CALIFORNIA STATE UNIVERSITY SAN MARCOS, CORPORATION IS A NON-PROFIT TAX EXEMPT ORGANIZATION ESTABLISHED TO PROVIDE
	ADMINISTRATIVE AND OTHER BUSINESS SERVICES TO CALIFORNIA STATE
	UNIVERSITY SAN MARCOS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,172,633. including grants of \$ 2,719,608.) (Revenue \$
	ADMINISTRATION OF RESEARCH AND TRAINING GRANTS AWARDED TO THE CAMPUS
	FACULTY FROM VARIOUS FEDERAL, STATE, AND OTHER GOVERNMENTAL AGENCIES
	AND PRIVATE FOUNDATIONS. FEDERAL GRANT REVENUES TOTALED \$13.6 MILLION
	WHILE STATE AND LOCAL GOVERNMENT AGENCY GRANT REVENUES TOTALED APPROX
	\$1.6 MILLION. GRANTS AND AWARDS FROM PRIVATE FOUNDATIONS AND OTHER NON-GOVERNMENTAL ENTITIES TOTALED \$465,000.
	NON-GOVERNMENTAL ENTITIES TOTALED \$465,000.
	(Code:) (Expenses \$ 4,681,205. including grants of \$ 500,000.) (Revenue \$ 6,219,417
	(Code:) (Expenses \$ 4,681,205. including grants of \$ 500,000.) (Revenue \$ 6,219,417 DEVELOPMENT AND MANAGEMENT OF THE ON-CAMPUS AND AFFILIATED OFF-CAMPUS STUDENT HOUSING PROGRAM WHICH PROVIDES HOUSING AND STUDENT-LIFE ACTIVITIES FOR APPROXIMATELY 1547 STUDENTS.
4c	(Code:) (Expenses \$ 2,455,213. including grants of \$ 133,394.) (Revenue \$ 2,404,917
	PROVIDE FINANCIAL AND ADMINISTRATIVE SUPPORT SERVICES TO VARIOUS CAMPU
	PROGRAMS AND ACTIVITIES. OTHER CAMPUS PROGRAMS FOR WHICH SERVICES WER
	PROVIDED INCLUDE FACULTY RESEARCH DEVELOPMENT AND VARIOUS COMMUNITY
	OUTREACH PROGRAMS.
4d	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 200,000 • including grants of \$ 200,000 •) (Revenue \$ 608,888 •)
	Other program services (Describe in Schedule O.) (Expenses \$ 200,000. including grants of \$ 200,000.) (Revenue \$ 608,888.) Total program service expenses ▶ 21,509,051.
	Other program services (Describe in Schedule O.) (Expenses \$ 200,000. including grants of \$ 200,000.) (Revenue \$ 608,888.)
4e	Other program services (Describe in Schedule O.) (Expenses \$ 200,000. including grants of \$ 200,000.) (Revenue \$ 608,888.) Total program service expenses ▶ 21,509,051.

CORPORATION

Part IV Checklist of Required Schedules

Form 990 (2018)

33-0397688 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
F	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.41-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
832003	3 12-31-18	Form	990	(2018)
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2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Form	990 (2018) CORPORATION 33-039	7688	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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			
		_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 365	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		

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

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Х Form 990 (2018)

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CORPORATION

33-	0397688	Page 5
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Exter the number of employees reports on Form W.3, Transmittal of Wage and Tax Statements, 2a 7.97 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated baubeness gross income of \$1,000 or more during the year? 3a B X 3b Did the organization have unrelated baubeness gross income of \$1,000 or more during the year? 3a B X 3a Did the organization have unrelated baubeness gross income of \$1,000 or more during the sambority over, a financial accountry. 4a X 3b Did any toxable path y noifly the organization have an interest in, or a signature or other authomy over, a financial accountry. 5a X 3c Did any toxable path y noifly the organization financial gross reports that are formably greater than \$100,000, and did the organization setting and the advectable or authomable organization financial gross of samb Bio 7. 5a X 3c If "Yes," old the organization ind the wave solicitation an express statement that such confluctions or financial gross of samb Bio 7. 7a X 3c If "Yes," old the organizatio		<u>990 (2018)</u> CORPORATION 33-0397	688	P	age 5					
gas Test	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Interface Image: Imag				Yes	No					
b If at least one is reported on line 2a, did the organization file all required federal employment tax retures? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a X b If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a X b If Yes, 'has if field a form 90-T for this year? /! Mo't to line 3b, provide an explanation in Schedule O 3b X b If Yes, 'has if field a form 90-T for this year? /! Mo't to line 3b, provide an explanation in schedule O. 3b X b If Yes, 'has if field a form 90-T for this year? /! Mo't to line 3b, provide an explanation in the authority over, a financial Accounts (FBAR). 5a X See instructions for ling requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 6a D of the organization aput the organization the form 8869.T? 5a X 6b If Yes, 'indicate the name of the organization include with every solicitation an explanation? 5a X 6b If Yes, 'indicate the organization netude with every solicitation an explanation? 5a X 6c If Yes, 'indicate the organization netude with every solicitation an explanation? 5a X	2a									
Note: If the sum of thes 1a and 2a is greater than 250, you may be required to e-fie (see instructions) Image:		filed for the calendar year ending with or within the year covered by this return 2a 797								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "yes," hast thild a form 9900-for this year? ("If "No' to fin as 3, yourde an explanation in Schedule 0. 3b X 4a At my time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account in a foreign country." 3a X bit 1'vs." enter the name of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country." 5a X cols and standard account of the organization in the foreign country." 5a X 5a X bit or any contributions that we not bac orb, dd the organization in the sort and the organization in the form 3886 17. 5a X cols any contributions that we not tax deductible form 3886 17. 5a X 5a X cols and acductible? Cols and scherolic action the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible contributions and parity is a contribution of go gods and services provided? 7a X f U'vs." indicate the uname of Forms 8282 field during the year Zd 7a X f U'vs." indicate the uname of Forms 8282 field during the year? 7a X X d U'	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b If Yes, * has it filed a form 900 T for this yes? // * Yo' to file 3b, provide an explanation in Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toring nounty (such as a bank account, securities account, or other financial account is (EARA). 4a X b I' Yes, * netter the name of the foreign county. 5a X b Did any taxable party notify the organization have an interest in, or a signature county? 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that the or is a party to a prohibited tax shelter transaction solid: 6a X c H'Yes, 'to dit the organization include with every solidation an express statement that such contributions or gifts 6b 6a X d) Torganization network particits as a contribution an express statement that such contributions or gifts 6b 7a X d) Tyes, ' did the organization netwy for Sinda party as a contribution and party for goods and services provided to the pary? 7a X d) Did the organization network of forms 8282 Tinde party as a contribution of quarkation for more approximation for a form apprentit metoresof Sinda party as a contribution or quarkati		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a At any time during the calendar year, did the organization have an inferest in, or a signature or other submity your, a fmancial account); a control, such as a bank account, securities account, or other financial account)? b If 'Yes, 'enter the name of the foreign country; b See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Se Was the organization a party to a prohibited tax shefter transaction? b d any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? b d any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? c H''se's to line 6 ar of 5, di the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as chartable contributions? d H''se, 'id the organization notify the donor of the value of the goods and services provided? d H''se, 'id the organization notify the donor of the value of the goods and services provided? d H''se, 'id the organization contify the good or advised funds and party for goods and services provide? d H''se, 'id the organization notify the donor of the value of the organization funds. d H''se, 'idit the organization and party or goods and services provide? d H''se, 'idit the organization and services provide? d H''se, 'idit the organization funds. d H''se, 'idit the organization funds.	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
Interactal account in a toroign country (such as a bark account, securities account, or other financial account)? 4a X b If 'Yes,' enter the name of the forsign country. 6a X See instructions for filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization ap any to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5c X 6a Does the organization near annual gross recorders that are normally greater than \$100,000, and did the organization solicit any contributions that were normally greater than \$100,000, and did the organization solicit any contribution subtle were nor tax deductible or fibro \$257 made parts as contribution and party for groots and services provided to the part? 7a X 7 Organization near any forse, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 7 Tyes,'' did the organization near any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 7 Tyes,'' and the the number of forms \$222 field during the year 7d 7a X 7 Did the organization nearce any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 7 Tyes,'' and the erganization near any ta	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							
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c Enter the amount of reserves on hand										
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			14b							
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X										
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
		If "Yes," see instructions and file Form 4720, Schedule N.								
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
		If "Yes," complete Form 4720, Schedule O.								

Form **990** (2018)

832005 12-31-18

13440130 310575 20557.004

Dar	990 (2018) CORPORATION			03976			ag
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	0	,	nd for a "	'No" r	respor	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C						
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			
eci	tion A. Governing Body and Management						
10	Enter the number of voting members of the governing body at the and of the tay year	1a		10		Yes	1
Id	Enter the number of voting members of the governing body at the end of the tax year			<u> </u>			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
	Enter the number of voting members included in line 1a, above, who are independent	1b		3			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other	—––––––––––––––––––––––––––––––––––––––			
2	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under th			 m	-		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		
	Did the organization become aware during the year of a significant diversion of the organization's as			E	5		
	Did the organization have members or stockholders?				6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or				
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
iect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)				
				r		Yes	
0a	Did the organization have local chapters, branches, or affiliates?				10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befoi	re filing the	form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					v	
	in Schedule O how this was done			·····	12c	X X	
	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approv		dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	x	
	The organization's CEO, Executive Director, or top management official				15a 15b	X	
	Other officers or key employees of the organization				der	- 23	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont w	ith a				
	taxable entity during the year?				16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				104		F.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of evaluation of the organization of evaluation of the organization of evaluation of evaluation of the organization of evaluation of the organization of evaluation of evaluation of the organization of evaluation o		-				
	exempt status with respect to such arrangements?				16b		
Sect	tion C. Disclosure				10.0		-
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	nd 990-	T (Section 5	501(c)(3)s	only) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.		,				
	X Own website Another's website X Upon request Other (explain	in Sch	nedule O)				
				blicy and	finan	cial	
		onflict o	f interest po	siney, and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	onflict o	f interest po	shoy, and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound CLINT ROBERTS, CONTROLLER - $760-750-4470$	ooks an	d records				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	d records			1 990	

Form 990 (2018) 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

CORPORATION

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 (Ď), (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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title				Pos	j ition	i i			.,	
Name and Title	Average		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week		, unle cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	e or	stee			Isate		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	organizations	truste	al tru:		yee	mpe		(and related
	below	d ual 1	nstitutional trustee	L_	Key employee	Highest compensated employee	L.			organizations
	line)	ndivi	nstitu	Officer	(e y e	Highe	Former			
(1) DR. GRAHAM OBEREM	3.00	-	_		-		_			
CHAIRMAN	40.00	x		x				0.	251,474.	90,403.
(2) CHARLES RAGLAND	3.00									
VICE CHAIRMAN		X		X				0.	0.	0.
(3) CYNTHIA CHAVEZ METOYER	1.00									
SECRETARY	40.00	X		X				0.	127,348.	52,663.
(4) NEAL HOSS	1.00									
TREASURER	40.00	Х		Х				0.	255,830.	84,848.
(5) JENNIFER WILLIAMS	1.00									
DIRECTOR	40.00	Х						0.	153,434.	53,871.
(6) JASON SCHREIBER	1.00									
DIRECTOR	40.00	Х						0.	126,588.	42,001.
(7) DR. CHARLES DE LEONE	1.00									
DIRECTOR	40.00	Х						0.	166,299.	69,779.
(8) MICHAEL SCHRODER	1.00									
DIRECTOR	40.00	Х						0.	187,561.	77,612.
(9) CHRISTOPHER THIBODEAU	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) ANN BERSI	1.00									
DIRECTOR		Х						0.	0.	0.
(11) XAVIER MARTINEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAWN MARIE MYERS	1.00									
DIRECTOR		X						40,510.	0.	16,204.
(13) REX ANDRADE	1.00									
DIRECTOR		X						4,389.	0.	176.
(14) CONNER WHITTEM	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SAVANA DOUDAR	1.00									
DIRECTOR		X						7,112.	0.	284.
(16) ARMANDO ZARAGOZA	1.00									
DIRECTOR		Х						4,472.	0.	179.
(17) BELLA NEWBERG	40.00									
EXECUTIVE DIRECTOR				Х				0.	160,640.	69,849.
832007 12-31-18										Form 990 (2018)

832007 12-31-18

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8

Form 990 (2018) CALIFORN		Ξ	JNI	IVI	ERS	SI	ΓY	SAN M	ARCOS	33-0	207	<i>c</i> 0 0	_	0
Form 990 (2018) CORPORAT. Part VII Section A. Officers, Directors, Trus		nlov	- 299	an	d Hi	iahe	st (Compensate	ed Employe		591	000	Pa	age 8
(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck ss pe d a d	C) ition ^{more} rson) than is bot	one :h an	(I Repo compe	D) ortable ensation om	(E) Reportable compensati from relate	on	Esti amo	(F) imate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	tł organ	he ization 99-MISC)	organization (W-2/1099-MI	าร	comp fro orga	ensa m the nizati relate	e ion ed
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A								6,483. 0. 6,483.	1,429,1	0.	557		0.
2 Total number of individuals (including but n							no r				ole		-	0
compensation from the organization													Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,		'		· ·	,	·	0	•			3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compen	sation from	the organization	1	4	x	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	/ unr	relat	ted organiza	tion or indiv	idual for service	s			x
rendered to the organization? If "Yes," corr Section B. Independent Contractors		eji	or si	ucn	pers	SON .						5		
1 Complete this table for your five highest co the organization. Report compensation for											mpens	ation fro	om	
(A)	,		ONE		VICII				(B) scription of s	5	6	(C) ompen		
		110	/141											-
							_							
2 Total number of independent contractors (i \$100,000 of compensation from the organi	e	iot lii	nite	d to		se li: 0	stec	d above) whe	o received n	nore than		0	00 /-	

832008 12-31-18

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
CORPORATION	1			

				RATION				33-0397	7688 Page 9
Pa				nue					
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Arr, o		С	Fundraising events	1c					
ilar				1d					
Sim's			Government grants (contribut		15,190,219.				
utio		f	All other contributions, gifts, gran		465 004				
<u>ē</u> Ŧ			similar amounts not included abo		465,204.				
u du		-	Noncash contributions included in lines			15,655,423.			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f		Business Code	15,055,425.			
e	2	а	STUDENT HOUSING RELATE	D	900099	6,219,417.	6,219,417.		
, zi	~	b	CAMPUS PROGRAMS		900099	2,404,916.	2,404,916.		
Program Service Revenue		c	COMMISSIONS BOOKSTORE		900099	312,364.	312,364.		
am		d	OTHER COMMISSIONS		900099	159,771.	159,771.		
D B B B B B B B B B B B B B B B B B B B		е	CAMPUS DINING SERVICES		900099	136,754.	136,754.		
<u>م</u>		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		▶	9,233,222.			
	3		Investment income (including						
			other similar amounts)			169,338.			169,338.
	4		Income from investment of ta		F				
	5		Royalties						
			o	(i) Real	(ii) Personal				
	6		Gross rents	3,250.					
			Less: rental expenses Rental income or (loss)						
						3,250.			3,250.
	7		Gross amount from sales of	(i) Securities	(ii) Other	-,			-,
	•	-	assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
e	8	а	Gross income from fundraisin	g events (not					
Other Revenue			including \$						
Rev			contributions reported on line						
ler			Part IV, line 18						
ŧ			Less: direct expenses						
	~		Net income or (loss) from fund		▶				
	9	а	Gross income from gaming ac Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale		►				
ĺ			Miscellaneous Revenu		Business Code				
ĺ	11	а							
		b							
		С							
			All other revenue						
			Total. Add lines 11a-11d			25 061 222	0 000 000	0.	170 500
83200	12 0 12		Total revenue. See instructions		▶	25,061,233.	9,233,222.	0.	. 172,588. Form 990 (2018)
03200	3 IZ	-01	- 10						

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CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

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

Do	not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 726 025	1 726 025		
_	and domestic governments. See Part IV, line 21	1,726,025.	1,726,025.		
2	Grants and other assistance to domestic	1,826,977.	1,826,977.		
2	individuals. See Part IV, line 22	1,020,977.	1,020,977.		
3	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				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	42,618.	42,618.		
6	Compensation not included above, to disqualified	,	,		
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,549,762.	8,029,810.	519,952.	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	408,270.	378,825.	29,445.	
9	Other employee benefits	1,185,469.	1,093,789.	91,680.	
10	Payroll taxes	532,728.	500,491.	32,237.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	45,770.	36,706.	9,064.	
с	Accounting	85,360.		85,360.	
d	Lobbying				
е	e ,				
f	Investment management fees				
g		0 004 445	0 0 0 0 0 0 0	F1F F0F	
	column (A) amount, list line 11g expenses on Sch 0.)	2,884,147.		517,537.	
12	Advertising and promotion	35,141.		12 220	
13	Office expenses	806,974.		13,228.	
14	Information technology	600,555.	580,728.	19,827.	
15	Royalties	544,077.	478,472.		
16		521,938.	496,030.	65,605. 25,908.	
17	Travel	521,950.	490,030.	25,900.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	324,389.	315,813.	8,576.	
19 20	Conferences, conventions, and meetings	684,262.	684,024.	238.	
20 21	Interest Payments to affiliates	504,2020	554,024.	250•	
21	Depreciation, depletion, and amortization	1,785,380.	1,291,113.	494,267.	
22	Insurance	125,540.	102,375.	23,165.	
23 24	Other expenses. Itemize expenses not covered				
-7	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 0.) OTHER EXPENSES	594,272.	328,220.	266,052.	0
a b	REPAIRS AND MAINTENANCE	247,361.	247,361.	200,052.	0
-	OTHER STUDENT AMENITIES	154,177.	154,177.	0.	0
c c				•	0
d e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	23,711,192.	21,509,051.	2,202,141.	0
26	Joint costs. Complete this line only if the organization	,,_,_,	,,	_,,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

Form 990 (2018)

Part IX Statement of Functional Expenses

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Form 990 (2018)

Form	990	(201)	8)

Part X Balance Sheet

	ιΛ	Dalance Oneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			646,614.	1	1,349,000.
	2	Savings and temporary cash investments	10,714,153.	2	5,835,557.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			6,497,395.	4	14,075,777.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect	ion 50 ⁻	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9				8,217.	9	809,852.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	107,290,951.			
	b	Less: accumulated depreciation	10b	17,951,364.			89,339,587.
	11	Investments - publicly traded securities			4,279,900.	11	11,160,880.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	56,581.	15	56,581.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	65,022,015.	16	122,627,234.
	17	Accounts payable and accrued expenses	5,616,657.	17	9,434,731.		
	18	Grants payable		18			
	19	Deferred revenue			9,987,555.	19	13,521,983.
	20	Tax-exempt bond liabilities			18,950,023.	20	17,967,885.
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
.iab		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	17 001 701		
		Schedule D			17,201,781. 51,756,016.		66,834,395. 107,758,994.
	26	Total liabilities. Add lines 17 through 25			51,750,010.	26	107,750,994.
		Organizations that follow SFAS 117 (ASC 958		k here ► X and			
ces	07	complete lines 27 through 29, and lines 33 an			13,265,999.	07	14,868,240.
lan	27	Unrestricted net assets			13,203,999.	27	14,000,240.
Ba	28	Temporarily restricted net assets				28	
pur	29			2) abaali bawa 🔊		29	
ц Т		Organizations that do not follow SFAS 117 (As	50 950	s), check here 🕨			
Net Assets or Fund Balances	20	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds				30 31	
t As	31 32	Paid-in or capital surplus, or land, building, or eq				31	
Ne	32 33	Retained earnings, endowment, accumulated inc			13,265,999.	32	14,868,240.
	33 34	Total net assets or fund balances			65,022,015.		122,627,234.
	94	Total habilities and het assets/fullu baldrices				04	Eorm 990 (2018)

Form **990** (2018)

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CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS				
CORPORATION								

33-0397688 Page 12

	10)	of Net Assets
Form 990 (20	10)	CORPORATION

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	25,061,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,711,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,350,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,265,999.
5	Net unrealized gains (losses) on investments	5	252,200.
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	14,868,240.
Pa	t XIII Financial Statements and Reporting		

Part XII Financial Statements and Reporting

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

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

Form **990** (2018)

832012 12-31-18

SCHEDULE A			Dublic Che	vity Status an					OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an					2018	
				nization is a section 50 ⁻ 47(a)(1) nonexempt cha			or a section		2010
	of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Reve	nue Service		-	/Form990 for instruction					Inspection
Name of	the organizati			TE UNIVERSIT	Y SAN	MARC	OS		identification number
			ORATION						3-0397688
Part I	Reason	for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The organ	nization is not a	private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1	,		,	on of churches described		• • •	1)(A)(i).		
2				Attach Schedule E (Forn					
3		•	1 0	anization described in se					
4		-	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
- v	city, and stat								
5 X	-	-		llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
6			Complete Part II.)	nontal unit described in a	nation 17	70/61/41/41	6.0		
6 7			-	nental unit described in Intial part of its support f				ha gaparal	public described in
'	-		omplete Part II.)	initial part of its support i	ion a gov	erninentai		ine general	public described in
8	-			(1)(A)(vi). (Complete Parl	· II)				
9			• •	in section 170(b)(1)(A)(,	ed in coniu	unction with a	land-grant	college
-				culture (see instructions).					
	university:		5 5 5	(,		<i>,</i> .	,,		
10	An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	Ind gross receipts from
	activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
	income and u	inrelated busii	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section	5 09(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	-	-		ively for the benefit of, to	-			-	
				ed in section 509(a)(1) o					Check the box in
-		•		of supporting organizatio		-		-	
а				supervised, or controlled	• •				
			complete Part IV, Se	gularly appoint or elect a	а пајопту (supporting
b	-			d or controlled in connec	tion with it	s support	ed organizatio	on(s) by ha	ivina
-			•	anization vested in the s		• •	•		•
			t complete Part IV,					5 1	
с	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,
	its supporte	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
	that is not f	unctionally int	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
	•			nplete Part IV, Sections					
е		•		written determination fro			а Туре I, Туре	II, Type III	
	•	-	•••	nally integrated support					
	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
									ļ
Total									
Total									L

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

33-0397688 Pag	ie 2
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Schedule A (Form 990 or 990-EZ) 2018 CORPORATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7442989.	9838625.	<u>11879250.</u>	13055233.	15655423.	57871520.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7442989.	9838625.	11879250.	13055233.	15655423.	57871520.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						57871520.
	ction B. Total Support	1		1	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c)2016 11879250.	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	7442989.	9838625.	118/9220.	13055233.	15055423.	5/8/1520.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	145 050	1 5 4 5 6 7	152 421	E0 074	170 500	601 612
	and income from similar sources	145,952.	154,567.	153,431.	58,074.	172,588.	684,612.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						50556122
	Total support. Add lines 7 through 10						58556132.
	Gross receipts from related activities,	, (,				,409,240.
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	o nere	rcentage				····· 🕨
				a aluman (f))		44	98.83 %
	Public support percentage for 2018 (14	<u>98.83 %</u> 97.92 %
	Public support percentage from 2017 33 1/3% support test - 2018. If the o						,-
104							
h	stop here. The organization qualifies 33 1/3% support test - 2017. If the o						·····
L.							
170	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes and if the organization meets the "faction"						
	meets the "facts-and-circumstances"		-		•	•	
L	10% -facts-and-circumstances tes						
D.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				, 100, 174, 01 171) or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			·	•		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here	-					►
Se	ction C. Computation of Publi	ic Support Pe					·
15	Public support percentage for 2018 (I	ine 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Invest						,,,
	Investment income percentage for 20)	17	%
	Investment income percentage from 2						%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2017. If the						►
Ľ							
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n diu not check a		a, or 190, check l			
	23 10-11-18	1 207		16 CNI TEODNI		-	990 or 990-EZ) 2018

33-0397688 Page 3

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2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

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

Section A. All Supporting Organizations

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

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

33-0397688 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

17

Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

33-0397688 Page 5

Par	TIV 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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
	The organization satisfied the Activities Test. Complete line 2 below.	•		
a				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	IUCTIONS		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		2-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 ;		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9 18	90 or 99	JU-EZ)	2018
	TO			

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2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

CALIFORNIA STATE UNIVERSITY SAN MARCOS Schedule A (Form 990 or 990-EZ) 2018 CORPORATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting or	anization (see
	instructions)	, 0.1	,	```

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Sche	dule A (Form 990 or 990-EZ) 2018 CORPORATION		3	3-0397688 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
Ū	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 Excess from 2017			
	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018	CALIFORNIA STATE UNIVERSITY SAN MAR CORPORATION	33-0397688 Pa
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide the explanations required by Part II, line 10; Part II, lin 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I ines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 3; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V
32028 10-11-1	٥		Schedule A (Form 990 or 990-EZ)
J2020 IU-11-1	U	21	

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

33-0397688

CALIFORNIA STATE UNIVERSITY SA	AN MARCOS
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CORPORATION

Organization type (check one):				
Filers of:	Sec	tion:		
Form 990 or 990-EZ	х	501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		

527 political organization

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

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

General Rule

Form 990-PF

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots by

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number

33-0397688

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$3,512,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$2,635,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$4,875,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$506,315.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$1,228,251.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
823452 11-08		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

23

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2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Schedule B	(Form 990,	990-EZ,	or 990-PF) (2	2018)	
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Name of organization

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Employer identification number

33-0397688

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 823453 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 24 2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Page 3

13440130 310575 20557.004

Name of o	rganization		Employer identification number
	ORNIA STATE UNIVERSITY RATION	SAN MARCOS	33-0397688
Part III	Exclusively religious, charitable, etc., contrib	a) through (e) and the following line en , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gif	t Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 t
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address,	t Relationship of transferor to transferee	
823454 11-08	8-18	25	Schedule B (Form 990, 990-EZ, or 990-PF) (201

13440130 310575 20557.004 2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

SCHEDULE D (Form 990)		Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0	3
Department of the Treasury Attach to Form 990.			Attach to Form 990.		Open to Pu Inspection	blic
	I Revenue Service		990 for instructions and the latest information INIVERSITY SAN MARCOS		oyer identification n	
nam	e of the organizat	CORPORATION	MIVERDIII DAM MARCOD	Emple	33-0397688	
Pa	rt I Organiz		ed Funds or Other Similar Funds or	Accour		
		on answered "Yes" on Form 990, Part IV, li		/		
	organizatio		(a) Donor advised funds	(b) Fund	s and other accounts	
1	Total number at e	nd of year		. ,		
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5			writing that the assets held in donor advised	funds		
	-		s exclusive legal control?		Yes	No
6			advisors in writing that grant funds can be use			
	for charitable purp	poses and not for the benefit of the donor	or donor advisor, or for any other purpose cor	Iferring		
	impermissible priv				Yes	No
Pa	rt II Conserv		ganization answered "Yes" on Form 990, Part			
1	Purpose(s) of con	servation easements held by the organizat	tion (check all that apply).			
	Preservation	n of land for public use (e.g., recreation or	education) Preservation of a historic	ally importa	ant land area	
	Protection of	of natural habitat	Preservation of a certified	l historic st	ructure	
	Preservation	n of open space				
2	Complete lines 2a	a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservat	ion easement on the	last
	day of the tax yea	ır.		H	leld at the End of the Ta	ıx Year
а	Total number of c	onservation easements		. 2a		
b						
С	Number of conser	vation easements on a certified historic st	ructure included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
3	Number of conser	rvation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization (during the tax	
	year 🕨					
4		where property subject to conservation ea				
5	•	ation have a written policy regarding the pe				
			it holds?			No
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ation ease	ments during the year	r
_						
7		ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easement	s during the year	
~	►\$					
8			ove satisfy the requirements of section 170(h)(4		N	Ν.
•					Yes	No
9		-	tion easements in its revenue and expense sta			
			ation's financial statements that describes the	organizatio	on's accounting for	
Pa	conservation ease		of Art, Historical Treasures, or Othe	er Simila	r Assets	
		if the organization answered "Yes" on Form		, onna		
10			SC 958), not to report in its revenue statemen	t and balar	ice sheet works of art	
Id	0		chibition, education, or research in furtherance			,
		other similar assets here for public ex			ervice, provide, in Fa	т. ЛШ,
h			SC 958), to report in its revenue statement an	d halanco (sheet works of art his	storical
U U			education, or research in furtherance of public			
			sacassi, or resource in functional loc of Dublic	551 VIOC. DI	a rise the renewind al	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	relating to these items:	

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26 2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Sche	edule D (Form		TION				meob	33-	0397688	Page 2
		anizations Maintaining C		rt. His	torical Tr	easures.	or Othe			
3		ganization's acquisition, access		-					•	,
-	(check all tha	-		,	·····,	· · · · · · · · · · · · · · · · · · ·				
а		exhibition	d	1	Loan or exc	hange progra	ams			
b		arly research	e			indinge progri				
c		vation for future generations								
4		scription of the organization's c	ollections and explai	n how tl	nev further t	he organizati	ion's exen	npt purpose in	Part XIII.	
5		ear, did the organization solicit c								
		raise funds rather than to be m							Yes	No
Pa		row and Custodial Arran								
		ted an amount on Form 990, Pa			U U					
1a	Is the organiz	zation an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not i	ncluded		
		, Part X?							Yes	No
b		lain the arrangement in Part XIII								
		-		-					Amount	
с	Beginning ba	alance						1c		
d		ring the year								
е		during the year								
f		nce						. 1f		
2a		nization include an amount on F						ty?	Yes	No
b	If "Yes," exp	lain the arrangement in Part XIII	. Check here if the ex	kplanati	on has been	provided on	Part XIII			
Pa	rt V Ende	owment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.		
			(a) Current year	(b) F	rior year	(c) Two yea	rs back 🛛 🌔	d) Three years b	ack (e) Four yea	ars back
1a	Beginning of	year balance								
b	Contribution	s								
С	Net investme	ent earnings, gains, and losses								
d	Grants or scl	holarships								
е	Other expen	ditures for facilities								
	and program	IS								
f	Administrativ	/e expenses								
g	End of year b	palance								
2	Provide the e	estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board desigr	nated or quasi-endowment 🕨		_%						
b	Permanent e	endowment 🕨	%							
С	Temporarily I	restricted endowment 🕨	%							
	The percenta	ages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there end	dowment funds not in the posse	ession of the organization	ation the	at are held a	nd administe	ered for th	e organization		
	by:								Ye	s No
		d organizations							3a(i)	
	(ii) related o	organizations							3a(ii)	
b		ne 3a(ii), are the related organiza							3b	
4		Part XIII the intended uses of the		owment	funds.					
Pa		d, Buildings, and Equipn								
		plete if the organization answere								
	Des	scription of property	(a) Cost or o			or other		cumulated	(d) Book va	alue
			basis (investr	nent)		(other)	dep	reciation		
						5,208.	10 1	00 000	2,475,	
b						7,325.		98,230.	19,629,	
С		nprovements				0,274.		63,893.		381.
d						8,392.	3,9	89,241.	1,749,	
						9,752.			65,049,	
Гota	 Add lines 1a 	a through 1e. <i>(Column (d) must</i> e	equal ⊦orm 990, Part	X, colur	mn (B), line 1	UC.)		🕨	89,339,	501.

Schedule D (Form 990) 2018

13440130 310575 20557.004

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
CODDODATTON	т			

Schedule D (Form 990) 2018 CORPORATION	33-0397688 Page 3
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, F	
(a) Description of security or category (including name of security) (b) Book	value (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H) Tetel (Cel (b) must equal Form 000, Part V, cel (D) line 10)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	
	aut IV line 11a, Cas Farm 000, Dart V line 10
Complete if the organization answered "Yes" on Form 990, F (a) Description of investment (b) Book	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8) (9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, F	art IV line 11d. See Form 990. Part X. line 15
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, F	art IV. line 11e or 11f. See Form 990. Part X. line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(1) POST RETIREMENT BENEFITS	1,537,951.
(3) DUE TO RELATED ORGANIZATIONS	1,816,680.
(4) NOTE PAYABLE	63,479,764.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	66,834,395.
 Liability for uncertain tax positions. In Part XIII, provide the text of the 	
•	40). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

832053 10-29-18

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS						

Sche	edule D (Form 990) 2018 CORPORATION			33-	0397688 Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	ith Revenue per R	leturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	26,650,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	252,200.		
b	Donated services and use of facilities	. 2b	1,336,666.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,588,866.
3	Subtract line 2e from line 1			3	25,061,233.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	25,061,233.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	/ith Expenses per	Retu	irn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents W a.			
Pa 1		n ents W a.		Retu	ırn. 25,047,858.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W		1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents W a. 		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents W a. 2a 2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents W a. 2a 2b 2c		1	25,047,858.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,336,666.	1 2e	25,047,858.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,336,666.	1	25,047,858.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,336,666.	1 2e	25,047,858.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents W a. 2a 2b 2c 2d	1,336,666.	1 2e	25,047,858.
1 2 b c 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1,336,666.	1 2e	25,047,858. 1,336,666. 23,711,192.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	1,336,666.	1 2e	25,047,858. 1,336,666. 23,711,192. 0.
1 2 b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,336,666.	1 2e 3	25,047,858. 1,336,666. 23,711,192.

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

PART X, LINE 2:

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

832054 10-29-18

SCHEDULE I (Form 990) Department of the Treasury		Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2018 Open to Public
Internal Revenue Service				rs.gov/Form990 fo		nation.		Inspection
Name of the organizati	ion CALIFORNI CORPORATI		JNIVERSITY S	SAN MARCOS				Employer identification number 33-0397688
Part I General Ir	nformation on Grants a	nd Assistance						
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to a	award the grants or assis	stance?						X Yes No
2 Describe in Part	IV the organization's pro	ocedures for moni	toring the use of grant	t funds in the Unite	d States.			
	d Other Assistance to hat received more than	. –				anization answered "	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE MARCOS - 333 S. 1 SAN MARCOS, CA 92	WIN OAKS ROAD -	33-0535371	115	881,803.	0.			CALIFORNIA STATE UNIVERSITY SAN MARCOS STUDENT SCHOLARSHIPS
CALIFORNIA STATE MARCOS - 333 S. T	WIN OAKS ROAD -							
SAN MARCOS, CA 92	2096	33-0535371	115	844,222.	0.			CONTRIBUTION TO CAMPUS
2 Enter total numb	per of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table		-	•	▶1.
	per of other organization							▶ 0.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS	1221	1,826,977.	0.		

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

PART I, LINE 2:

GRANTS GIVEN TO CSUSM ARE FOR STUDENT SCHOLARSHIPS AND THE UNIVERSITY

MONITORS THE FUNDS GIVEN TO EACH STUDENT. THE FINANCIAL AID OFFICE OF THE

UNIVERSITY QUALIFIES APPLICANTS FOR SCHOLARSHIPS BASED ON CRITERIA OVER

WHICH CSUSM CORPORATION HAS NO CONTROL. EXPENDITURES ON GRANTS AND

CONTRACTS ARE CLOSELY MONITORED BY THE CSUSM CORPORATION STAFF TO COMPLY

WITH SPONSOR REQUIREMENTS.

33-0397688

Page 2

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensation answerd 'Yes' on Form 990, Part IV, line 23.	SC	HEDULE J Compensation Information	(OMB No.	1545-00	47
Complete if the organization asseed Yes" on Form 990, Part IV, line 23. Complete if the organization asseed Yes" on Form 990, Part IV, line 23. Concentrate the view of the organization asseed Yes" on Form 990, Part IV, line 23. Concentrate the view of the organization asseed Yes" on Form 990, Part IV, line 23. Concentrate the view of the organization asseed Yes" on Form 990, Part IV, line 23. Concentrate the view of the organization asseed Yes" on Form 990, Part IV, line 23. Concentrate travel Concentrate travel Concentrate travel Travel for comparison Part IV, Section A, line 12. One to evaluate the organization provided any other following to or for a person listed on Form 990, Part IV, Section A, line 12. One of the organization and gross-up payments Travel for companion Tax indemnification and gross-up payments Tax indemnification and gross-up payments				20	10	2
Department Attach to Form 990. Department Department <thdepartment< th=""> <thdepartment< th=""> <thd< th=""><th>•</th><th>Compensated Employees</th><th></th><th>ZU</th><th>10</th><th>)</th></thd<></thdepartment<></thdepartment<>	•	Compensated Employees		ZU	10)
Deck of working gov/form/sgov/for	Dena	Attack to Farme 000		Open to	Publ	ic
CORPORTION 33-0397688 Part I Questions Regarding Compensation ************************************		al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Ves No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Paryments for business use of personal residence Tax indemnification and gross-up payments Health or social club duas or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision d al of the expenses described abov? If 'No,' complete Part III to explain 1b 2 Did the organization require busitation for prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization use or study Form 990 of other organizations Approval by the board or compensation for the CEO/Executive Director, the explain in Part III. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: In organization or a related organization: Approval by the board or compensation	Nan					mber
1a Check the appropriate box(as) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal residence or personal results and process or personal residence or personal resorate personal residence or personal residence or per			33-03	9768	8	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. First-Class or charter travel Housing allowance or residence for personal use Travel for companions Tavel for companions Payments for business use of personal residence for personal use Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization 's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizatio	Pa	rt I Questions Regarding Compensation				
Part VI, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Trave information and gross-up payments Payments for busines use of personal residence Payments for busines use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, charlinger, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b Ib 2 Uit the organization require substantiation prior to reimbursing or allowing expenses incurred by al directors, trustees, and officers, including the CEO/Executive Director, put explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee Write employment contract 2 Compensation committee Write employment contract Compensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4c X b </th <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence that indemnification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain 1b c Did the organization regular substantiation prior to reimbursing or allowing expenses incurved by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Independent compensation or the CEO/Executive Director, but explain in Part III. 2 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a X c Te organization? 5a X X	1a		990,			
Travel for companions Payments for business use of personal residence Tax indemification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of al of the expense described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation of the CEO/Executive Director, the value and tapply. Do not check any boxes for methods used by a related organization to establish compensation and any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment from, a supplemental nonqualified retirement plan? 4b X b Participate in, or receive payment from, a equity-based compensation angement? 4c X b		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b Ib 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 2 Compensation committee Written employment contract 1 2 2 Indicate which, if any, of the following the filing organization used to establish the compensation committee Written employment contract 2 2 Independent compensation consultart Compensation survey or study 3		5	nal use			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization or relimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation consultant Compensation survey or study Form 990 of other organizations 2 Compensation committee Writtlen employment contract 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4 Participate in, or receive payment from, an equity-based compensation arragment? 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation orthmete Written employment contract Independent compensation consultant Compensation accompensation committee Written employment contract Pouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X P articipate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X During the year, is the persons and provide the applicable amounts for each item in Part III. 5a X Only						
reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 2 Form 990 of other organization: Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4b		Discretionary spending account Personal services (such as maid, chauffeur	r, chef)			
reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant Compensation survey or study 2 Form 990 of other organization: Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4b						
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 4 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract 1 Indicate which, if any of the following the filing organization used to establish the compensation committee Written employment contract 1 Compensation consultant Compensation committee Written employment contract 1 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person and provide the applicable amounts for each item in Part III. 4b X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4 During the year, did any person insted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For pe	b			41.		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee V Compensation committee Written employment contract Compensation committee Compensation committee Written employment contract Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X b Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 6a X b Any related organization? 5b X f*Yes' to any of lines 5a or 5b, describe in Part III. 5b X 6a The organization? 5	~					
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Compensation committee Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, an equity based compensation arrangement? 4c if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X f "Yes" on line 6a or 5b, describe in Part III. 6a X 6b X Any related	Z					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 6a X if "Yes" on line 6a		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 12?		2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 6a X if "Yes" on line 6a	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizat	tion's			
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Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X ft "Yes" on line 5a or 5b, describe in Part III. 5a X d Any related organization? 5a X ft "Yes" on line 5a or 5b, describe in Part III. 6b X ft "Yes" on line 6a or 6b, describe in Part III. 6b X ft "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization?			51110			
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4c X ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: 6a X a The organization? 6a X X b Any related organizat						
Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment or change-of-control payment? 4a X c Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X d If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Comparization? 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b X a The organization? 5a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b X a The organization? 6a X b Any related organization? 6a X f" "Yes" on line 6a or 6b, describe in Part III. 6b X f" "Yes" on line 6a or 6D,						
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X lf "Yes" on line 5a or 5b, describe in Part III. 6b X f" Yes" on line 6a or 6b, describe in Part III. 6a X 7 X 8 Were any anounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any n			ommittee			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X f The organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X f The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the in			******			
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X if "Yes" on line 5a or 5b, describe in Part III. 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X f The organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X f The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the in	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X						
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described i	а	Receive a severance payment or change-of-control payment?		4a		Х
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Comparison of Compar	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Control of Co	с			4c		Х
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I						
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
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a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•				
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	The organization?		5a		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b	Any related organization?		5b		X
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а	The organization?		6a		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b			6b		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	_					
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7					37
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	_			7		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	8			-		v
Regulations section 53.4958-6(c)?	~					L X
	9			-		

Schedule J (Form 990) 2018

33-0397688

Page 2

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

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

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

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINE 3:

THE OFFICERS LISTED ON SCHEDULE J ARE EMPLOYEES OF THE RELATED

ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED

ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE

COMPENSATION.

Schedule J (Form 990) 2018

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	n 990) In generation and any additional information in Part VI. If Revenue Service Attach to Form 990. Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Go to www.irs.gov/Form990 for instructions and the latest information.												OMB No. 1545-0047 2018 Open to Public Inspection		
Name of the organization	ON CALIFORNIA CORPORATION		ERSITY SA	N MARCOS						loyeri 3-0		ication number 688			
Part I Bond Issue	s SE	E PART VI	FOR COLUM	N (A) CON	FINUAT	IONS									
(a) Is	(a) Issuer name (b) Issuer EIN (c) CUSIP #		(d) Date issued	(e) Issu	ie price	(f) Descripti	on of purpose	(g) De	efeased	d (h) On behalf of issuer		(i) Pooled financing			
									Yes	No	Yes	No	Yes No		
TRUSTEES C	OF THE A STATE UNIVERS	91-2155587	13077CXXX	08/07/13	1306		REFUND P ISSUE	RIOR		x		x	x		
TRUSTEES C							REFUND P	RIOR							
B CALIFORNIA	A STATE UNIVERS	91-2155587	13077CXXX	08/20/14	9,705	,474.	ISSUE			Х		Х	X		
С															
D															
Part II Proceeds															
				A			В	C	D						
	retired														
	legally defeased				0 0 0 0										
	issue				0,835.	9,705,474.									
	n reserve funds														
	st from proceeds														
6 Proceeds in refur				6	61,788. 44,812.										
7 Issuance costs fr					1,700.		44,012.								
	ent from proceeds									_					
	xpenditures from proceeds														
	eeds			10 00	9,047.	9.	660,662.								
	oceeds				,	/									
	al completion														
				Yes	No	Yes	No	Yes	No		Yes		No		
14 Were the bonds i	ssued as part of a refunding	issue of tax-exempt	bonds (or,												
	2018, a current refunding iss	•	()		Х		x								
	ssued as part of a refunding														
	issued prior to 2018, an advance refunding issue)?					x									
	Has the final allocation of proceeds been made?					X									
	Does the organization maintain adequate books and records to support the														
final allocation of	proceeds?			X		Х									

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

Schedule K (Form 990) 2018

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION

33-0397688

Page **2**

Pa	rt III Private Business Use								
			A	I	В	(C	E	2
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of						ļ		
	bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%	%		%	
6	Total of lines 4 and 5		%		%	%		%	
_7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X		X				
Pa	t IV Arbitrage								
			A	I	В	(ç	C	<u>) </u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?							L	
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
C	No rebate due?		X		X			ļ	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		X		X				

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

CALIFORNIA STATE UNIVERSITY SAN MARCOS CORDORATION

33-0307688

Schedule K (Form 990) 2018 CORPORATION			33-0	0397688	3			Page 3
Part IV Arbitrage (Continued)								
		Α	E	3		C	D)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				
b Name of provider		•						
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider		•						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		x		X				
Part V Procedures To Undertake Corrective Action								
		A	E	3		C	D)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X		X					
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedu	ıle K. See inst	ructions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STAT	E UNIV	ERSITY						
(A) ISSUER NAME: TRUSTEES OF THE CALIFORNIA STAT	E UNIV	ERSITY						
SCHEDULE K-1, PART I, BOND ISSUES:								
SCHEDULE K, SUPPLEMENTAL INFORMATION: THE TOTAL	PROCEE	DS OF I	ISSUE II	N				
PART								
II DISCLOSE THE SAN MARCOS UNIVERSITY CORPORATIO	N'S PO	RTION C	OF TOTAI	Ľ				
ISSUE								
PRICE OF BONDS ISSUED BY THE TRUSTEES OF THE CAL	IFORNI	A STATE	2					
JNIVERSITY.								
IN AUGUST 2014, THE BOARD OF TRUSTEES OF THE CAL	IFORNI	A STATE	2					
JNIVERSITY ISSUED \$8,340,000 OF SERIES 2014A SYS				DS				
AT A NET PREMIUM OF \$1,365,474. THE SERIES 2014A	BOND	PROCEEL	DS WERE					
JSED TO REFUND \$9,205,000 OF THE SERIES 2005A SY				NDS.				
THE REMAINING PORTION OF THE SERIES 2005A BOND O								
JPON MATURITY IN NOVEMBER 2014.								

832123 11-01-18

CALIFORNIA STATE UNIVERSITY SAN	MARCOS	
Schedule K (Form 990) 2018 CORPORATION	33-0397688	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Se		
IN MARCH 2005, A GROUND AND FACILITY LEASE WAS SIGN		
AND UCORP FOR A TERM OF 28 YEARS BEGINNING ON MAY 1		
OPTION TO EXTEND AN ADDITIONAL 10 YEARS. THE GROUND		
AGREEMENT WAS AMENDED IN JULY 2017 DUE TO THE UCORP		
MERGER. THE CORPORATION IS RESPONSIBLE FOR PAYING A		
THE RELATING BOND OBLIGATION AND ADDITIONAL RENTAL		
ALL ADMINISTRATIVE COSTS AND OTHER EXPENSES IN CONN		
REFINANCING OR LEASING OF THE FACILITY. THE BONDS C		
AND SERIES 2014A BONDS BEARING ANNUAL INTEREST OF 5	•	
SEMIANNUALLY). RENTAL PAYMENTS ARE SECURED BY A PLE		
REVENUES. THE LEASE OBLIGATION DUE TO THE BOARD IS		
FINANCING ARRANGEMENT. ACCOUNTING PRINCIPLES GENERA		
UNITED STATES OF AMERICA PRECLUDE RECOGNITION OF A		
WHERE THERE IS CONTINUING INVOLVEMENT WITH THE PROP		
THE SELLER. IF THE SELLER-LESSEE HAS ANY CONTINUING		
THAN THE LEASEBACK, SALE LEASEBACK ACCOUNTING IS PR		
ADDITIONALLY, IF THE SELLER IS REQUIRED TO SUPPORT		
CONTINUE TO OPERATE THE PROPERTY AT ITS OWN RISK FO		
OF TIME, THE TRANSACTIONS SHOULD BE ACCOUNTED FOR A		
LEASING OR PROFIT-SHARING ARRANGEMENT. THE FINANCIN		
WHEN THE SITUATIONS ARE GENERALLY SIGNIFICANT ENOUG	•	
SUBSTANCE, THE ARRANGEMENT IS A LOAN BY THE BUYER-L	ESSOR TO THE	
SELLER-LESSEE.		
·		
SINCE THE PRESENT VALUE OF THE FUTURE LEASE PAYMENT		
	BUILDING, THE	
BUILDING AND THE RELATED LIABILITY UNDER THE CAPITA		
RECORDED IN 2005 AT THE PRESENT VALUE OF THE FUTURE	PAYMENTS DUE UNDER	

THE LEASES.

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

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. CALIFORNIA STATE UNIVERSITY SAN MARCOS

CORPORATION

Inspection Employer identification number 33-0397688

OMB No 1545-0047

Open to Public

18

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

SERVICES INCLUDE THE ADMINISTRATION OF RESEARCH AND TRAINING GRANT

AWARDS TO CAMPUS FACULTY, AND OPERATION OF VARIOUS CAMPUS COMMERCIAL

OPERATIONS INCLUDING THE BOOKSTORE AND FOOD SERVICES. OTHER SERVICES

PROVIDED INCLUDE FINANCIAL MANAGEMENT SUPPORT TO OTHER CAMPUS ENTITIES

AND PROGRAMS.

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

OPERATIONS OF COMMERCIAL SERVICES INCLUDE CAMPUS FOOD SERVICE,

BOOKSTORE, VENDING AND ATM SERVICE ACTIVITIES FOR THE STUDENTS, FACULTY

AND STAFF OF CALIFORNIA STATE UNIVERSITY SAN MARCOS. SUMMER CONFERENCES

IS EDUCATIONALLY BASED AND SUPPORTS THE MISSION OF THE UNIVERSITY TO

PROVIDE A SAFE AND SUPPORTIVE ENVIRONMENT WHICH ENCOURAGES EXPLORATION

AND DEVELOPMENT IN THE ACADEMIC, ATHLETIC, LEADERSHIP, AND

DEVELOPMENTAL FIELDS WHICH ARE VITAL TO INDIVIDUAL'S LEARNING, GROWTH,

AND SUCCESS.

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

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

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

FILING. THE FORM 990 IS ALSO REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO

FILING.

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

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

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 3 9

13440130 310575 20557.004

22

20557.004 2018.05030 CALIFORNIA STATE UNIVERSITY 20557_31

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION	Employer identification number 33-0397688
THIS POLICY ALSO APPLIES TO ALL DIRECTOR LEVEL POSITIONS,	INCLUDING THE
EXECUTIVE DIRECTOR, AND ALL OTHER POSITIONS THAT HAVE SIG	NIFICANT EXPOSURE
AND/OR DECISION MAKING AUTHORITY TO WARRANT REGULAR MONIT	ORING OF THE
CONFLICT OF INTEREST ACTIVITIES.	

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR IS AN EMPLOYEE OF THE RELATED

ORGANIZATION, CALIFORNIA STATE UNIVERSITY SAN MARCOS. THE RELATED

ORGANIZATION HAS POLICIES IN PLACE WHICH ARE USED TO DETERMINE

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

ORGANIZATION'S FISCAL YEAR OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORMS 990 (FROM THE PREVIOUS THREE YEARS) ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE OR FOR INSPECTION OR COPYING AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

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

CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

BUSINESS SERVICES:

832212 10-10-18

1,169,586.

1,373,024.

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

203,438.

0.

Name of the organization CALIFORNIA STATE UNIVERSITY SAN MARCOS CORPORATION	Employer identification numb 33-0397688
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	314,00
FUNDRAISING EXPENSES	
TOTAL EXPENSES	314,00
ADMINISTRATIVE FEES:	
PROGRAM SERVICE EXPENSES	1,142,95
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	1,142,95
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	54,06
MANAGEMENT AND GENERAL EXPENSES	9
FUNDRAISING EXPENSES	
TOTAL EXPENSES	54,16
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,884,14
	edule O (Form 990 or 990-EZ) (20

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 f	"Yes" on Form 990, Part IV, ach to Form 990. for instructions and the late	line 33, 34, 35b, 3	16, or 37.			2011 2012 Deen to For Inspect	8 Public		
Name of the organization	CALIFORNIA STA CORPORATION	TE UNIVERSITY SAN	MARCOS			En	nployer identi 33-0397	fication n 688	umber		
Part I Identification of I	Disregarded Entities. Complet	e if the organization answered "Yes	" on Form 990, Part IV, line 3	3.							
Name, address, a	(a) nd EIN (if applicable) arded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year	assets	sets Direct contro entity		9		
		-									
		-									
		-									
Part II Identification of I organizations duri		ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, l	pecause it had one	or mor	e related tax-e	kempt			
Name, add	(a) Iress, and EIN organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	e Public charity Di status (if section 501(c)(3))		Code Public charity Direct control		(f) ect controlling entity	con	(g) 512(b)(13) trolled ttity?
								Yes	No		
CALIFORNIA STATE UNIVE 33-0535371, 333 S. TW SAN MARCOS, CA 92096	ERSITY SAN MARCOS - IN OAKS VALLEY ROAD,	CALIFORNIA STATE UNIVERSITY- HIGHER EDUCATIONAL INSTITUTION	CALIFORNIA	115					x		
ASSOCIATED STUDENTS, I UNIVERSITY SAN MARCOS		STUDENT LEADERSHIP, ACTIVITIES, & RECREATION	CALIFORNIA	501(C)(3)	LINE 5				x		
CALIFORNIA STATE UNIV FOUNDATION - 80-039056 VALLEY ROAD, SAN MARCO	ERSITY SAN MARCOS 54, 333 S. TWIN OAKS	FUNDRAISING & GRANTS ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5				X		
		-									

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 CORPORATION

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

(a)	(b)	(c)	(d)	(e)		(f)		(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominan (related, un excluded from	related, tax under	Share of to income		Share of end-of-year assets	1 · ·	ortionate tions?	amount in box 20 of Schedule	mana part	aging ner?	Percenta ownershi
		country)		sections 51	12-514)			400010	Yes	No		Yes	No	
	_													
	_													
	4													
												_		
	_													
	-													
	-													
												-		
	-													
	-													
	-													
	-													
	-													
	-													
V Identification of Related Or organizations treated as a co	rganizations Taxable	as a Corpo	pration or Trust. Co year.	omplete if the	organizati	ion answered	d "Yes"	on Form 990, F	Part IV,	line 34	4, because it had	one	or mo	ore relat
(a)			(b)	(c)	(d)		(e)	(1	5)		(g)	(h)		(i) Section

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

Schedule R (Form 990) 2018 CORPORATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
-	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		x
č	Gift, grant, or capital contribution from related organization(s)	1c		x
	Loans or loan guarantees to or for related organization(s)	1d		x
	Loans or loan guarantees by related organization(s)	1e	x	<u> </u>
C				
f	Dividends from related organization(s)	1f		x
י מ	Dividends from related organization(s) Sale of assets to related organization(s)	1g		X
		1h		X
	Purchase of assets from related organization(s)	1i		X
	Exchange of assets with related organization(s)	1i	├───┘	X
J	Lease of facilities, equipment, or other assets to related organization(s)	<u> </u>		
			x	
K	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	Х	
	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			<u> </u>

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

Schedule R (Form 990) 2018 CORPORATION

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.

interfactor inte	(a)	(b)	(c)	(d)	(e))	(f)	(g)		ר)	(i)	(j)	(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs	sec. (3) ? No	Share of total income			opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	r Percentage ownership
						_							
						_							
						_							
						_							-

Schedule R (Form 990) 2018

CALIFORNIA	STATE	UNIVERSITY	SAN	MARCOS
CORPORATION	1			

Schedule I	R (Form	990)	2018

P

art VII	Supplemental Information.	
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Provide additional information for responses to questions on Schedule R. See instructions.

832165 10-02-18

13440130 310575 20557.004

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

Eilo a	congrato	application	for oach	roturn

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Enter file	er's identifyir	ng number	
Type or print	CALIFORNIA STATE UNIVERSITY SAN MARCOS			Employe	Employer identification number (EIN) or		
File by the due date for filing your	te for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	33-0397688 Social security number (SSN)		
return. See instructions.	rn. See						
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	HBL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	Form 990-T (trust other than above) 06 Form 8870 CLINT ROBERTS, CONTROLLER			12			
box ► 1 I re the ►	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or	and atta MA janization's	ch a list with the names and EINs of $X 15, 2020$, to file s return for: d ending JUN 30, 2019	f all memb	pers the exten	sion is for.	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and		↓ ↓		
	imated tax payments made. Include any prior year over			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal	l (direct de	bit) with this Form 8868, see Form 8	453-EO a		9-EO for payment 368 (Rev. 1-2019)	

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