

PRESIDENT-BOARD OF TRUSTEES SANTA CLARA COLLEGE  
Dba SANTA CLARA UNIVERSITY

PUBLIC DISCLOSURE COPY

RETURN OF EXEMPT ORGANIZATION

PERIOD ENDED JUNE 30, 2020

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C</b> Name of organization<br><b>PRESIDENT-BOARD OF TRUSTEES</b><br><b>SANTA CLARA COLLEGE</b> |   | <b>D</b> Employer identification number<br><b>94-1156617</b>  |
|  | Doing business as <b>SANTA CLARA UNIVERSITY</b>   |   | <b>E</b> Telephone number<br><b>408-554-4398</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                        | Room/suite  | <b>G</b> Gross receipts \$ <b>960,383,192.</b>  |
|  | <b>500 EL CAMINO REAL</b>   |   | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>SANTA CLARA, CA 95053</b>   |   | <b>H(b)</b> Are all subordinates included? Yes No                                   |   |
| <b>F</b> Name and address of principal officer: <b>KEVIN O'BRIEN S.J.</b><br><b>SAME AS C ABOVE</b>  |   | If "No," attach a list. (see instructions)  |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                                  |   | <b>H(c)</b> Group exemption number ▶  |   |
| <b>J</b> Website: ▶ <b>WWW.SCU.EDU</b>   |   | <b>L</b> Year of formation: <b>1851</b> <b>M</b> State of legal domicile: <b>CA</b> |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶   |   |   |   |

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SANTA CLARA UNIVERSITY IS A CATHOLIC AND JESUIT INSTITUTION THAT MAKES STUDENT LEARNING ITS</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>47</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>44</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | <b>5</b>                         | <b>5371</b>         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>2300</b>         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>-2,546,667.</b>  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | <b>7b</b>   | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>98,087,106.</b>               | <b>72,202,340.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>436,458,721.</b>              | <b>447,657,002.</b> |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>71,257,907.</b>               | <b>31,618,920.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>-831,980.</b>                 | <b>-781,860.</b>    |
|   |   | <b>604,971,754.</b>              | <b>550,696,402.</b> |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>108,540,553.</b>              | <b>115,513,987.</b> |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>234,628,196.</b>              | <b>249,346,655.</b> |
|   | <b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>14,958,424.</b>   |                                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>155,971,507.</b>              | <b>149,556,621.</b> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>499,140,256.</b>   | <b>514,417,263.</b>              |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>105,831,498.</b>   | <b>36,279,139.</b>               |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>2349429622.</b>               | <b>2391705262.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>614,601,912.</b>              | <b>607,665,956.</b> |
|   |   | <b>1734827710.</b>               | <b>1784039306.</b>  |

**Part II Signature Block**

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

|                               |  |                                |                 |                          |
|-------------------------------|--|--------------------------------|-----------------|--------------------------|
| <b>Sign Here</b>              | <b>PUBLIC DISCLOSURE COPY</b>  |                                |                 |                          |
|                               | Signature of officer   | Date                           |                 |                          |
| <b>Paid Preparer Use Only</b> | <b>JESSICA MATSUMORI, ASSISTANT TREASURER</b>                                      |                                |                 |                          |
|                               | Type or print name and title   |                                |                 |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature           | Date            | Check if self-employed   |
|                               | <b>TRACY S. PAGLIA</b>   | <b>TRACY S. PAGLIA</b>         | <b>05/13/21</b> | <input type="checkbox"/> |
| <b>Paid Preparer Use Only</b> | Firm's name ▶ <b>MOSS ADAMS LLP</b>  | Firm's EIN ▶ <b>91-0189318</b> |                 |                          |
|                               | Firm's address ▶ <b>3121 W MARCH LN, STE 200</b><br><b>STOCKTON, CA 95219-2367</b> | Phone no. <b>209-955-6100</b>  |                 |                          |

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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?  Yes  No

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 \$ 447,415,254. including grants of \$ 115,513,987.) (Revenue \$ 447,657,002.)

SANTA CLARA UNIVERSITY IS AN INSTITUTION OF HIGHER EDUCATION OFFERING DEGREES AT THE UNDERGRADUATE AND GRADUATE LEVEL AND LAW DEGREES. THE UNIVERSITY CONSISTS OF THE COLLEGE OF ARTS AND SCIENCES, THE SCHOOL OF ENGINEERING, THE LEAVEY SCHOOL OF BUSINESS, THE SCHOOL OF EDUCATION AND COUNSELING PSYCHOLOGY, THE SCHOOL OF LAW, AND THE JESUIT SCHOOL OF THEOLOGY OF SANTA CLARA UNIVERSITY. CURRENT ENROLLMENT IS 8,536 STUDENTS CONSISTING OF 5,658 UNDERGRADUATE, 2,020 GRADUATE AND 858 LAW STUDENTS. IN 2020, THE UNIVERSITY AWARDED 2,587 DEGREES AT ALL ACADEMIC LEVELS.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **447,415,254.**

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

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**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

|   | Yes         | No  |
|---|-------------|-----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | <b>1a</b>   | 916 |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | <b>1b</b>   | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> X |     |

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

|            |  | Yes  | No |
|------------|--|------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |      |    |
|            | 2a   | 5371 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X    |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X    |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | X    |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X    |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>▶ EL SALVADOR</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |      |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |      | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |      | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |      |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |      | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |      |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |      |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | X    |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X    |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |      | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |      |    |
|            | 7d   |      |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |      | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |      | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |      |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |      |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |      |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |      |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |      |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |      |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |      |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a  |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b  |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |      |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a  |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b  |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a  |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b  |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |      |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a  |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b  |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c  |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |      | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b  |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | 15   | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | 16   | X  |

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a 47  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 44  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JESSICA MATSUMORI - (408)554-4397**  
**500 EL CAMINO REAL, SANTA CLARA, CA 95053**

**PRESIDENT-BOARD OF TRUSTEES  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) HERBERT SENDEK<br>HEAD COACH, MEN'S BASKETBALL        | 40.00   |   |                       |         |              | X                            | 779,733. | 0.   | 115,481.  |   |
| (2) JOHN KERRIGAN<br>ASSISTANT TREASURER, CIO             | 40.00   |   |                       | X       |              |                              | 519,453. | 0.   | 71,961.   |   |
| (3) JIM LYONS<br>VP, UNIVERSITY RELATIONS                 | 40.00   |   |                       |         | X            |                              | 486,231. | 0.   | 71,658.   |   |
| (4) LISA KLOPPENBERG<br>PROVOST                           | 40.00   |   |                       |         | X            |                              | 464,897. | 0.   | 83,232.   |   |
| (5) JOHN OTTOBONI<br>SR. LEGAL COUNSEL & COO              | 40.00<br>3.00   |   |                       | X       |              |                              | 444,179. | 0.   | 63,361.   |   |
| (6) RENEE BAUMGARTNER<br>EXECUTIVE DIRECTOR, ATHLETICS    | 40.00   |   |                       |         |              | X                            | 403,734. | 0.   | 90,644.   |   |
| (7) MICHAEL CROWLEY<br>VP FINANCE AND ADMINISTRATION      | 40.00<br>3.00   |   |                       | X       |              |                              | 412,770. | 0.   | 78,642.   |   |
| (8) DONALD HEIDER<br>EXECUTIVE DIRECTOR, MARKKULA CENTER  | 40.00   |   |                       |         |              | X                            | 422,161. | 0.   | 59,389.   |   |
| (9) GEORGE CHACKO<br>ASSOCIATE PROFESSOR                  | 40.00   |   |                       |         |              | X                            | 408,513. | 0.   | 46,387.   |   |
| (10) CARYN BECK-DUDLEY<br>DEAN, LEAVEY SCHOOL OF BUSINESS | 40.00   |   |                       |         |              | X                            | 393,934. | 0.   | 60,581.   |   |
| (11) MIKE SEXTON<br>VP, ENROLLMENT MANAGEMENT             | 40.00   |   |                       |         | X            |                              | 320,645. | 0.   | 54,479.   |   |
| (12) MOLLY MCDONALD<br>CHIEF OF STAFF                     | 40.00   |   |                       | X       |              |                              | 272,466. | 0.   | 80,559.   |   |
| (13) S. ANDREW STARBIRD<br>FORMER DEAN, LEAVEY SCHOOL     | 40.00   |   |                       |         |              | X                            | 255,016. | 0.   | 57,337.   |   |
| (14) CHRIS SHAY<br>ASSISTANT VP FOR UNIVERSITY            | 40.00   |   |                       |         | X            |                              | 243,078. | 0.   | 56,697.   |   |
| (15) JESSICA MATSUMORI<br>AVP FINANCE                     | 40.00<br>3.00   |   |                       | X       |              |                              | 239,483. | 0.   | 39,149.   |   |
| (16) GODFREY MUNGAL<br>FORMER DEAN, SCHOOL OF ENGINEERING | 40.00   |   |                       |         |              | X                            | 200,840. | 0.   | 52,462.   |   |
| (17) ATOM YEE<br>FORMER DEAN, COLLEGE OF ART & SCIENC     | 40.00   |   |                       |         |              | X                            | 117,802. | 0.   | 47,464.   |   |



**PRESIDENT-BOARD OF TRUSTEES  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (19) KEVIN O'BRIEN<br>PRESIDENT, EX OFFICIO                    | 40.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 8,467.  |
| (20) LUIS ARRIAGA<br>TRUSTEE                                   | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) ERICK BERRELLEZA, S.J.<br>TRUSTEE                         | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) KRISTI M. BOWERS<br>SECRETARY                             | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (23) MARGARET (PEGGY) M. BRADSHAW<br>TRUSTEE                   | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) WILLIAM (BILL) S. CARTER<br>TRUSTEE                       | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) MATTHEW (MATT) E. CARNES, S.J.<br>TRUSTEE                 | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) LUIS (LOU) M. CASTRUCCIO<br>TRUSTEE                       | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (27) HOWARD S. CHARNEY<br>TRUSTEE                              | 4.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 6,384,935.   | 0.  | 1137950.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 6,384,935.   | 0.  | 1137950.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 570

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| DEVCON CONSTRUCTION, INC.<br>690 GIBRALTAR DRIVE, MILPITAS, CA 95035        | CONSTRUCTION                   | 69,364,276.         |
| BON APPETIT - SANTA CLARA<br>301 MARKET STREET, SANTA CLARA, CA 95053       | FOOD SERVICES                  | 18,199,384.         |
| BLACH CONSTRUCTION COMPANY, 2244 BLACH PLACE, SUITE 100, SAN JOSE, CA 95131 | CONSTRUCTION                   | 6,855,244.          |
| ABLE BUILDING MAINTENANCE CO.<br>868 FOLSOM STREET, SAN FRANCISCO, CA 94107 | SERVICE                        | 3,121,205.          |
| FTG BUILDERS, INC, 2975 SCOTT BLVD, SUITE 100, SANTA CLARA, CA 95054        | CONSTRUCTION                   | 3,106,694.          |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 96

SEE PART VII, SECTION A CONTINUATION SHEETS

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**PRESIDENT-BOARD OF TRUSTEES  
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Form 990

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (28) GERALD (JERRY) T. COBB, S.J.<br>TRUSTEE         | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) ELIZABETH CONNELLY<br>TRUSTEE                   | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) WILLIAM DUFFY<br>TRUSTEE                        | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) STEPHEN A. FINN, MBA<br>TRUSTEE                 | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) ROBERT J. FINOCCHIO, JR.<br>TRUSTEE             | 4.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) PETER C. GOTCHER<br>TRUSTEE                     | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) REBECCA M. GUERRA<br>TRUSTEE                    | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) SALVADOR (SAL) O. GUTIERREZ<br>TRUSTEE          | 4.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) TIMOTHY (TIM) HALEY<br>TRUSTEE                  | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) RICHARD (RICH) D. HAUGHEY<br>TRUSTEE            | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) MOLLY JOSEPH<br>TRUSTEE                         | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) WILLIAM (BILL) P. LEAHY, S.J.<br>TRUSTEE        | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) HEIDI LEBARON LEUPP<br>TRUSTEE                  | 4.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) JOHN (JACK) C. LEWIS<br>TREASURER               | 4.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (42) ARTHUR F. LIEBSCHER, S.J.<br>RECTOR, EX OFFICIO | 30.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (43) ROBERT LLOYD<br>TRUSTEE                         | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (44) RONNIE LOTT<br>TRUSTEE                          | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (45) JOSEPH M. MCSHANE, S.J.<br>TRUSTEE              | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (46) JEFFREY (JEFF) A. MILLER<br>TRUSTEE             | 8.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (47) PETER MORIN<br>TRUSTEE                          | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c .....          |   |  |                       |         |              |                              |        |  |   |   |

**PRESIDENT-BOARD OF TRUSTEES  
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**Part VII** Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (48) KAPIL K. NANDA<br>TRUSTEE              | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (49) EDWARD (ED) A. PANELLI<br>TRUSTEE      | 6.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (50) ELIZABETH (BETSY) S. RAFAEL<br>TRUSTEE | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (51) WILLEM (WIM) P. ROELANDTS<br>TRUSTEE   | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (52) GISEL RUIZ<br>TRUSTEE                  | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (53) STEPHEN C. SCHOTT<br>TRUSTEE           | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (54) ROBERT H. SMITH<br>TRUSTEE             | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (55) TIMOTHY (TIM) SMITH<br>TRUSTEE         | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (56) JOHN A. SOBRATO<br>TRUSTEE             | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (57) JOHN M. SOBRATO<br>CHAIRMAN            | 4.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (58) LARRY W. SONSINI<br>VICE CHAIR         | 2.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (59) STEVEN (STEVE) J. SORDELLO<br>TRUSTEE  | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (60) MARY STEVENS<br>TRUSTEE                | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (61) GILBERT SUNGHERA, S.J.<br>TRUSTEE      | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (62) GREGORY (GREG) VAUGHAN<br>TRUSTEE      | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (63) SUSAN VALERIOTE<br>TRUSTEE             | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (64) PAUL VU<br>TRUSTEE                     | 2.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (65) AGNIESZKA WINKLER<br>TRUSTEE           | 10.00<br>8.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

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**Part VIII Statement of Revenue**

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

|  |  |   | (A)                  | (B)                                | (C)                        | (D)  |             |
|--|--|---|----------------------|------------------------------------|----------------------------|--|-------------|
|  |  |   | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |             |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns   | <b>1a</b> 24,345.   |                      |                                    |                            |  |             |
|  | <b>b</b> Membership dues   | <b>1b</b>   |                      |                                    |                            |  |             |
|  | <b>c</b> Fundraising events  | <b>1c</b> 1,851,339.  |                      |                                    |                            |  |             |
|  | <b>d</b> Related organizations   | <b>1d</b> 630,849.  |                      |                                    |                            |  |             |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b> 1,272,514.  |                      |                                    |                            |  |             |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b> 68,423,293.   |                      |                                    |                            |  |             |
|  | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b> \$ 8,183,294.   |                      |                                    |                            |  |             |
|  | <b>h Total.</b> Add lines 1a-1f  |   | 72,202,340.          |                                    |                            |  |             |
|  | <b>Program Service Revenue</b>   | <b>2 a</b> TUITION FEES   | Business Code 525990 | 395,243,959.                       | 395,243,959.               |  |             |
| <b>b</b> AUXILIARY ACTIVITIES  |  | 611710  | 34,235,031.          | 34,235,031.                        |                            |  |             |
| <b>c</b> PROGRAM FEES  |  | 611710  | 8,192,786.           | 8,192,786.                         |                            |  |             |
| <b>d</b> FED GRANTS & CONTRACTS                                      |  | 900099  | 6,688,772.           | 6,688,772.                         |                            |  |             |
| <b>e</b> PROGRAM SALES INCOME  |  | 453000  | 2,807,743.           | 2,807,743.                         |                            |  |             |
| <b>f</b> All other program service revenue                           |  | 611710  | 488,711.             |                                    | 488,711.                   |  |             |
| <b>g Total.</b> Add lines 2a-2f                                      |  |   | 447,657,002.         |                                    |                            |  |             |
| <b>Other Revenue</b>   |  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |                      | 14,766,231.                        |                            | -3,441,757.  | 18,207,988. |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |   |                      |                                    |                            |  |             |
|  | <b>5</b> Royalties   |   |                      |                                    |                            |  |             |
|  | <b>6 a</b> Gross rents   | (i) Real  |                      |                                    |                            |  |             |
|  |  | (ii) Personal   |                      |                                    |                            |  |             |
|  |  | <b>6b</b> Less: rental expenses   |                      |                                    |                            |  |             |
|  | <b>6c</b> Rental income or (loss)  |   |                      |                                    |                            |  |             |
|  | <b>d</b> Net rental income or (loss)   |   |                      |                                    |                            |  |             |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities  | 424,977,143.         |                                    |                            |  |             |
|  |  | (ii) Other  |                      |                                    |                            |  |             |
|  |  | <b>7b</b> Less: cost or other basis and sales expenses                                | 407,994,189.         | 130,265.                           |                            |  |             |
|  | <b>7c</b> Gain or (loss)   | 16,982,954.   | -130,265.            |                                    |                            |  |             |
|  | <b>d</b> Net gain or (loss)  |   | 16,852,689.          |                                    | 406,379.                   | 16,446,310.  |             |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 1,851,339. of contributions reported on line 1c). See Part IV, line 18 |   | 780,476.             |                                    |                            |  |             |
|  |  | <b>8b</b> Less: direct expenses   | 1,562,336.           |                                    |                            |  |             |
| <b>c</b> Net income or (loss) from fundraising events                |  |   | -781,860.            |                                    |                            | -781,860.  |             |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 |  |   |                      |                                    |                            |  |             |
|  | <b>9b</b> Less: direct expenses  |   |                      |                                    |                            |  |             |
|  | <b>c</b> Net income or (loss) from gaming activities   |   |                      |                                    |                            |  |             |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    |  |   |                      |                                    |                            |  |             |
|  | <b>10b</b> Less: cost of goods sold  |   |                      |                                    |                            |  |             |
|  | <b>c</b> Net income or (loss) from sales of inventory  |   |                      |                                    |                            |  |             |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b>  | Business Code   |                      |                                    |                            |  |             |
|  | <b>b</b>   |   |                      |                                    |                            |  |             |
|  | <b>c</b>   |   |                      |                                    |                            |  |             |
|  | <b>d</b> All other revenue   |   |                      |                                    |                            |  |             |
|  | <b>e Total.</b> Add lines 11a-11d  |   |                      |                                    |                            |  |             |
| <b>12 Total revenue.</b> See instructions                            |  |   | 550,696,402.         | 447,168,291.                       | -2,546,667.                | 33,872,438.  |             |

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**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 128,594.              | 128,594.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 115,343,932.          | 115,343,932.                    |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   | 41,461.               | 41,461.                         |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 4,738,479.            | 272,440.                        | 3,905,671.                             | 560,368.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   | 415,175.              | 117,326.                        | 297,849.                               |                             |
| <b>7</b> Other salaries and wages .....   | 181,213,976.          | 155,984,822.                    | 15,946,679.                            | 9,282,475.                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 15,588,632.           | 13,351,683.                     | 1,438,773.                             | 798,176.                    |
| <b>9</b> Other employee benefits .....  | 34,898,419.           | 29,429,226.                     | 3,752,086.                             | 1,717,107.                  |
| <b>10</b> Payroll taxes .....   | 12,491,974.           | 10,513,984.                     | 1,320,839.                             | 657,151.                    |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 558,149.              | 87,037.                         | 471,112.                               |                             |
| <b>c</b> Accounting .....   | 497,999.              |                                 | 497,999.                               |                             |
| <b>d</b> Lobbying .....   | 5,600.                |                                 | 5,600.                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 4,226,550.            | 42,173.                         | 4,173,748.                             | 10,629.                     |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 23,655,406.           | 19,297,880.                     | 3,706,963.                             | 650,563.                    |
| <b>12</b> Advertising and promotion .....   | 1,914,645.            | 1,718,158.                      | 118,094.                               | 78,393.                     |
| <b>13</b> Office expenses .....   | 7,631,735.            | 4,267,636.                      | 2,958,860.                             | 405,239.                    |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 10,139,684.           | 6,679,829.                      | 3,409,038.                             | 50,817.                     |
| <b>17</b> Travel .....  | 7,435,590.            | 6,352,502.                      | 748,675.                               | 334,413.                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 7,510,160.            | 5,680,647.                      | 1,491,098.                             | 338,415.                    |
| <b>20</b> Interest .....  | 13,617,617.           | 13,051,317.                     | 566,300.                               |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 50,003,792.           | 46,507,019.                     | 3,496,773.                             |                             |
| <b>23</b> Insurance .....   | 6,252,780.            | 4,976,990.                      | 1,253,379.                             | 22,411.                     |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>REPAIR &amp; MAINTENANCE</b>  | 9,062,975.            | 7,476,324.                      | 1,580,810.                             | 5,841.                      |
| <b>b</b> <b>LIBRARY ACQUISITIONS</b>  | 4,960,119.            | 4,960,103.                      | 16.                                    |                             |
| <b>c</b> <b>INDIRECT COSTS SPONSORE</b>   | 632,604.              | 632,604.                        |  |                             |
| <b>d</b> <b>SUBSCRIPTIONS &amp; PUBLICA</b>   | 579,097.              | 501,567.                        | 77,530.                                |                             |
| <b>e</b> All other expenses .....   | 872,119.              |                                 | 825,693.                               | 46,426.                     |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 514,417,263.          | 447,415,254.                    | 52,043,585.                            | 14,958,424.                 |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |  |
|---|--|--------------------------|-------------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 81,503,631.              | <b>1</b>    | 54,207,762.        |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 71,921,070.              | <b>2</b>    | 97,528,866.        |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 80,790,266.              | <b>3</b>    | 74,333,773.        |  |
|   | <b>4</b> Accounts receivable, net .....  | 8,592,969.               | <b>4</b>    | 10,458,078.        |  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... | 460,831.                 | <b>5</b>    | 436,260.           |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |  |
|   | <b>8</b> Inventories for sale or use .....   | 768,847.                 | <b>8</b>    | 761,314.           |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>    |                    |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 1494170139.          |             |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 445,576,435.         |             |                    |  |
|   | <b>11</b> Investments - publicly traded securities .....   | 961,783,968.             | <b>10c</b>  | 1048593704.        |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 452,873,949.             | <b>11</b>   | 423,143,898.       |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 641,071,272.             | <b>12</b>   | 650,512,086.       |  |
|   | <b>14</b> Intangible assets .....  | 4,862,210.               | <b>13</b>   | 3,651,127.         |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>14</b>   |                    |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 44,800,609.  | <b>15</b>                | 28,078,394. |                    |  |
|   | 2349429622.  | <b>16</b>                | 2391705262. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 66,182,228.              | <b>17</b>   | 67,466,275.        |  |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |  |
|   | <b>19</b> Deferred revenue .....   | 28,599,838.              | <b>19</b>   | 31,055,253.        |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 350,776,088.             | <b>20</b>   | 343,191,394.       |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |  |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 169,043,758.             | <b>25</b>   | 165,953,034.       |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 614,601,912.             | <b>26</b>   | 607,665,956.       |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |  |
|   | <b>27</b> Net assets without donor restrictions .....  | 746,513,324.             | <b>27</b>   | 743,794,971.       |  |
|   | <b>28</b> Net assets with donor restrictions .....   | 988,314,386.             | <b>28</b>   | 1040244335.        |  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |  |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |  |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |  |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |  |
|   | <b>32</b> Total net assets or fund balances .....  | 1734827710.              | <b>32</b>   | 1784039306.        |  |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 2349429622.              | <b>33</b>   | 2391705262.        |  |

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**Part XI Reconciliation of Net Assets**

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

|           |  |           |                |
|-----------|--|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 550,696,402.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 514,417,263.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 36,279,139.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,734,827,710. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 15,849,866.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -2,917,409.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 1,784,039,306. |

**Part XII Financial Statements and Reporting**

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

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

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PRESIDENT-BOARD OF TRUSTEES

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 47273937. | 87612454. | 49706465. | 97984551. | 72192061. | 354769468 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 47273937. | 87612454. | 49706465. | 97984551. | 72192061. | 354769468 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           | 28044454. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 326725014 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019          | (f) Total                |
|--|-----------|-----------|-----------|-----------|-------------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 47273937. | 87612454. | 49706465. | 97984551. | 72192061.         | 354769468                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 10776201. | 12171831. | 14824379. | 23660412. | 18207988.         | 79640811.                |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |           |           |           |           |                   |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |           |           |           | 7,280.    |                   | 7,280.                   |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |                   | 434417559                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |           |           | 12 2,070,162,392. |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |                   | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 75.21 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 72.87 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

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

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

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1.  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

PRESIDENT-BOARD OF TRUSTEES

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization

PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE

Employer identification number

94-1156617

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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



|   |   |
|---|---|
| Name of organization<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>                 SANTA CLARA COLLEGE</b> | Employer identification number<br><b>94-1156617</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u>   | _____<br>_____<br>_____           | \$ <u>1,507,116.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | _____<br>_____<br>_____           | \$ <u>1,533,500.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>3</u>   | _____<br>_____<br>_____           | \$ <u>2,676,010.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <u>4</u>   | _____<br>_____<br>_____           | \$ <u>26,945,141.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|   |   |
|---|---|
| Name of organization<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>                 SANTA CLARA COLLEGE</b> | Employer identification number<br><b>94-1156617</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 1                            | STOCK<br><hr/> <hr/> <hr/>                   | \$ <u>1,457,929.</u>                            | <u>11/14/19</u>      |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/>                            | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>                 SANTA CLARA COLLEGE</b> | Employer identification number<br><b>94-1156617</b> |
|---|---|

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>SANTA CLARA COLLEGE</b> | Employer identification number<br><b>94-1156617</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

PRESIDENT-BOARD OF TRUSTEES

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  | Yes  | No                                 |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

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

PRESIDENT-BOARD OF TRUSTEES

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |        |
| <b>c</b> Media advertisements?  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |        |
| <b>i</b> Other activities?  | X   |    | 5,600. |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 5,600. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

SCU PAYS ANNUAL DUES TO MEMBERSHIP ORGANIZATIONS; A PORTION OF THE ANNUAL DUES ARE USED BY THE ORGANIZATIONS FOR LOBBYING ACTIVITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** **PRESIDENT-BOARD OF TRUSTEES**  
**SANTA CLARA COLLEGE** **Employer identification number**  
**94-1156617**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     | 982,121,122.     | 943,597,741.   | 873,039,598.       | 816,842,267.         | 854,807,356.        |
| <b>b</b> Contributions .....                                  | 12,515,306.      | 17,973,970.    | 10,246,005.        | 14,076,047.          | 18,595,446.         |
| <b>c</b> Net investment earnings, gains, and losses .....     | 44,830,126.      | 64,253,445.    | 102,911,647.       | 83,160,075.          | -20,486,553.        |
| <b>d</b> Grants or scholarships .....                         | 14,172,070.      | 15,416,940.    | 14,253,518.        | 13,368,128.          | 12,369,915.         |
| <b>e</b> Other expenditures for facilities and programs ..... | 23,063,081.      | 22,715,094.    | 22,211,991.        | 21,838,663.          | 19,121,119.         |
| <b>f</b> Administrative expenses .....                        | 6,344,000.       | 5,572,000.     | 6,134,000.         | 5,832,000.           | 4,582,948.          |
| <b>g</b> End of year balance .....                            | 995,887,403.     | 982,121,122.   | 943,597,741.       | 873,039,598.         | 816,842,267.        |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 18.25 %
- b** Permanent endowment ▶ 81.75 %
- c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes            | No              |
|---|----------------|-----------------|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b> X |                 |
| <b>(ii)</b> Related organizations .....   |                | <b>3a(ii)</b> X |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>      |                 |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| <b>1a</b> Land .....   | 23,853,966.                          | 83,513,813.                     |                              | 107,367,779.       |
| <b>b</b> Buildings .....   | 9,982,706.                           | 105,728,356.                    | 293,195,812.                 | 774,070,462.       |
| <b>c</b> Leasehold improvements .....  |                                      | 111,206,148.                    | 60,920,046.                  | 50,286,102.        |
| <b>d</b> Equipment .....   |                                      | 141,281,261.                    | 86,504,750.                  | 54,776,511.        |
| <b>e</b> Other .....   |                                      | 67,048,677.                     | 4,955,827.                   | 62,092,850.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... |                                      |                                 |                              | <b>1048593704.</b> |



**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

Schedule D (Form 990) 2019

94-1156617 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value      | (c) Method of valuation: Cost or end-of-year market value |
|---|---------------------|---|
| (1) Financial derivatives .....   |                     |   |
| (2) Closely held equity interests .....                                   |                     |   |
| (3) Other   |                     |   |
| (A) VENTURE CAPITAL & PRIVATE   |                     |   |
| (B) EQUITY  | 322,738,011.        | END-OF-YEAR MARKET VALUE                                  |
| (C) OTHER ALTERNATIVE   |                     |   |
| (D) INVESTMENTS   | 66,705,752.         | END-OF-YEAR MARKET VALUE                                  |
| (E) HEDGE FUNDS   | 254,299,869.        | END-OF-YEAR MARKET VALUE                                  |
| (F) NOTES RECEIVABLE  | 1,695,791.          | END-OF-YEAR MARKET VALUE                                  |
| (G) PENDING TRADES  | 5,072,663.          | END-OF-YEAR MARKET VALUE                                  |
| (H)   |                     |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>650,512,086.</b> |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value      |
|---|---------------------|
| (1) Federal income taxes  |                     |
| (2) AMOUNTS HELD ON BEHALF OF OTHERS  | 97,474,011.         |
| (3) ANNUITY OBLIGATIONS   | 7,281,228.          |
| (4) REFUNDABLE ADVANCES - US  |                     |
| (5) GOVERNMENT  | 4,398,402.          |
| (6) ASSET RETIREMENT OBLIGATION   | 2,908,084.          |
| (7) OBLIGATIONS UNDER CAPITALIZED   |                     |
| (8) LEASE   | 53,891,309.         |
| (9)   |                     |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>165,953,034.</b> |

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

Schedule D (Form 990) 2019

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

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

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments .....   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities .....   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants .....  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) .....   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) .....   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... |           | <b>5</b>  |  |

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

THE UNIVERSITY'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, AND CURATORIAL PURPOSES. THE COLLECTIONS, WHICH HAVE BEEN ACQUIRED THROUGH CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

**PART III, LINE 4:**

THE UNIVERSITY MAINTAINS THE DE SAISSET MUSEUM FOR STUDENTS WHICH IS ALSO OPEN TO THE PUBLIC. THE DE SAISSET MUSEUM SUPPORTS SANTA CLARA UNIVERSITY'S GOAL OF EDUCATING THE WHOLE PERSON THROUGH A DIVERSE AND ACCESSIBLE RANGE OF EXHIBITIONS, COLLECTIONS, AND EDUCATIONAL PROGRAMS

**Part XIII** Supplemental Information *(continued)*

THAT HIGHLIGHT THE ART AND HISTORY OF THE SAN FRANCISCO BAY AREA AND THE LOCAL SANTA CLARA VALLEY.

PART V, LINE 4:

ENDOWED GIFTS ARE MEANT TO EXIST IN PERPETUITY, AND ARE INVESTED FOR LONG-TERM GROWTH. EACH YEAR, A PORTION OF THE FUND'S EARNINGS IS MADE AVAILABLE IN THE FORM OF AN ALLOCATION TO SUPPORT STUDENT SCHOLARSHIPS, FACULTY CHAIRS, AND OTHER ENDOWED PROGRAMS THAT FURTHER THE UNIVERSITY'S STRATEGIC PRIORITIES.

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

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

**Part I**

|  | YES      | NO       |
|--|----------|----------|
| <b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....   | <b>X</b> |          |
| <b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | <b>X</b> |          |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ..... |          | <b>X</b> |
| <b>THE UNIVERSITY MEETS THE CRITERIA UNDER SUBSECTION 4.03.2 OF REVENUE PROCEDURE 1975-50.</b>   |          |          |
| <b>4</b> Does the organization maintain the following?   |          |          |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....   | <b>X</b> |          |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..  | <b>X</b> |          |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....   | <b>X</b> |          |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....  | <b>X</b> |          |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II.   |          |          |
| <b>5</b> Does the organization discriminate by race in any way with respect to:  |          |          |
| <b>a</b> Students' rights or privileges? .....   |          | <b>X</b> |
| <b>b</b> Admissions policies? .....  |          | <b>X</b> |
| <b>c</b> Employment of faculty or administrative staff? .....  |          | <b>X</b> |
| <b>d</b> Scholarships or other financial assistance? .....   |          | <b>X</b> |
| <b>e</b> Educational policies? .....   |          | <b>X</b> |
| <b>f</b> Use of facilities? .....  |          | <b>X</b> |
| <b>g</b> Athletic programs? .....  |          | <b>X</b> |
| <b>h</b> Other extracurricular activities? .....   |          | <b>X</b> |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |          |          |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....  | <b>X</b> |          |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....  |          | <b>X</b> |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II.  |          |          |
| <b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....  | <b>X</b> |          |

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

Schedule E (Form 990 or 990-EZ) 2019

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

**FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCIES CONSISTS OF STUDENT FINANCIAL AID RECEIVED FROM SUCH AGENCIES.**

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization  
**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

Employer identification number  
**94-1156617**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 628,484.   |
| EUROPE (INCLUDING ICELAND AND GREENLAND)                | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 5,760,001.   |
| SOUTH AMERICA   | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 61,350.  |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 99,017.  |
| CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 24,485.  |
| EUROPE (INCLUDING ICELAND AND GREENLAND)                | 0                                   | 0  | INVESTMENTS  |  | 26,434,274.  |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | INVESTMENTS  |  | 7,329,542.   |
| CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | INVESTMENTS  |  | 209,046,972.   |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 249,384,125.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 44,429.  |
| <b>c</b> <b>Totals</b> (add lines 3a and 3b) .....      | 0                                   | 0  |  |  | 249,428,554.   |

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

Schedule F (Form 990) 2019

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

Schedule F (Form 990)

94-1156617

Page 1

**Part I Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

| (a) Region                        | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0                                   | 0   | GRANTMAKING  |  | 35,000.                           |
| CENTRAL AMERICA AND THE CARIBBEAN | 0                                   | 0   | PROGRAM SERVICES   | STUDY ABROAD & OUTREACH  | 6,461.                            |
| NORTH AMERICA                     | 0                                   | 0   | PROGRAM SERVICES   | STUDY ABROAD   | 2,968.                            |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
|                                   |                                     |   |  |  |                                   |
| <b>Totals</b> .....               |                                     |   |  |  | 44,429.                           |

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                           | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement                | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--------------------------------------|--|--------------------------|--|----------------------------------|---------------------------------------|---|
|                               |  | CENTRAL AMERICA<br>AND THE CARRIBEAN | DONATIONS TO SUPPORT<br>PROGRAMS THAT BENEFIT<br>STUDENTS AND<br>COMMUNITIES IN EL | 35,000.                  | CASH PAYMENTS<br>TO RECIPIENT<br>ORGANIZATIONS | 0.                               |                                       | BOOK  |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |
|                               |  |                                      |  |                          |  |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_ 1

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_ 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS





PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE UNIVERSITY GRANTS FUNDS TO JESUIT ORGANIZATIONS AND INDIVIDUALS IN THE CENTRAL AMERICAN REGION PRIMARILY TO ASSIST STUDENTS WITH LOCAL LIVING AND EDUCATIONAL EXPENSES. THE GRANTS ARE STRICTLY NEED BASED AND THEIR USE IS MONITORED THROUGH FREQUENT CONTACT WITH THESE STUDENTS/COMMUNITIES ON A REGULAR BASIS.

**PART II, COLUMN (D):**

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: DONATIONS TO SUPPORT PROGRAMS THAT BENEFIT STUDENTS AND COMMUNITIES IN EL SALVADOR



PRESIDENT-BOARD OF TRUSTEES

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

|                 |  | (a) Event #1  | (b) Event #2               | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|----------------------------|---------------------|--|------------|
|                 |  | GOLDEN<br>CIRCLE<br>(event type)                            | NCIP EVENT<br>(event type) | 8<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 1,691,276.                 | 269,905.            | 670,634.   | 2,631,815. |
|                 | 2  | Less: Contributions   | 1,453,465.                 | 269,905.            | 127,969.   | 1,851,339. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 237,811.                   |                     | 542,665.   | 780,476.   |
| Direct Expenses | 4  | Cash prizes   |                            |                     |  |            |
|                 | 5  | Noncash prizes  |                            |                     | 7,125.   | 7,125.     |
|                 | 6  | Rent/facility costs   | 23,086.                    |                     | 123,661.   | 146,747.   |
|                 | 7  | Food and beverages  | 371,304.                   |                     | 184,023.   | 555,327.   |
|                 | 8  | Entertainment   | 416,350.                   |                     | 17,252.  | 433,602.   |
|                 | 9  | Other direct expenses                                       | 214,316.                   | 68,735.             | 136,484.   | 419,535.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                            |                     |  | 1,562,336. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                            |                     | -781,860.  |            |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2  | Cash prizes           |   |   |   |
|                 | 3  | Noncash prizes        |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses |   |   |   |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number  
**94-1156617**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| <b>1 (a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                             |
|---|----------------|--|---------------------------------|--|--|--|---|
| CASA DE CLARA<br>318 N. 6TH ST<br>SAN JOSE, CA 95112  | 26-3837400     | 501(C)(3)                              | 7,647.                          | 0.                                       |  |  | COMMUNITY SUPPORT   |
| DIOCESE OF SAN JOSE<br>1150 NORTH FIRST ST #100<br>SAN JOSE, CA 95112                         | 94-2734503     | 501(C)(3)                              | 7,852.                          | 0.                                       |  |  | COMMUNITY SUPPORT   |
| SACRED HEART COMMUNITY SERVICES<br>1381 SOUTH FIRST STREET<br>SAN JOSE, CA 95110              | 23-7179787     | 501(C)(3)                              | 14,915.                         | 0.                                       |  |  | COMMUNITY SUPPORT   |
| SACRED HEART NATIVITY SCHOOL<br>310 EDWARDS AVENUE<br>SAN JOSE, CA 95110                      | 95-2206754     | 501(C)(3)                              | 8,880.                          | 0.                                       |  |  | COMMUNITY SUPPORT   |
| STANFORD UNIVERSITY<br>326 GALVEZ STREET<br>STANFORD, CA 94305                                | 94-1156365     | 501(C)(3)                              | 15,000.                         | 0.                                       |  |  | DONATIONS FOR SUPPORT OF THE HOOVER INSTITUTION AND THE SIEPR         |
| THE PANETTA INSTITUTE FOR PUBLIC POLICY - 100 CAMPUS CENTER, BUILDING 86E - SEASIDE, CA 93955 | 77-0495799     | 501(C)(3)                              | 20,000.                         | 0.                                       |  |  | SPONSORSHIP FOR AWARD GALA & DONATIONS TO SUPPORT LEADERSHIP SEMINARS |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **6.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2019)



**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

Schedule I (Form 990) (2019)

94-1156617

Page 2

**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 |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| FINANCIAL AID AND SCHOLARSHIPS   | 5399                     | 113,224,837.             | 0.                                | BOOK  | NA                                    |
| SCHOLARSHIPS & FELLOWSHIPS (FEDERAL WORK STUDY)                        | 211                      | 1,063,995.               | 0.                                | BOOK  | NA                                    |
| CARES ACT (HIGHER EDUCATION EMERGENCY RELIEF FUND) AWARDS TO STUDENTS  | 936                      | 771,585.                 | 0.                                | BOOK  | NA                                    |
| AWARDS, PRIZES & GRANTS TO STUDENTS                                    | 249                      | 259,516.                 | 0.                                | BOOK  | NA                                    |
| COVID ASSISTANCE GRANTS TO STAFF & FACULTY (FUNDED BY A SCU GIFT FUND) | 37                       | 18,500.                  | 0.                                | BOOK  | NA                                    |

**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:**

THE UNIVERSITY PROVIDES GRANTS AND OTHER ASSISTANCE TO DOMESTIC CHARITABLE ORGANIZATIONS TO SUPPORT PROGRAMS AND ACTIVITIES IN LINE WITH OUR MISSION. SOME OF THESE DONATIONS ARE COLLECTED DURING MASS AT THE MISSION CHURCH AND THEN PROVIDED TO VARIOUS CHARITABLE ORGANIZATIONS.

THE UNIVERSITY PROVIDES GRANTS FOR SCHOLARSHIPS, FELLOWSHIPS, AND STUDENT LOANS USING GUIDELINES ESTABLISHED BY THE ORGANIZATION'S BOARD OF TRUSTEES TO ENSURE THEY ARE MADE BASED ON NEED AND OR MERIT. SCU MAKES FINANCIAL AID

PRESIDENT-BOARD OF TRUSTEES  
 SANTA CLARA COLLEGE

Schedule I (Form 990)

94-1156617

Page 2

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

| (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 non-cash assistance |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| EMPLOYEE EMERGENCY LOAN FORGIVEN | 3.                       | 5,499.                   | 0.                                | BOOK  | NA                                     |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |
|                                  |                          |                          |                                   |   |  |

**Part IV** Supplemental Information

GRANTS TO STUDENT ACCOUNT TO OFFSET AMOUNTS THAT STUDENTS OWE THE  
UNIVERSITY FOR TUITION AND FEES.

SCHEDULE I, PART III COLUMN (B):

THE NUMBERS OF RECIPIENTS ARE OBTAINED FROM OUR STUDENT FINANCIAL  
ACCOUNTING RECORDS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2019**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

Schedule J (Form 990) 2019

94-1156617

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.

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) HERBERT SENDEK<br>HEAD COACH, MEN'S BASKETBALL        | (i)  | 737,703.   | 0.                                  | 42,030.                             | 37,061.  | 78,420.                 | 895,214.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) JOHN KERRIGAN<br>ASSISTANT TREASURER, CIO             | (i)  | 511,607.   | 0.                                  | 7,846.                              | 38,314.  | 33,647.                 | 591,414.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JIM LYONS<br>VP, UNIVERSITY RELATIONS                 | (i)  | 392,776.   | 15,000.                             | 78,455.                             | 38,000.  | 33,658.                 | 557,889.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) LISA KLOPPENBERG<br>PROVOST                           | (i)  | 418,805.   | 0.                                  | 46,092.                             | 40,664.  | 42,568.                 | 548,129.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) JOHN OTTOBONI<br>SR. LEGAL COUNSEL & COO              | (i)  | 434,967.   | 0.                                  | 9,212.                              | 38,657.  | 24,704.                 | 507,540.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) RENEE BAUMGARTNER<br>EXECUTIVE DIRECTOR, ATHLETICS    | (i)  | 357,893.   | 28,000.                             | 17,841.                             | 36,926.  | 53,718.                 | 494,378.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) MICHAEL CROWLEY<br>VP FINANCE AND ADMINISTRATION      | (i)  | 404,940.   | 0.                                  | 7,830.                              | 39,517.  | 39,125.                 | 491,412.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) DONALD HEIDER<br>EXECUTIVE DIRECTOR, MARKKULA CENTER  | (i)  | 349,639.   | 0.                                  | 72,522.                             | 35,481.  | 23,908.                 | 481,550.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) GEORGE CHACKO<br>ASSOCIATE PROFESSOR                  | (i)  | 332,537.   | 0.                                  | 75,976.                             | 20,772.  | 25,615.                 | 454,900.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) CARYN BECK-DUDLEY<br>DEAN, LEAVEY SCHOOL OF BUSINESS | (i)  | 393,888.   | 0.                                  | 46.                                 | 39,781.  | 20,800.                 | 454,515.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) MIKE SEXTON<br>VP, ENROLLMENT MANAGEMENT             | (i)  | 301,973.   | 14,296.                             | 4,376.                              | 30,731.  | 23,748.                 | 375,124.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) MOLLY MCDONALD<br>CHIEF OF STAFF                     | (i)  | 263,122.   | 0.                                  | 9,344.                              | 27,438.  | 53,121.                 | 353,025.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) S. ANDREW STARBIRD<br>FORMER DEAN, LEAVEY SCHOOL     | (i)  | 254,986.   | 0.                                  | 30.                                 | 24,454.  | 32,883.                 | 312,353.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) CHRIS SHAY<br>ASSISTANT VP FOR UNIVERSITY            | (i)  | 239,208.   | 0.                                  | 3,870.                              | 24,548.  | 32,149.                 | 299,775.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (15) JESSICA MATSUMORI<br>AVP FINANCE                     | (i)  | 229,476.   | 10,000.                             | 7.                                  | 23,317.  | 15,832.                 | 278,632.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (16) GODFREY MUNGAL<br>FORMER DEAN, SCHOOL OF ENGINEERING | (i)  | 200,751.   | 0.                                  | 89.                                 | 20,630.  | 31,832.                 | 253,302.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

Schedule J (Form 990) 2019

PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE

94-1156617

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

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

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

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (17) ATOM YEE<br>FORMER DEAN, COLLEGE OF ART & SCIENC | (i)  | 117,658.   | 0.                                  | 144.                                | 12,585.  | 34,879.                 | 165,266.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

WE PROVIDED FIRST CLASS TRAVEL TO EMPLOYEES FOR INTERNATIONAL TRAVEL IN ACCORDANCE WITH OUR POLICY. NO PORTION IS TAXABLE TO THE EMPLOYEE.

WE PROVIDED GOLF CLUB MEMBERSHIPS TO THREE INDIVIDUALS WHO HAVE RESPONSIBILITIES FOR FUNDRAISING. THERE IS NO WRITTEN POLICY REGARDING GOLF MEMBERSHIPS. THE UNIVERSITY HAS PROCEDURES IN PLACE TO INSURE NO PERSONAL CHARGES ARE REIMBURSED. NO PORTION IS TAXABLE TO THE EMPLOYEE.

**PART I, LINE 7:**

JESSICA MATSUMORI, JIM LYONS, MIKE SEXTON, AND RENEE BAUMGARTNER RECEIVED BONUS PAYMENTS FOR THEIR SERVICES AND PERFORMANCE DURING THE FISCAL YEAR.

**PRESIDENT'S COMPENSATION:**

THE PRESIDENT OF THE UNIVERSITY IS A MEMBER OF A RELIGIOUS CONGREGATION AND IS SUBJECT TO A VOW OF POVERTY. THE FAIR MARKET VALUE OF THE PRESIDENT'S COMPENSATION FOR HIS SERVICES IS PAID TO THE RELIGIOUS CONGREGATION OF WHICH HE IS A MEMBER.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

| <b>Part I Bond Issues</b>                            |                |             |                 |                 |                            |              |    |                         |    |                      |    |
|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name                                      | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY | 52-1705592     | 130179BS2   | 08/28/15        | 117173098.      | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>B</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY | 52-1705592     | 130179JX3   | 08/10/17        | 30404213.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>C</b> CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY | 52-1705592     | 130179NF7   | 12/28/17        | 63096951.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>D</b> CALIFORNIA MUNICIPAL FINANCE AUTHORITY      | 20-1563466     | NONE        | 06/12/19        | 4,875,127.      | SEE PART VI                |              | X  |                         | X  |                      | X  |

| <b>Part II Proceeds</b>  |              |    |             |    |             |    |            |    |   |  |
|--|--------------|----|-------------|----|-------------|----|------------|----|---|--|
|  | A            |    | B           |    | C           |    | D          |    |   |  |
| <b>1</b> Amount of bonds retired .....   | 4,360,000.   |    |             |    |             |    |            |    |   |  |
| <b>2</b> Amount of bonds legally defeased .....  |              |    |             |    |             |    |            |    |   |  |
| <b>3</b> Total proceeds of issue .....   | 118,724,575. |    | 31,399,191. |    | 64,096,549. |    | 4,875,127. |    |   |  |
| <b>4</b> Gross proceeds in reserve funds .....   |              |    |             |    |             |    |            |    |   |  |
| <b>5</b> Capitalized interest from proceeds .....  |              |    |             |    | 3,221,316.  |    |            |    |   |  |
| <b>6</b> Proceeds in refunding escrows .....   |              |    |             |    |             |    |            |    |   |  |
| <b>7</b> Issuance costs from proceeds .....  | 681,874.     |    | 146,330.    |    | 426,308.    |    | 45,127.    |    |   |  |
| <b>8</b> Credit enhancement from proceeds .....  |              |    |             |    |             |    |            |    |   |  |
| <b>9</b> Working capital expenditures from proceeds .....  |              |    |             |    |             |    |            |    |   |  |
| <b>10</b> Capital expenditures from proceeds .....   | 59,744,970.  |    |             |    | 59,100,216. |    |            |    |   |  |
| <b>11</b> Other spent proceeds .....   | 58,297,730.  |    | 31,249,613. |    |             |    | 4,830,000. |    |   |  |
| <b>12</b> Other unspent proceeds .....   |              |    | 3,337.      |    | 1,348,709.  |    |            |    |   |  |
| <b>13</b> Year of substantial completion .....   | 2018         |    |             |    |             |    |            |    |   |  |
|  | Yes          | No | Yes         | No | Yes         | No | Yes        | No |   |  |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... |              | X  |             | X  |             | X  |            | X  |   |  |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   | X            |    | X           |    |             | X  | X          |    |   |  |
| <b>16</b> Has the final allocation of proceeds been made? .....  | X            |    |             | X  |             | X  |            |    | X |  |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X            |    | X           |    | X           |    | X          |    |   |  |

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



PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE

**Part III Private Business Use**

|  | A     |    | B     |    | C     |    | D     |    |
|--|-------|----|-------|----|-------|----|-------|----|
|  | Yes   | No | Yes   | No | Yes   | No | Yes   | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |       | X  |       | X  |       | X  |       | X  |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  | X     |    |       | X  |       | X  |       | X  |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  | X     |    |       | X  |       | 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? .....   | X     |    |       |    |       |    |       |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   | X     |    |       | X  |       | 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? .....   | X     |    |       |    |       |    |       |    |
| 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 .....  | .10 % |    | .00 % |    | .00 % |    | .00 % |    |
| 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 ..... | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| 6 Total of lines 4 and 5 .....   | .10 % |    | .00 % |    | .00 % |    | .00 % |    |
| 7 Does the bond issue meet the private security or payment test? .....   |       | X  |       | X  |       | 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  |       | 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     |    | X     |    | X     |    |

**Part IV Arbitrage**

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

PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE

**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, COLUMN (F), ROW A  
FINANCE CONSTRUCTION AND IMPROVEMENTS OF CERTAIN FACILITIES, ADVANCE REFUND PRIOR BOND, AND PAY COST OF ISSUANCE. THE PROCEEDS OF THIS BOND ISSUE WERE USED TO REFUND A PORTION OF THE BORROWER'S SERIES 2008 (ISSUED 12/11/2008).

SCHEDULE K, PART I, COLUMN (F), ROW B  
ADVANCE REFUND PRIOR BONDS AND PAY COSTS OF ISSUANCE. THE PROCEEDS OF THIS BOND ISSUE WERE USED TO REFUND A PORTION OF THE BORROWER'S SERIES 2010 (ISSUED 09/15/2010).

SCHEDULE K, PART I, COLUMN (F), ROW C  
FINANCE THE CONTRUCTION AND IMPROVEMENTS OF CERTAIN FACILITIES AND PAY COSTS OF ISSUANCE.

SCHEDULE K, PART I, COLUMN (F), ROW D  
REFINANCE TAXABLE LOAN AND PAY COSTS OF ISSUANCE. THE PROCEEDS OF THIS BOND ISSUE WERE USED TO REFINANCE THE BORROWER'S TAXABLE LOAN (ISSUED 06/25/2014).

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

SCHEDULE K, PART II, LINE 3

COLUMN A, B, C:

THE DIFFERENCE BETWEEN PART I(E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS.

SCHEDULE K, PART III, LINE 7

COLUMNS A, B, C, D:

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----------------------------------|---|--------------------------------|----------------|----|
|                                   |   |                                | Yes            | No |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| MICHAEL SEXTON                | KEY EMPL                           | SHARED E            |                                       | X    | 375,000.                      | 300,000.        |                 | X  |                                     | X  | X                      |    |
| LISA KLOPPENBER               | KEY EMPL                           | NOTE REC            |                                       | X    | 250,000.                      | 136,260.        |                 | X  |                                     | X  | X                      |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> .....            |                                    |                     |                                       |      |                               | ▶ \$ 436,260.   |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   | 25,000.                  | RESEARCH GRAN          |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

SEE PART V FOR CONTINUATIONS

PRESIDENT-BOARD OF TRUSTEES

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| JAMES LEWIS                   | FAMILY MEMBER OF JO   | 92,668.                   | EMPLOYMENT                     |   | X  |
| ELIZABETH RAMIREZ             | FAMILY MEMBER OF WI   | 24,658.                   | EMPLOYMENT                     |   | X  |
| SI 53, LLC                    | ENTITY MORE THAN 35   | 2,364,370.                | LONG-TERM L                    |   | X  |
| SI 23, LLC                    | ENTITY MORE THAN 35   | 3,499,992.                | LONG-TERM L                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL SEXTON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: SHARED EQUITY

(A) NAME OF PERSON: LISA KLOPPENBERG

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: NOTE RECEIVABLE

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 25,000.

(D) TYPE OF ASSISTANCE: RESEARCH GRANT

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAMES LEWIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOHN (JACK) LEWIS, TRUSTEE

(A) NAME OF PERSON: ELIZABETH RAMIREZ

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

FAMILY MEMBER OF WILLIAM S. CARTER, TRUSTEE

**(A) NAME OF PERSON: SI 53, LLC**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

ENTITY MORE THAN 35% OWNED BY JOHN A AND JOHN M SOBRATO, TRUSTEES

**(D) DESCRIPTION OF TRANSACTION: LONG-TERM LEASE**

**(A) NAME OF PERSON: SI 23, LLC**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

ENTITY MORE THAN 35% OWNED BY JOHN A AND JOHN M SOBRATO, TRUSTEES

**(D) DESCRIPTION OF TRANSACTION: LONG-TERM LEASE**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 83  | 8,117,243.   | AVERAGE MKT VALUE   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( MISC SUPPLIES )                                   | X                          | 17  | 66,051.  | SELLING PRICE   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **2**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  | X   |    |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

THE UNIVERSITY USES STOCK BROKERS TO SELL DONATED SECURITIES AND REAL ESTATE BROKERS TO SELL DONATED REAL ESTATE.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | PRESIDENT-BOARD OF TRUSTEES<br>SANTA CLARA COLLEGE | Employer identification number | 94-1156617 |
|--------------------------|--|--------------------------------|------------|

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

CENTRAL FOCUS, PROMOTES FACULTY AND STAFF LEARNING IN ITS VARIOUS  
FORMS, AND EXHIBITS ORGANIZATIONAL LEARNING.

FORM 990, PART III, LINE 1:

SANTA CLARA UNIVERSITY IS A CATHOLIC AND JESUIT INSTITUTION THAT MAKES  
STUDENT LEARNING ITS CENTRAL FOCUS, PROMOTES FACULTY AND STAFF LEARNING  
IN ITS VARIOUS FORMS, AND EXHIBITS ORGANIZATIONAL LEARNING. STUDENT  
LEARNING TAKES PLACE AT THE UNDERGRADUATE AND GRADUATE LEVEL IN AN  
EDUCATIONAL ENVIRONMENT THAT INTEGRATES RIGOROUS INQUIRY AND  
SCHOLARSHIP, CREATIVE IMAGINATION, REFLECTIVE ENGAGEMENT WITH SOCIETY,  
AND A COMMITMENT TO FASHIONING A MORE HUMANE AND JUST WORLD. AS AN  
ACADEMIC COMMUNITY, WE EXPAND THE BOUNDARIES OF KNOWLEDGE AND INSIGHT  
THROUGH TEACHING, RESEARCH, ARTISTIC EXPRESSION, AND OTHER FORMS OF  
SCHOLARSHIP. IT IS PRIMARILY THROUGH DISCOVERING, COMMUNICATING, AND  
APPLYING KNOWLEDGE THAT WE EXERCISE OUR INSTITUTIONAL RESPONSIBILITY AS  
A VOICE OF REASON AND CONSCIENCE IN SOCIETY, WE OFFER CHALLENGING  
ACADEMIC PROGRAMS AND DEMONSTRATE A COMMITMENT TO THE DEVELOPMENT OF:

- 1) UNDERGRADUATE STUDENTS WHO SEEK AN EDUCATION WITH A STRONG  
HUMANISTIC ORIENTATION IN A PRIMARILY RESIDENTIAL SETTING.
- 2) GRADUATE STUDENTS, MANY OF THEM WORKING PROFESSIONALS IN SILICON  
VALLEY, WHO SEEK ADVANCED DEGREE PROGRAMS THAT PREPARE THEM TO MAKE  
SIGNIFICANT CONTRIBUTIONS TO THEIR FIELDS. IN ADDITION TO THESE CORE  
PROGRAMS, WE ALSO PROVIDE A VARIETY OF CONTINUING EDUCATION AND  
PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR NON-MATRICULATED STUDENTS.

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | PRESIDENT-BOARD OF TRUSTEES<br>SANTA CLARA COLLEGE | Employer identification number | 94-1156617 |
|--------------------------|--|--------------------------------|------------|

FORM 990, PART VI, SECTION A, LINE 2:

- LARRY W. SONSINI AND ROBERT J. FINOCCHIO HAVE A BUSINESS RELATIONSHIP.

- JOHN A. SOBRATO AND JOHN M. SOBRATO HAVE A FAMILY AND BUSINESS RELATIONSHIP.

- BETSY RAFAEL AND ROBERT FINOCCHIO HAVE A BUSINESS RELATIONSHIP.

- ERICK BERRELLEZA, S.J. AND WILLIAM (BILL) P. LEAHY, S.J. HAVE A BUSINESS RELATIONSHIP.

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

THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE ORGANIZATION'S CONTROLLER'S OFFICE WORKED CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGED TO PREPARE THE RETURN. INFORMATION FOR THE RETURN WAS ALSO OBTAINED THROUGH DISCUSSIONS WITH SENIOR ADMINISTRATION AND THE GENERAL COUNSEL. THE AUDIT COMMITTEE ALSO MET WITH THE CONTROLLER'S OFFICE AND THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990 AND THE RETURN WAS ACCEPTED. THE FINAL DRAFT WAS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN WAS FILED.

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

THE BOARD OF TRUSTEES HAS A CONFLICT OF INTEREST POLICY AS PART OF THE BYLAWS. THE ASSISTANT TREASURER IS RESPONSIBLE FOR MONITORING POTENTIAL CONFLICT OF INTEREST. ANNUALLY, A QUESTIONNAIRE IS SENT TO THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES ASKING FOR ANY POSSIBLE BUSINESS OR PERSONAL CONNECTION TO THE ORGANIZATION THAT MAY CAUSE A POTENTIAL CONFLICT. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

(1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE PRESIDENT AND BOARD;

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | PRESIDENT-BOARD OF TRUSTEES<br>SANTA CLARA COLLEGE | Employer identification number | 94-1156617 |
|--------------------------|--|--------------------------------|------------|

(2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING;

(3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION;

(4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED;

(5) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS THE AUTHORITY TO REVIEW AND DETERMINE THE PRESIDENT'S COMPENSATION. DISCUSSIONS OF THE PRESIDENT'S COMPENSATION WERE DOCUMENTED IN THE MINUTES OF MEETINGS OF THE EXECUTIVE COMMITTEE. THE COMPENSATION OF THE PROVOST AND VICE PRESIDENTS ARE DETERMINED BY THE PRESIDENT. OTHER KEY EMPLOYEES' COMPENSATION IS DETERMINED BY THE RESPECTIVE VICE PRESIDENT OR PROVOST. IN ALL CASES, COMPARABLE DATA FROM SIMILAR ORGANIZATIONS AND POSITIONS WERE USED TO DETERMINE COMPENSATION LEVELS. THIS INFORMATION COMES FROM INDEPENDENT SURVEY DATA. EACH EMPLOYEE'S COMPENSATION IS DOCUMENTED IN THEIR RESPECTIVE PERSONNEL FILES AND THEY ARE PERSONALLY NOTIFIED OF ANY CHANGES IN COMPENSATION.

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

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

|  |  |
|--|--|
| Name of the organization<br>PRESIDENT-BOARD OF TRUSTEES<br>SANTA CLARA COLLEGE | Employer identification number<br>94-1156617 |
|--|--|

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                               |             |
|-------------------------------|-------------|
| LOSS ON UNCOLLECTIBLE PLEDGES | -2,917,409. |
|-------------------------------|-------------|

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| ADOBE MANAGEMENT A LLC - 81-1570359<br>500 EL CAMINO REAL<br>SANTA CLARA, CA 95053                               | INVESTING PURPOSES      | DELAWARE  | 0.                  | 6,034,813.                | SANTA CLARA UNIVERSITY              |
| MAKENA ABSOLUTE RETURN SPLITTER X, L.P. -<br>80-0804683, 2755 SAND HILL ROAD, SUITE 200,<br>MENLO PARK, CA 94025 | INVESTING PURPOSES      | DELAWARE  | 148,261.            | 0.                        | SANTA CLARA UNIVERSITY              |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity                  | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|--|--|----|
|  |                         |   |                               |   |  | Yes  | No |
| BRONCO BENCH FOUNDATION - 94-6121957<br>SANTA CLARA UNIVERSITY<br>SANTA CLARA, CA 95053          | FUNDRAISING             | CALIFORNIA  | 501(C)(3)                     | LINE 12B, II  | PRESIDENT-BOARD<br>OF TRUSTEE SANTA<br>CLARA COLLEGE | X  |    |
| JESUIT SCHOOL OF THEOLOGY OF SANTA CLARA -<br>94-1156462, 1735 LE ROY AVE, BERKELEY, CA<br>94709 | EDUCATION               | CALIFORNIA  | 501(C)(3)                     | LINE 1  | PRESIDENT-BOARD<br>OF TRUSTEE SANTA<br>CLARA COLLEGE | X  |    |
| WEST COAST CONFERENCE - 23-7286818<br>1111 BAYHILL DRIVE, STE 405<br>SAN BRUNO, CA 94066         | COLLEGIATE ATHLETICS    | CALIFORNIA  | 501(C)(3)                     | LINE 12A, I   | N/A  |  | X  |
|  |                         |   |                               |   |  |  |    |
|  |                         |   |                               |   |  |  |    |

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

PRESIDENT-BOARD OF TRUSTEES

**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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| MAKENA STRATEGIC<br>OPPORTUNITIES FUND - KH, LP -<br>81-2032432, 2755 SAND HILL<br>ROAD, SUITE 200, MENLO PARK, | INVESTING<br>PURPOSES   | DE  | SANTA CLARA<br>UNIVERSITY           | REVENUE<br>EXCLUDED   | 318,587.                        | 23,965,558.                              |   | X  | N/A   |   | X  | 74.00%                         |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| CHARITABLE REMAINDER TRUST (22)  | HOLDINGS                | CA  | N/A                                 | TRUST  |                                 |  |                                |   | X  |
| MAKENA ABSOLUTE RETURN BLOCKER Y (CAYMAN),<br>LP - 98-1049154, 2755 SAND HILL ROAD, SUITE<br>200, MENLO PARK, CA 94025 | INVESTING               | CAYMAN<br>ISLANDS   | SANTA CLARA<br>UNIVERSITY           | C CORP   |                                 |  | .00%                           | X   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

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

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

**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?

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

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

| (a)<br>Name of related organization          | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) BRONCO BENCH FOUNDATION                  | C                                | 1,900,542.             | FMV  |
| (2) JESUIT SCHOOL OF THEOLOGY OF SANTA CLARA | D                                | 18,618,572.            | FMV  |
| (3) JESUIT SCHOOL OF THEOLOGY OF SANTA CLARA | R                                | 2,199,020.             | FMV  |
| (4)  |                                  |                        |  |
| (5)  |                                  |                        |  |
| (6)  |                                  |                        |  |





**Part VII** Supplemental Information

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

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

**NAME OF DISREGARDED ENTITY:**

ADOBE MANAGEMENT A LLC

**DIRECT CONTROLLING ENTITY:** SANTA CLARA UNIVERSITY

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>SANTA CLARA COLLEGE</b> | Taxpayer identification number (TIN)<br><b>94-1156617</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>500 EL CAMINO REAL</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SANTA CLARA, CA 95053</b>    |   |

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

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

**JESSICA MATSUMORI**

- The books are in the care of ▶ **500 EL CAMINO REAL - SANTA CLARA, CA 95053**  
Telephone No. ▶ **(408) 554-4397** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  \_\_\_\_\_ ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box  \_\_\_\_\_. If it is for part of the group, check this box  \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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



**PUBLIC DISCLOSURE COPY**

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

|   |                              |  |   |
|---|------------------------------|--|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>PRESIDENT-BOARD OF TRUSTEES</b><br/> <b>SANTA CLARA COLLEGE</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>500 EL CAMINO REAL</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>SANTA CLARA, CA 95053</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>94-1156617</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)<br/> <b>541800</b></p> |
|---|------------------------------|--|---|

**C** Book value of all assets at end of year **2,391,705,262.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 6 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ JESSICA MATSUMORI Telephone number ▶ (408) 554-4397

| <b>Part I Unrelated Trade or Business Income</b>   |                    | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------------|--------------|----------|
| <b>1a</b> Gross receipts or sales  |                    |                    |              |          |
| <b>b</b> Less returns and allowances   | <b>c</b> Balance ▶ | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                    | <b>3</b>           |              |          |
| <b>4a</b> Capital gain net income (attach Schedule D)  |                    | <b>4a</b>          |              |          |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    | <b>4b</b>          |              |          |
| <b>c</b> Capital loss deduction for trusts   |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                    | <b>5</b>           |              |          |
| <b>6</b> Rent income (Schedule C)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Schedule J)  |                    | <b>11</b> 313,776. | 28,411.      | 285,365. |
| <b>12</b> Other income (See instructions; attach schedule)                                     |                    |                    |              |          |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 313,776. | 28,411.      | 285,365. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Deductions must be directly connected with the unrelated business income.)

|  |            |                    |
|--|------------|--------------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |            | <b>14</b>          |
| <b>15</b> Salaries and wages   |            | <b>15</b>          |
| <b>16</b> Repairs and maintenance  |            | <b>16</b>          |
| <b>17</b> Bad debts  |            | <b>17</b>          |
| <b>18</b> Interest (attach schedule) (see instructions)  |            | <b>18</b>          |
| <b>19</b> Taxes and licenses   |            | <b>19</b>          |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |                    |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> | <b>21b</b>         |
| <b>22</b> Depletion  |            | <b>22</b>          |
| <b>23</b> Contributions to deferred compensation plans   |            | <b>23</b>          |
| <b>24</b> Employee benefit programs  |            | <b>24</b>          |
| <b>25</b> Excess exempt expenses (Schedule I)  |            | <b>25</b>          |
| <b>26</b> Excess readership costs (Schedule J)   |            | <b>26</b>          |
| <b>27</b> Other deductions (attach schedule)   |            | <b>27</b>          |
| <b>28 Total deductions.</b> Add lines 14 through 27  |            | <b>28</b> 0.       |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           |            | <b>29</b> 285,365. |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |            | <b>30</b> 0.       |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   |            | <b>31</b> 285,365. |

**Part III Total Unrelated Business Taxable Income**

|    |   |    |          |
|----|---|----|----------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 32 | 817,479. |
| 33 | Amounts paid for disallowed fringes   | 33 |          |
| 34 | Charitable contributions (see instructions for limitation rules) <b>STMT 3</b> <b>STMT 4</b>  | 34 | 0.       |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33             | 35 | 817,479. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 2</b>                           | 36 | 817,479. |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35   | 37 |          |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | 38 | 1,000.   |
| 39 | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0.       |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)   | 40 | 0. |
| 41 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | <b>Proxy tax.</b> See instructions   | 42 |    |
| 43 | Alternative minimum tax (trusts only)  | 43 |    |
| 44 | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 44 |    |
| 45 | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 | 0. |

**Part V Tax and Payments**

|     |  |     |    |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 46a |    |
| b   | Other credits (see instructions)   | 46b |    |
| c   | General business credit. Attach Form 3800  | 46c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 46d |    |
| e   | <b>Total credits.</b> Add lines 46a through 46d  | 46e |    |
| 47  | Subtract line 46e from line 45   | 47  | 0. |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |    |
| 49  | <b>Total tax.</b> Add lines 47 and 48 (see instructions)   | 49  | 0. |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50  | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019  | 51a |    |
| b   | 2019 estimated tax payments  | 51b |    |
| c   | Tax deposited with Form 8868   | 51c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 51d |    |
| e   | Backup withholding (see instructions)  | 51e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 51f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | 51g |    |
| 52  | <b>Total payments.</b> Add lines 51a through 51g   | 52  |    |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 53  |    |
| 54  | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54  |    |
| 55  | <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55  |    |
| 56  | Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <b>Refunded</b>  | 56  |    |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |   |     |    |
|----|---|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>EL SALVADOR</b> | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.   |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$  |     |    |

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

**Sign Here** **PUBLIC DISCLOSURE COPY** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **ASSISTANT TREASURER** \_\_\_\_\_ Title \_\_\_\_\_ May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: TRACY S. PAGLIA  
 Preparer's signature: TRACY S. PAGLIA  
 Date: 05/13/21  
 Check  if self-employed  
 PTIN: P00366884  
 Firm's name: MOSS ADAMS LLP  
 Firm's EIN: 91-0189318  
 Firm's address: 3121 W MARCH LN, STE 200 STOCKTON, CA 95219-2367  
 Phone no.: 209-955-6100

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |   |    |  |   |  |   |     |    |  |
|----|---|----|--|---|--|---|-----|----|--|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6 |     |    |  |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7 |     |    |  |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | Yes | No |  |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |   |     |    |  |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |   |     |    |  |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |   |     |    |  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)           |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b>   |   |  | 0.   | 0.  |
| <b>Total dividends-received deductions</b> included in column 8                                   |   |  | 0.   | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| <b>Totals</b>     |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
|                   |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
|                          |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 25.                                      |
|                                      |   | 0.  | 0.   |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) |                             | 0.                          | 0.   |                       |                     | 0.  |

PRESIDENT-BOARD OF TRUSTEES

Form 990-T (2019) SANTA CLARA COLLEGE

94-1156617

Page 5

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) ATHLETICS                            |                             |                             |  |                       |                     |   |
| (2) PROMOTION                            | 295,382.                    | 1,661.                      | 293,721.   |                       |                     |   |
| (3) THE REDWOOD                          | 18,394.                     | 26,750.                     | -8,356.  |                       |                     |   |
| (4)                                      |                             |                             |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>                   | <b>0.</b>                   |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>313,776.</b>             | <b>28,411.</b>              |  |                       |                     | <b>0.</b>   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> ..... |          |  | <b>0.</b>  |

Form 990-T (2019)



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

ALTERNATIVE INVESTMENTS & NON-SCU EVENTS & ADVERTISING

TO FORM 990-T, PAGE 1

| FORM 990-T                        |                | NET OPERATING LOSS DEDUCTION |                | STATEMENT 2         |
|-----------------------------------|----------------|------------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED      | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/10                          | 647,553.       | 647,553.                     | 0.             | 0.                  |
| 06/30/12                          | 2,841,026.     | 123,572.                     | 2,717,454.     | 2,717,454.          |
| 06/30/13                          | 1,816,783.     | 0.                           | 1,816,783.     | 1,816,783.          |
| 06/30/14                          | 184,151.       | 0.                           | 184,151.       | 184,151.            |
| 06/30/16                          | 1,189,067.     | 0.                           | 1,189,067.     | 1,189,067.          |
| 06/30/17                          | 1,781,082.     | 0.                           | 1,781,082.     | 1,781,082.          |
| 06/30/18                          | 2,733,826.     | 0.                           | 2,733,826.     | 2,733,826.          |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                              | 10,422,363.    | 10,422,363.         |

| FORM 990-T                           |                              | CONTRIBUTIONS | STATEMENT 3 |
|--------------------------------------|------------------------------|---------------|-------------|
| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV |               | AMOUNT      |
| MISC. CONTRIBUTION                   | N/A                          |               | 3,165.      |
| TOTAL TO FORM 990-T, PAGE 2, LINE 34 |                              |               | 3,165.      |

FORM 990-T

## CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

|                   |        |
|-------------------|--------|
| FOR TAX YEAR 2014 |        |
| FOR TAX YEAR 2015 | 83,214 |
| FOR TAX YEAR 2016 | 2,525  |
| FOR TAX YEAR 2017 | 4,216  |
| FOR TAX YEAR 2018 |        |

|                                      |        |
|--------------------------------------|--------|
| TOTAL CARRYOVER                      | 89,955 |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 3,165  |

|                                       |        |
|---------------------------------------|--------|
| TOTAL CONTRIBUTIONS AVAILABLE         | 93,120 |
| TAXABLE INCOME LIMITATION AS ADJUSTED | 0      |

|                            |        |
|----------------------------|--------|
| EXCESS CONTRIBUTIONS       | 93,120 |
| EXCESS 100% CONTRIBUTIONS  | 0      |
| TOTAL EXCESS CONTRIBUTIONS | 93,120 |

|                                   |   |
|-----------------------------------|---|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 0 |
|-----------------------------------|---|

|                              |   |
|------------------------------|---|
| TOTAL CONTRIBUTION DEDUCTION | 0 |
|------------------------------|---|

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Unrelated Business Activity Code (see instructions) ▶ **900099**

Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME FROM 32-0467262**

| <b>Part I Unrelated Trade or Business Income</b>   |           | (A) Income | (B) Expenses | (C) Net   |
|--|-----------|------------|--------------|-----------|
| <b>1 a</b> Gross receipts or sales   |           |            |              |           |
| <b>b</b> Less returns and allowances   |           |            |              |           |
| <b>c</b> Balance ▶   | <b>1c</b> |            |              |           |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>2</b>  |            |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>  |            |              |           |
| <b>4 a</b> Capital gain net income (attach Schedule D)   | <b>4a</b> |            |              |           |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b> |            |              |           |
| <b>c</b> Capital loss deduction for trusts   | <b>4c</b> |            |              |           |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>  | -118,496.  |              | -118,496. |
| <b>6</b> Rent income (Schedule C)  | <b>6</b>  |            |              |           |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>7</b>  |            |              |           |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>  |            |              |           |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>  |            |              |           |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>10</b> |            |              |           |
| <b>11</b> Advertising income (Schedule J)  | <b>11</b> |            |              |           |
| <b>12</b> Other income (See instructions; attach schedule)                                     | <b>12</b> |            |              |           |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>13</b> | -118,496.  |              | -118,496. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |            |                 |  |           |
|--|------------|-----------------|--|-----------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                 |  |           |
| <b>15</b> Salaries and wages   | <b>15</b>  |                 |  |           |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |                 |  |           |
| <b>17</b> Bad debts  | <b>17</b>  |                 |  |           |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |                 |  |           |
| <b>19</b> Taxes and licenses   | <b>19</b>  |                 |  |           |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |                 |  |           |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |                 |  |           |
| <b>22</b> Depletion  | <b>22</b>  |                 |  |           |
| <b>23</b> Contributions to deferred compensation plans   | <b>23</b>  |                 |  |           |
| <b>24</b> Employee benefit programs  | <b>24</b>  |                 |  |           |
| <b>25</b> Excess exempt expenses (Schedule I)  | <b>25</b>  |                 |  |           |
| <b>26</b> Excess readership costs (Schedule J)   | <b>26</b>  |                 |  |           |
| <b>27</b> Other deductions (attach schedule)   | <b>27</b>  | SEE STATEMENT 5 |  | 5,300.    |
| <b>28 Total deductions.</b> Add lines 14 through 27  | <b>28</b>  |                 |  | 5,300.    |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           | <b>29</b>  |                 |  | -123,796. |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>30</b>  | STMT 6          |  | 0.        |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   | <b>31</b>  |                 |  | -123,796. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

MANAGEMENT & PROFESSIONAL FEES

5,300.

TOTAL TO SCHEDULE M, PART II, LINE 27

5,300.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 6

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/19                          | 438,859.       |                         | 438,859.       | 438,859.            |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 438,859.       | 438,859.            |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 2

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Unrelated Business Activity Code (see instructions) ▶ **900099**

Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME FROM 80-0804683**

| <b>Part I Unrelated Trade or Business Income</b>   |                    | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales   |                    |                    |              |          |
| <b>b</b> Less returns and allowances   | <b>c</b> Balance ▶ | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                    | <b>3</b>           |              |          |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |                    | <b>4a</b> 150,455. |              | 150,455. |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    | <b>4b</b>          |              |          |
| <b>c</b> Capital loss deduction for trusts   |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                    | <b>5</b> -2,194.   |              | -2,194.  |
| <b>6</b> Rent income (Schedule C)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Schedule J)  |                    | <b>11</b>          |              |          |
| <b>12</b> Other income (See instructions; attach schedule)                                     |                    | <b>12</b>          |              |          |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 148,261. |              | 148,261. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |            |           |  |            |
|--|------------|-----------|--|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |            | <b>14</b> |  |            |
| <b>15</b> Salaries and wages   |            | <b>15</b> |  |            |
| <b>16</b> Repairs and maintenance  |            | <b>16</b> |  |            |
| <b>17</b> Bad debts  |            | <b>17</b> |  |            |
| <b>18</b> Interest (attach schedule) (see instructions)  |            | <b>18</b> |  |            |
| <b>19</b> Taxes and licenses   |            | <b>19</b> |  |            |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |           |  |            |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |           |  | <b>21b</b> |
| <b>22</b> Depletion  |            | <b>22</b> |  |            |
| <b>23</b> Contributions to deferred compensation plans   |            | <b>23</b> |  |            |
| <b>24</b> Employee benefit programs  |            | <b>24</b> |  |            |
| <b>25</b> Excess exempt expenses (Schedule I)  |            | <b>25</b> |  |            |
| <b>26</b> Excess readership costs (Schedule J)   |            | <b>26</b> |  |            |
| <b>27</b> Other deductions (attach schedule)   |            | <b>27</b> |  |            |
| <b>28 Total deductions.</b> Add lines 14 through 27  |            | <b>28</b> |  | 0.         |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           |            | <b>29</b> |  | 148,261.   |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |            | <b>30</b> |  | 0.         |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   |            | <b>31</b> |  | 148,261.   |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 3

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Unrelated Business Activity Code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME FROM VARIOUS PARTNERSHIPS**

| <b>Part I Unrelated Trade or Business Income</b>   |           | (A) Income  | (B) Expenses | (C) Net     |
|--|-----------|-------------|--------------|-------------|
| <b>1 a</b> Gross receipts or sales   |           |             |              |             |
| <b>b</b> Less returns and allowances   |           |             |              |             |
| <b>c</b> Balance ▶   | <b>1c</b> |             |              |             |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>2</b>  |             |              |             |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>  |             |              |             |
| <b>4 a</b> Capital gain net income (attach Schedule D)   | <b>4a</b> | 255,924.    |              | 255,924.    |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b> |             |              |             |
| <b>c</b> Capital loss deduction for trusts   | <b>4c</b> |             |              |             |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>  | -3,636,708. |              | -3,636,708. |
| <b>6</b> Rent income (Schedule C)  | <b>6</b>  |             |              |             |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>7</b>  |             |              |             |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>  |             |              |             |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>  |             |              |             |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>10</b> |             |              |             |
| <b>11</b> Advertising income (Schedule J)  | <b>11</b> |             |              |             |
| <b>12</b> Other income (See instructions; attach schedule)                                     | <b>12</b> |             |              |             |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>13</b> | -3,380,784. |              | -3,380,784. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |            |  |  |             |
|--|------------|--|--|-------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |  |             |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |  |             |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |  |             |
| <b>17</b> Bad debts  | <b>17</b>  |  |  |             |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |  |             |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |  | 57,773.     |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |  |  |             |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |  |  |             |
| <b>22</b> Depletion  | <b>22</b>  |  |  |             |
| <b>23</b> Contributions to deferred compensation plans   | <b>23</b>  |  |  |             |
| <b>24</b> Employee benefit programs  | <b>24</b>  |  |  |             |
| <b>25</b> Excess exempt expenses (Schedule I)  | <b>25</b>  |  |  |             |
| <b>26</b> Excess readership costs (Schedule J)   | <b>26</b>  |  |  |             |
| <b>27</b> Other deductions (attach schedule) <b>SEE STATEMENT 7</b>  | <b>27</b>  |  |  | 247,375.    |
| <b>28 Total deductions.</b> Add lines 14 through 27  | <b>28</b>  |  |  | 305,148.    |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13                         | <b>29</b>  |  |  | -3,685,932. |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <b>STMT 8</b> | <b>30</b>  |  |  | 0.          |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   | <b>31</b>  |  |  | -3,685,932. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T (M)                        | OTHER DEDUCTIONS | STATEMENT 7 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| INVESTMENT MANAGEMENT FEES            |                  | 247,375.    |
| TOTAL TO SCHEDULE M, PART II, LINE 27 |                  | 247,375.    |

| SCHEDULE M                        |                | NET OPERATING LOSS DEDUCTION |                | STATEMENT 8         |
|-----------------------------------|----------------|------------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED      | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19                          | 3,862,440.     |                              | 3,862,440.     | 3,862,440.          |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                              | 3,862,440.     | 3,862,440.          |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY **4**

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Unrelated Business Activity Code (see instructions) ▶ **900099**

Describe the unrelated trade or business ▶ **RENTAL INCOME**

| <b>Part I Unrelated Trade or Business Income</b>   |           | (A) Income | (B) Expenses | (C) Net |
|--|-----------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales   |           |            |              |         |
| <b>b</b> Less returns and allowances   |           |            |              |         |
| <b>c</b> Balance ▶   | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>  |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D)   | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts   | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>  |            |              |         |
| <b>6</b> Rent income (Schedule C)  | <b>6</b>  | 174,935.   | 103,562.     | 71,373. |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Schedule J)  | <b>11</b> |            |              |         |
| <b>12</b> Other income (See instructions; attach schedule)                                     | <b>12</b> |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>13</b> | 174,935.   | 103,562.     | 71,373. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |            |  |  |         |
|--|------------|--|--|---------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |  |         |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |  |         |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |  |         |
| <b>17</b> Bad debts  | <b>17</b>  |  |  |         |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |  |         |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |  |         |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>  |  |  |         |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b> |  |  |         |
| <b>22</b> Depletion  | <b>22</b>  |  |  |         |
| <b>23</b> Contributions to deferred compensation plans   | <b>23</b>  |  |  |         |
| <b>24</b> Employee benefit programs  | <b>24</b>  |  |  |         |
| <b>25</b> Excess exempt expenses (Schedule I)  | <b>25</b>  |  |  |         |
| <b>26</b> Excess readership costs (Schedule J)   | <b>26</b>  |  |  |         |
| <b>27</b> Other deductions (attach schedule)   | <b>27</b>  |  |  |         |
| <b>28 Total deductions.</b> Add lines 14 through 27  | <b>28</b>  |  |  | 0.      |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           | <b>29</b>  |  |  | 71,373. |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>30</b>  |  |  | 0.      |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   | <b>31</b>  |  |  | 71,373. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019



SANTA CLARA COLLEGE

94-1156617

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|    |   |    |  |   |  |   |     |    |  |
|----|---|----|--|---|--|---|-----|----|--|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....   | 6 |     |    |  |
| 2  | Purchases .....                                       | 2  |  |   |  |   |     |    |  |
| 3  | Cost of labor .....                                   | 3  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |     |    |  |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | Yes | No |  |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |  |   |     |    |  |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |  |   |     |    |  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) BUILDING

(2)

(3)

(4)

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) |    | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |          | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|----|---|----------|---|
| (1)   | 0. | (1)   | 174,935. | SEE STATEMENT 10<br>103,562.  |
| (2)   |    | (2)   |          |   |
| (3)   |    | (3)   |          |   |
| (4)   |    | (4)   |          |   |
| Total   |    | Total   |          |   |
| 0.  |    | 174,935.  |          |   |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

174,935.

(b) **Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... ▶

103,562.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| <b>Totals</b> .....   |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |   |  |   |

FORM 990-T (M) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 10

| <u>DESCRIPTION</u>                        | <u>ACTIVITY<br/>NUMBER</u> | <u>AMOUNT</u> | <u>TOTAL</u>    |
|---|----------------------------|---------------|-----------------|
| RENT EXPENSES                             |                            | 103,562.      |                 |
| - SUBTOTAL -                              | 1                          |               | 103,562.        |
| TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3 |                            |               | <u>103,562.</u> |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 5

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Unrelated Business Activity Code (see instructions) ▶ **900099**

Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME FROM 81-2032432**

| <b>Part I Unrelated Trade or Business Income</b>   |                    | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales   |                    |                    |              |          |
| <b>b</b> Less returns and allowances   | <b>c Balance ▶</b> | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  |                    | <b>3</b>           |              |          |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |                    | <b>4a</b>          |              |          |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    | <b>4b</b>          |              |          |
| <b>c</b> Capital loss deduction for trusts   |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                    | <b>5</b> 315,641.  |              | 315,641. |
| <b>6</b> Rent income (Schedule C)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Schedule J)  |                    | <b>11</b>          |              |          |
| <b>12</b> Other income (See instructions; attach schedule)                                     |                    | <b>12</b>          |              |          |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 315,641. |              | 315,641. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

|  |                        |           |  |            |
|--|------------------------|-----------|--|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |                        | <b>14</b> |  |            |
| <b>15</b> Salaries and wages   |                        | <b>15</b> |  |            |
| <b>16</b> Repairs and maintenance  |                        | <b>16</b> |  |            |
| <b>17</b> Bad debts  |                        | <b>17</b> |  |            |
| <b>18</b> Interest (attach schedule) (see instructions)  |                        | <b>18</b> |  |            |
| <b>19</b> Taxes and licenses   |                        | <b>19</b> |  |            |
| <b>20</b> Depreciation (attach Form 4562)  | <b>20</b>              |           |  |            |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>21a</b>             |           |  | <b>21b</b> |
| <b>22</b> Depletion  |                        | <b>22</b> |  |            |
| <b>23</b> Contributions to deferred compensation plans   |                        | <b>23</b> |  |            |
| <b>24</b> Employee benefit programs  |                        | <b>24</b> |  |            |
| <b>25</b> Excess exempt expenses (Schedule I)  |                        | <b>25</b> |  |            |
| <b>26</b> Excess readership costs (Schedule J)   |                        | <b>26</b> |  |            |
| <b>27</b> Other deductions (attach schedule)   | <b>SEE STATEMENT 9</b> | <b>27</b> |  | 3,161.     |
| <b>28 Total deductions.</b> Add lines 14 through 27  |                        | <b>28</b> |  | 3,161.     |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13           |                        | <b>29</b> |  | 312,480.   |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |                        | <b>30</b> |  | 0.         |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   |                        | <b>31</b> |  | 312,480.   |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION

AMOUNT

INVESTMENT MANAGEMENT FEES

3,161.

TOTAL TO SCHEDULE M, PART II, LINE 27

3,161.

**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

|  |   |
|--|---|
| Name<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>SANTA CLARA COLLEGE</b> | Employer identification number<br><b>94-1156617</b> |
|--|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   |  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 |   | <b>4</b>   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 |   | <b>5</b>   |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 |   | <b>6</b> ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 |   | <b>7</b>   |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  |  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 |  | <b>11</b>  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 |  | <b>12</b>  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 |  | <b>13</b>  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 |  | <b>14</b>  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 |  | <b>15</b>  |

**Part III Summary of Parts I and II**

|  |           |    |
|--|-----------|----|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   | <b>16</b> |    |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... | <b>17</b> |    |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....            | <b>18</b> | 0. |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   | -1.  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation)  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | <b>7</b>  | -1.  |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  | 150,456.   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | <b>15</b>  | 150,456.   |

**Part III Summary of Parts I and II**

|  |           |          |
|--|-----------|----------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | <b>16</b> |          |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | <b>17</b> | 150,455. |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns            | <b>18</b> | 150,455. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.







**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to www.irs.gov/Form1120 for instructions and the latest information.

**2019**

Name **PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE** Employer identification number **94-1156617**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   | <b>6,432.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation)  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | <b>7</b>  | <b>6,432.</b>  |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  | <b>249,492.</b>  |
| <b>11</b> Enter gain from Form 4797, line 7 or 9  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | <b>15</b>  | <b>249,492.</b>  |

**Part III Summary of Parts I and II**

|  |           |                 |
|--|-----------|-----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | <b>16</b> | <b>6,432.</b>   |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | <b>17</b> | <b>249,492.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns            | <b>18</b> | <b>255,924.</b> |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

# Sales and Other Dispositions of Capital Assets

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
**PRESIDENT-BOARD OF TRUSTEES  
 SANTA CLARA COLLEGE**

Social security number or  
 taxpayer identification no.  
**94-1156617**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). See instructions. |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|--|--|---|---|----------------------------------|---|---|--------------------------------|--|
|  |  |   |   |                                  |   | (f)<br>Code(s)  | (g)<br>Amount of<br>adjustment |  |
|  | INCOME FROM<br>VARIOUS<br>PARTNERSHIP                        |   |   |                                  |   |   |                                | 6,432.   |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶ |  |   |   |                                  |   |   |                                | 6,432.   |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**PRESIDENT-BOARD OF TRUSTEES  
SANTA CLARA COLLEGE**

**Social security number or  
taxpayer identification no.**

**94-1156617**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). <b>See instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|---|--|---|---|----------------------------------|---|--|--------------------------------|--|
|   |  |   |   |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of<br>adjustment |  |
|   | <b>INCOME FROM<br/>VARIOUS<br/>PARTNERSHIP</b>               |   |   |                                  |   |  |                                | <b>249,492.</b>  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) |  |   |   |                                  |   |  |                                | <b>249,492.</b>  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>PRESIDENT-BOARD OF TRUSTEES<br/>SANTA CLARA COLLEGE</b> | Taxpayer identification number (TIN)<br><b>94-1156617</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>500 EL CAMINO REAL</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SANTA CLARA, CA 95053</b>    |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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

**JESSICA MATSUMORI**

- The books are in the care of ▶ **500 EL CAMINO REAL - SANTA CLARA, CA 95053**  
Telephone No. ▶ **(408) 554-4397** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  \_\_\_\_\_ ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box  \_\_\_\_\_. If it is for part of the group, check this box  \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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