DLN: 93493139006032 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

▶ Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

**2020** 

Open to Public Inspection

Treasu		enue Service	► Go to <u>www.irs.g</u>	ov/Form990 for instructions ar	nd the lat	est informa	ition.		Inspection
			। alendar year, or tax year begi	nning 07-01-2020 , and ending	g 06-30-2	2021			
<b>B</b> Che	ck if a	applicable:	C Name of organization				D Employ	er identif	fication number
		change	San Jose State University Research Foundation				94-601	.7638	
□ Na □ Ini		nange eturn	Doing business as						
		rn/terminated					F Telenho	ne number	-
		d return ion pending	Number and street (or P.O. box if r 210 N 4th Street No 400	mail is not delivered to street address)   F	Room/suite				
⊔ Ар	piicati	ion pending	City or town, state or province, cou	untry, and ZIP or foreign postal code			(408) 9	924-1400	
			San Jose, CA 95112	,, and <u>an</u> or recognification			<b>G</b> Gross re	eceipts \$ 6	9,380,697
			<b>F</b> Name and address of princip	al officer:	1	l(a) Is this	a group re	eturn for	
			Bernadette Corneau 210 N 4th Street No 400			subord	linates?		□Yes <b>☑</b> No
			San Jose, CA 95112			<b>H(b)</b> Are all include		tes	☐ Yes ☐No
<b>I</b> Ta	x-exe	mpt status:	<b>☑</b> 501(c)(3) □ 501(c)() <b>◄</b>	(insert no.) 4947(a)(1) or	527			list. (see	instructions)
J W	ebsi	te:▶ ww	w. SJSU.edu/researchfoundation			H(c) Group	exemption	າ number	<b>•</b>
								T	
<b>K</b> Form	n of o	organization	Corporation Trust Ass	ociation Other >	L	Year of format	tion: 1932	M State	of legal domicile: CA
P:	art I	Sum	mary						
			scribe the organization's mission	or most significant activities:					
				undation is an auxiliary organizatio					
ce				in is to advance the welfare of the i nd to promote and assist the educa				ts object	ives, to supplement
ie.	:		,						
(en	:								
Governance	,	Check thi	is how  if the organization d	iscontinued its operations or dispos	sed of mor	e than 25%	of its net a	assets	
				ng body (Part VI, line 1a)			or its fiet e	3	14
<b>6</b> 8	4	Number o	of independent voting members o	of the governing body (Part VI, line	1b) .			4	3
₹	5	Total nun	nber of individuals employed in c	alendar year 2020 (Part V, line 2a)				5	1,198
Activities &	6	6	3						
	7a	Total unr	7a	0					
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 39				7b	0
						Prio	r Year		Current Year
Q)	8	Contribut	ions and grants (Part VIII, line 1h	)	•		36,175,	740	33,705,715
Ravenue	9	Program	service revenue (Part VIII, line 2g	)			20,496,	900	18,406,744
λċ	10	Investme	ent income (Part VIII, column (A),		484,	291	1,439,22:		
_	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			103,		109,333
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line	e 12)		57,260,	435	53,661,013
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3 )			3,727,	248	5,328,382
	1		• ,	column (A), line 4)				0	(
&	1			enefits (Part IX, column (A), lines 5	•		35,828,	731	35,106,753
Expenses	16a	a Professio	nal fundraising fees (Part IX, colu	umn (A), line 11e)	•			0	(
å	1		raising expenses (Part IX, column (D)	· -					
ш	1		, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24e)			17,785,		13,871,496
	1		enses. Add lines 13–17 (must eq				57,341,		54,306,63
	19	Revenue	less expenses. Subtract line 18 f	rom line 12	•	Beginning of	-80,		-645,618 End of Year
Net Assets or Fund Balances						Beginning C	carrent 1	. 501	Lina Oi Teal
SSe	20	Total ass	ets (Part X, line 16)		•		48,690,	406	57,091,45
절절	21	Total liab	ilities (Part X, line 26)		•		31,895,	603	37,856,843
žī	22	Net asset	s or fund balances. Subtract line	21 from line 20			16,794,	803	19,234,608
	irt II		ature Block						
				nined this return, including accomp e. Declaration of preparer (other th					
any k						,			
		*****	*			2022	:-05-18		
Sign		Signati	ure of officer			Date			
Here		Andrey	v Exner Executive Director						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	9 3		PTIN	
Paid	b					<b>I</b>	k 📙 if employed	P0124767	
Pre		er 「	irm's name ► RSM US LLP				's EIN ► 42	-0714325	
Use	•	.s. ⊢	irm's address ▶ 30 South Wacker Dr S	Guite 3300		Phon	ne no. (312)	634-3400	
		-   '	Chicago, IL 6060633			1101	(312)	5 700	
M	L	JC 4:	-			ı			
™ay t	ne IF	KS discuss	this return with the preparer sho	own above? (see instructions) .				. ⊻\	Yes ∐No

Cat. No. 11282Y

Form **990** (2020)

orm	990 (2020)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	e Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
ram resea Deliv oste	ework through which lo arch, public service and ering specialized busin	ocal, state and federal I community projects, ess services to suppor st for excellence by: (:	agencies, busing consulting and o t a diverse rang L) Supporting Fa	esses and private found other specialized educat e of externally-funded a	Iniversity Research Foundation pr ations engage SJSU faculty and so ional activities in support of the U activities, the San Jose State Unive anding Student Horizons, (3) Delive	tudents in sponsored Iniversity's mission. ersity Research Foundation
2	Did the organization	undertake any significa	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sc	nedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O.			
4	Section 501(c)(3) and		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others	
4a	(Code: See Additional Data	) (Expenses \$	39,010,987	including grants of \$	5,328,382 ) (Revenue \$	15,362,973 )
4b	(Code: See Additional Data	) (Expenses \$	6,156,725	including grants of \$	) (Revenue \$	3,043,771 )
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program service (Expenses \$	ces (Describe in Sched inc	ule O.) luding grants of	\$	) (Revenue \$	)
4e	Total program serv	/ice expenses ►	45,167,7	12		

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Nο

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Nο

Nο

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Yes

Form **990** (2020)

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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orm 9	990 (2020)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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,</i> Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3.1		NI-
	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>	31		No No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				
الكسير	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 173			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,198					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	er, a <b>4a</b>		No			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n <b>6a</b>		No			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere <b>6b</b>					
	7 Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?	vices <b>7a</b>		No			
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	_					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?						
	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	_					
	Enter the amount of reserves on hand	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc parachute payment(s) during the year?			No			
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	. 16		No			

Form	990 (2020)			Page <b>6</b>				
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 14							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent  1b  3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>: Code</u>						
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
	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?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	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?							
а	The organization's CEO, Executive Director, or top management official	15a		No				
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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?							
	· · · · · · · · · · · · · · · · · · ·	16b						
	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶							
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Name Andrew Exner 210 N 4th Street No 400 San Jose, CA 95112 (408) 924-1400							

Part VII

(17) Eugene Kunde

Interim Exec. Dir. until 12/20

 $\checkmark$ 

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  $\mbox{VII}\,\,$  . 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

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

of reportable compensation from the organization						sateu	CIIII	oloyees who receive	ed more than \$100	,,000
• List all of the organization's <b>former director</b> organization, more than \$10,000 of reportable co	mpensation fro	om the								
See instructions for the order in which to list the	•									
Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o no e bot bot recto	t che ox, u h an or/tr	eck m inless office	ore er	(D)  Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Charlie Faas Board Treasurer	1.00 40.00	Х		х				0	265,486	107,291
(2) Michael Kaufman Board Member	1.00	х						0	207,867	87,426
(3) Marc D'Alarcao Board Member	1.00	х						0	206,528	86,146
(4) Heather Lattimer Board Member	1.00 40.00	Х						0	185,916	83,362
(5) Pamela C Stacks Board Vice President until 12/20	1.00 40.00	Х		х				0	253,216	73,813
(6) Vincent Del Casino Board Member	1.00 40.00	Х						0	296,783	90,483
(7) Mohamad Abousalem Board President	1.00	Х		х				0	285,678	80,712
(8) Matthew Spangler Board Member	1.00	х						3,375	104,976	31,371
(9) Sai Kiran Byri Board Member	1.00	х						370	5,768	0
(10) John Boothroyd  Community Board Member	0.00 1.00	х						0	0	0
(11) Cindy Chavez  Community Board Member until 02/21	0.00	_						0	0	0
(12) Holger Schmidt Community Board Member	1.00	Х						0	0	0
(13) Laurie Drabble Board Member	1.00 40.00	Х						19,585	141,395	63,103
(14) Jason Aleksander Board Member	1.00 40.00	Х						0	148,806	73,745
(15) Ivan Aiello Board Member	1.00 40.00	Х						50,630	127,727	56,935
(16) Katy Kao Board Member	1.00	х						13,440	122,573	42,016
	40.00	1	<del>                                     </del>	$\vdash$	1	-	$\vdash$			

40.00

0.00

152,587

compensation from the organization ▶ 22

101111 990 (2020)	,		-								,	1	Page <b>o</b>
Part VII Section A. Officers, Directors (A)	(B)	ey Em	ploy	ees (C		nd Hig	jhes	t Compensa (D)	ted	Employees ( (E)	con	tinued) (F	:)
Name and title	Average hours per week (list any hours for related	than c	ne b	o no ox, u in of	ot che unle: ficer trust		son	Reportable compensation from the organization (W-2/1099	on n	Reportable compensation from relate organization (W-2/1099	on d ns	Estim amount comper from organiza	ated of other esation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)		MISC)		rela organiz	ted
(18) Andrew Exner	40.00			×				16	5,111		0		2,759
Executive Director (19) Timothy Hennessey	0.00 40.00				⊢				_				
	l			X				13	3,227		0		0
Director Finance until 01/21 (20) Sean Laraway	20.00				<del>                                     </del>								
Project Director	20.00					Х		125	5,203	143	,856		53,425
(21) Karen Philbrick	40.00					.,		222					42.477
MTI Executive Director	0.00					X		227	7,109		0		43,177
(22) Todd Callantine	40.00					x		215	5,193		0		42,608
Senior Research Associate	0.00				▙				,,130				
(23) Mark Yarbrough	40.00					Х		191	1,553		0		42,201
Project Manager (24) Mark Snycerski	0.00 40.00				₩								
						Х		207	7,858		0		43,857
Senior Research Associate (25) Rajnesh Prasad	0.00				$\vdash$								
Executive Director until 5/20	0.00	••••					X	138	3,694		0	24,475	
to tal (add lines 1b and 1c)	/II, Section A	 			1	who re	ceive	1,374,935 ed more than \$	\$100,	2,496,57	5		1,128,905
					—							Yes	No
3 Did the organization list any <b>former</b> offic	•		key (	emp	loye	e, or h	nighe	est compensate	ed en	nployee on		1	
line 1a? If "Yes," complete Schedule J for	such individual		•	•	•		•		•		3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of reporta eater than \$150	ble com 0,000? I	npens If "Ye	atio <i>s," c</i>	n ar <i>:om;</i>	nd othe plete S	er co Sched	mpensation fro dule J for such	om th	ne	4	Yes	
<b>5</b> Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> '								ganization or ir	ndivid	ual for	5	163	No
Section B. Independent Contractors	 												
1 Complete this table for your five highest											npen	sation	
from the organization. Report compensat	(A)	ndar ye	ar en	aing	WIT	n or w	itnin	tne organizat	ion's	tax year. (B)		(0	2)
	ousiness address									ion of services		Compe	nsation
EA Davidovits & Co Inc								Renovatio	ons				818,115
555 Price Avenue Suite 200 Redwood City, CA 94063													
Marine Applied Research & Exploration								Subcontra	act				599,353
1230 Brickyard Cove Road No 101													
Richmond, CA 94801 CSU Long Beach Research Foundation								Subcontra	act				560,323
6300 State University Drive Suite													
Long Beach, CA 90815 Chico state Enterprises								Subcontra	act				304,705
'								Subcontra	all				304,705
25 main street suite 203 Richmond, CA 95928													
Regents of UC Santa Barbara								Subcontra	act				262,311
SAASB Building Room Santa Barbara, CA 93106													
2 Total number of independent contractors (in	ncluding but not	limited	l to t	hose	list	ed abo	ove)	who received	more	than \$100,00	0 of		

		(2020) Statement	of F	Payares						Page <b>9</b>
Part	VIII	<del></del>			recno	unse or note to any	line in this Part VIII			П
		Check if Sched	uuie	O CONTAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1	.a			revenue		312 311
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. 1	.b					
وز وز	c Fundraising events 1c									
fs, =	d	Related organization	ons	1	.d	1,360,027				
nië G	е	Government grants (	contri	ibutions) <b>1</b>	.e	32,345,688				
ons Sir	f	All other contributions and similar amounts i	s, gift not ir	schidod						
outi her	_	above Noncash contributions	s incl		Lf					
	y	lines 1a - 1f:\$	5 11161		.g					
Cor	h	Total. Add lines 1a	a-1f			· · •	33,705,715			
						Business Code				
	2a	Indirect Cost Recover	ry			611600	8,062,849	8,062,849		
E.e	 	Nongovernmental				-	5,287,275	5,287,275		_
Program Service Revenue	ן ו	Nongovernmentar				611600				
9. E	c	Other Operating Reve	enues	3		611600	2,264,580	2,264,580		
er Xi	۱,	Local & Other Contra	rts				1,940,172	1,940,172		
S.	"	d Local & Other Contracts  Student Tuition and Fees  f All other program service reve  Total. Add lines 2a-2f  Investment income (including d similar amounts)  Income from investment of tax- Royalties				611600				
grar	е	Student Tuition and F	ees			611600	582,248	582,248		
Æ							269,620	269,620		
	f	All other program	serv	ice revenue.			203,020	209,020		
	⊢					18,406,744	•	<b>.</b>		
					nds, i	nterest, and other	450,268			450,268
		•			npt bo	ond proceeds				
	5	Royalties				<b>&gt;</b>	13,333			13,333
				(i) Real		(ii) Personal	_			
	6a	Gross rents	6a	16	65,367					
	b	Less: rental	6b		50.267					
		expenses Rental income	0.5		59,367		-			
		or (loss)	6с		96,000		<u> </u>			
	C	Net rental income	or (				96,000			96,000
		Constant		(i) Securit	ies	(ii) Other	-			
	/ a	Gross amount from sales of assets other	7a	<b>7a</b> 16,639,270		1				
		than inventory								
	b	Less: cost or other basis and	7b	15,650,317		,				
		sales expenses					-			
	С	Gain or (loss)	7c	98	38,953	1				
	c	Net gain or (loss)					988,953			988,953
<u> </u>	8a	Gross income from fu (not including \$		ising events of						
e H		contributions reported See Part IV, line 18	d on	line 1c).						
3e√	١.				8a					
er1		Less: direct expen Net income or (los			8b	ents				
Other Revenue		(42	-,							
	9a	Gross income from See Part IV, line 19								
	  -	Less: direct expen			9a 9b		-			
		: Net income or (los			$\Box$	es •	]			
		•	,	, ,						
	10	Gross sales of invented and alloware and alloware and alloware and alloware and alloware and alloware architec	entor	ry, less	40					
		Less: cost of good			10a 10b		-			
		: Net income or (los				orv <b>&gt;</b>	_			
		Miscellaneo				Business Code				
	11	.a								
			_		[					
	b	)								
	·		_							
		All other revenue								
		<b>Total.</b> Add lines 1				•				1
	12	<b>Total revenue.</b> S	ee ir	nstructions .	•		53,661,013	18,406,744		0 1,548,554
										Form 000 (2020)

P	art IX Statement of Functional Expenses				rage 10
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an		_		. ìí. 🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,731,601	2,731,601		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,596,781	2,596,781		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	630,693	30,969	599,724	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	26,589,481	23,200,735	3,388,746	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,062,675	884,190	178,485	
9	Other employee benefits	4,824,845	3,966,110	858,735	
10	Payroll taxes	1,999,059	1,699,773	299,286	
11	Fees for services (non-employees):				
ā	Management				
ı	Legal	61,761	5,996	55,765	
ď	Accounting	181,768	10,500	171,268	
ď	<b>I</b> Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	91,088		91,088	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,083,238	1,497,250	585,988	
12	Advertising and promotion	13,603	13,603		
13	Office expenses	2,693,588	2,514,963	178,625	
14	Information technology	648,456	192,770	455,686	
15	Royalties				
16	Occupancy	1,060,868	308,150	752,718	
17	Travel	356,825	340,075	16,750	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,125	95,494	19,631	
20	Interest	352	197	155	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,532,220	145,733	1,386,487	
23	Insurance	202,551	103,257	99,294	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Subcontracts	4,557,430	4,557,430		
	<b>b</b> OPEB Expenses	269,567	269,567		
	с				
	d				
	e All other expenses	3,056	2,568	488	
25	Total functional expenses. Add lines 1 through 24e	54,306,631	45,167,712	9,138,919	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

(B)

End of year

Beginning of year

5,470,062

11.324.741

16,794,803

48,690,406

29

30

32

33

0 31 7,549,575

11.685.033

19,234,608

57,091,451

Form 990 (2020)

Page **11** 

1,239,837

2,708,135

9,074,496

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

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

ō 29

Assets 30

31

32

33

1	Cash-non-interest-bearing	1,475,934	1	
2	Savings and temporary cash investments	4,488,823	2	
3	Pledges and grants receivable, net	7,320,820	3	
4	Accounts receivable net		4	

3 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net . . . 8 Inventories for sale or use . Prepaid expenses and deferred charges . 261,136 9 10a Land, buildings, and equipment: cost or other 10a 21.513,817 basis. Complete Part VI of Schedule D 10b 9,857,090 11,301,753 10c b Less: accumulated depreciation

Assets 238,022 11,656,727 11 18,666,632 11 21,635,991 Investments—publicly traded securities . 1,143,807 12 Investments—other securities. See Part IV, line 11 . 982.816 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 4,192,492 15 9,394,436 15 Other assets. See Part IV, line 11 . . .

48,690,406 16 57,091,451 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses 5,917,367 17 18 18 Grants payable . 19 3.410.003 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 20

6,535,577 3.336.511 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties

27,984,755 22,568,233 25 25 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 31.895.603 37.856.843 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a> complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions

Fund Balances 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here > 🗹 and

Yes

Yes

Yes (2020)

2c

3a

3b

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

### **Additional Data**

Software ID:

Software Version:

Name: San Jose State University

**EIN:** 94-6017638

Form 990 (2020)

Form 990, Part III, Line 4a:

the students whose enriched experiences have direct consequences for the future of our metropolitan area.

proposals and receiving 229 awards worth \$49,680,887 during fiscal year ending June 30, 2021. The externally surrounding community beneficiaries of these activities are

Research Foundation

Sponsored Programs: Provide grant and contract proposal, development, and support and administration services to San Jose State University faculty, generating 377

Campus and Community Programs: Include numerous non-credit programs and activities that supplement and support the San Jose State University's educational mission. These activities benefit the students, faculty, and the surrounding San Jose community.

Form 990, Part III, Line 4b:

efile GRAPHIC print - DO NO			<u> 1t - DO NOT P</u>	OO NOT PROCESS As Filed Data -				DLN: 9	LN: 93493139006032		
SCI	HED	ULE A		Public C	harity Statu	s and Dul	alic Sunn	ort	OMB No. 1545-0047		
	m 99		Comple	te if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	· a section	2020		
		f the Treasury	► Go t	o <u>www.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	nue Service he organiza te University	tion					Employer identific	<u> </u>		
		indation						94-6017638			
	rt I				s (All organization			See instructions.			
	rganız		•		it is: (For lines 1 thro	-		(A)(!)			
1		·		,	sociation of churches						
2					.)( <b>A</b> )(ii). (Attach Sch	,	, ,				
3	Ш	·	,	·	ice organization desc			-			
4		A medical r name, city,		tion operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5			ation operated for (iv). (Complete P		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).			
7	✓		ation that normall (O(b)(1)(A)(vi).			s support from a	governmental u	nit or from the gener	al public described in		
8					170(b)(1)(A)(vi).	(Complete Part I	I.)				
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a		
10		from activit investment	ies related to its	exempt fund lated busine	tions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	es, membership fees, than 331/3% of its su ses acquired by the c	•		
11		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12		more public	ly supported org	anizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(</b> a s 12e, 12f, and 12g.			
a		<b>Type I.</b> A so	supporting organi	zation opera regularly ap	ted, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga			
b		Type II. A manageme	supporting organ	nization supe ing organiza	tion vested in the sar			organization(s), by havinge the supported orga			
С		Type III f	unctionally inte	<b>grated.</b> A si				nd functionally integra	ted with, its		
d		Type III n	on-functionally integrated. The	integrated organization	A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req			
е		Check this	box if the organiz	ation receiv		ation from the I		pe I, Type II, Type II	I functionally		
f	Enter	r the number	of supported org	anizations				<u> </u>			
g					oported organization(				T		
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota		l. B. '	tion Act Notice,		-t	Cat. No. 11285		Schedule A (Form 9	000 57) 5555		

Gross receipts from related activities, etc. (see instructions)		(Complete only if you ch						qualify u	nder Part III.	
Calendar year (or fiscal year beginning in )  Giffs, grants, contributions, and member all blear received. (Do not member all blear received in the company of the company			a to quality unde	i the tests lister	below, please	complete Fart II	1.)			
(or fiscal year beginning in) ► (97.2016 (0) 0.017 (c) 2018 (d) 2019 (e) 2020 (f) Total usual grant of the protein of the tendent and governmental unit or publicly supported organization included on line 1 that exceeds 2% of the search person on line 11, rollum (f).  6 Public support. Subtract line 5 from line 4.  8 Section 8. Total Support  7 (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total supported organization included on securities const, rents, royalities and income from similar sources  9 Not income from univaled and income from univaled by the protein of the business is regularly carried on the business is regularly		Calendar year	(~) 2016	(b) 2017	(a) 2019	(4) 2010	(-) 7	2020	(f) Total	
Tark revenues levied for the organization in cluded any "unusual grant")		(or fiscal year beginning in) ▶	(a) 2016	(B) 2017	(6) 2018	(d) 2019	(e) 2	.020	(I) Total	
organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 12, column of line 1 that exceeds 2% of the amount shown on line 12, column on line 4.  Section B. Total Support  Section B. Total Support  Grifical year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total from line 4.  Section B. Total Support  Section B. Total Support  Amounts from line 4.  Section B. Total Support  4. Section B. Total Support  Section B. Total Support  5. Amounts from line 4.  Section B. Total Support  6. Amounts from line 4.  Section B. Total Support  9. Net income from interest, dividends, payments received on securities loans, renks, revalties and income from similar sources  9. Net income from interest, and the sources of the business activities, whether or not the business is regularly carried on the business is regularly carried on the business is regularly carried on the business six fegularly carried on the business is regularly carried on the companization of the companization of the business is regularly carried on the business is regularly carried on the companization of the organization of the companization		membership fees received. (Do not include any "unusual grant.")	31,410,034	31,481,342	34,733,398	36,175,740	3:	3,705,715	167,506,229	
furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3		organization's benefit and either								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  (Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) > 31,410,034 31,481,342 34,733,398 36,175,740 33,705,715 167,506,229 (f) Total supports of the standard organization in line 4.  Gross income from interest, dividends, payments received on some from similar sources on the business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Scelain in Part VI).  Total support. Add lines 7 through 170,662,035 (Scelain in Part VI).  First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(0(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 98,040 % 15 33 1/3% support test—2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in 18 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in 19 or 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in 18 or 175, che	-	furnished by a governmental unit to								
line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4.  5 Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4.  6 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources  Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  1 Total support. Add lines? Through  5 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c()(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)).  15 98.060 % and stop here.  Section C. Computation of public Support developed for 2019 Schedule A, Part II, line 14.  15 98.060 % and stop here.  16 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  10 10 Year organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-ci	5	The portion of total contributions by each person (other than a governmental unit or publicly	31,410,034	31,481,342	34,733,398	36,175,740	3:	3,705,715	167,506,229	
Section B. Total Support		line 1 that exceeds 2% of the amount shown on line 11, column								
Section B. Total Support   Calendar year   Calendar year   Coffiscal year beginning in   Namounts from line 4.   31,410,034   31,481,342   34,733,398   36,175,740   33,705,715   167,506,229   33,400,034   31,481,342   34,733,398   36,175,740   33,705,715   167,506,229   30,000		Public support. Subtract line 5							167,506,229	
Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year) Page 2019 (f) Total 31,410,034 31,481,342 34,733,398 36,175,740 33,705,715 167,506,229 (f) Total (f) 2018				t		1				
Ort Iscal year beginning in   P   31,410,034   31,481,342   34,733,398   36,175,740   33,705,715   167,506,229	<u> </u>	Calendar year	(2) 2016	(b) 2017	(a) 2019	(4) 2010	(0)	2020	(f) Total	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 105,627,178  13 First 5 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  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)). 14 98.040 %  15 98.060 %  16 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  19 3 1/3% support test—2019. 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 stop here. The organization qualifies as a publicly supported organization.  10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI h	_			` '	` ,	` '				
dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions) 12 105,627,178  13 First 5 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			31,410,034	31,481,342	34,/33,398	36,175,740	3.	3,/05,/15	167,506,229	
9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10 170,862,035  12 Gross receipts from related activities, etc. (see instructions). 12 105,627,178  13 First 5 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  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)). 14 98.040 %  15 Public support percentage for 2019 Schedule A, Part II, line 14. 15 98.060 %  16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	٥									
business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions) 12 105,627,178  33 First 5 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			692,181	644,608	685,728	704,321		628,968	3,355,806	
or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10 170,862,035  12 Gross receipts from related activities, etc. (see instructions). 12 105,627,178  13 First 5 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  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)). 14 98.040 %  15 Public support percentage for 2019 Schedule A, Part II, line 14	9	business activities, whether or not								
170,862,035 12 Gross receipts from related activities, etc. (see instructions)	10	or loss from the sale of capital								
12 105,627,178  13 First 5 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  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2019 Schedule A, Part II, line 14  16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2020. 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 stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-a	11	Total support. Add lines 7 through							170,862,035	
13 First 5 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	12		etc. (see instruction	ons)			12		105,627,178	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	13	First 5 years. If the Form 990 is for	the organization's	first, second, third	. fourth, or fifth ta	x vear as a sectio	n 501(c)(	(3) organiza	ation, check	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))		•	_	, ,	, , , , , , , , , , , , , , , , , , ,	•	` '	`	<b>,</b>	
14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	S									
15 98.060 %  16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					column (f))		14		98.040 %	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							_		98.060 %	
and stop here. The organization qualifies as a publicly supported organization								heck this b	ox	
<ul> <li>17a 10%-facts-and-circumstances test—2020. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</li> </ul>		and <b>stop here.</b> The organization qua <b>33 1/3% support test—2019.</b> If the	lifies as a publicly : he organization did	supported organiza I not check a box o	ation on line 13 or 16a, a		 /3% <b>o</b> r m	 nore, check	. ▶ ☑ this	
b 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	7a 10%-facts-and-circumstances test—2020. 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 stop here. Explain								
<b>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	b	10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	st—2019. If the of ization meets the "on meets the "fact	rganization did not facts-and-circumst s-and-circumstanc	t check a box on li tances" test, check es" test. The orga	ne 13, 16a, 16b, c this box and <b>sto</b> nization qualifies a	or 17a, ai <b>p here.</b> as a publi	r 17a, and line here.		
instructions	18								▶□	
		instructions	<u> </u>	<u> </u>			- 4 (5:		► <u></u>	

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,					
	describe the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described					
	in section 509(a)(1) or (2).					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.					
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination.					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					

	III Section 303(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.					
	aetermination.					
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the						
	determination.						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.						
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the						

C	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or						
	supervised by or in connection with its supported organizations.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the						
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).						

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	ection	C. Type II Supporting Organizations		Yes	No		
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110		
-	each d	of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection	D. All Type III Supporting Organizations					
				Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
_			2				
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No		
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities.  e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a				
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b				
3		of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

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

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	8				
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions if any for years prior to 2020					

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493139006032

OMB No. 1545-0047

# **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.

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

	me of the organization			Employer id	entification	number
San Jose State University Research Foundation						
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye			Accounts.		
	·	(a) Donor advised funds		(b) Fund	ds and other a	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 adviso organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other	purpose cor		rmissible	Yes 🗌 No
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990 Part IV line 7	7			
1	Purpose(s) of conservation easements held by the organ		, <u>, , , , , , , , , , , , , , , , , , </u>			
_	Preservation of land for public use (e.g., recreation		ition of an hi	storically imp	ortant land a	rea
	Protection of natural habitat	, <u> </u>		tified historic		
		rieseiva	ition of a cer	tined historic	Structure	
_	Preservation of open space	100		,		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution	in the form		ation at the End o	f the Year
а	Total number of conservation easements		.   2	2a		
b	Total acreage restricted by conservation easements		2	2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	. 2	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a his	storic 2	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or termi	inated by the	e organizatio	n during the	
4	Number of states where property subject to conservation	n easement is located <b>&gt;</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		handling of	violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and er	nforcing cons	servation eas	ements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforci	ng conserva	tion easemen	its during the	year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?			(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's fina			and	
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			· Similar A	ssets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statem.	ic exhibition, education, or researc				
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publically following amounts relating to these items:					
(	(i) Revenue included on Form 990, Part VIII, line 1			▶\$		
(1	ii)Assets included in Form 990, Part X			_ ►\$		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar asse			ide the	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$_		
b	Assets included in Form 990, Part X			▶\$		
For	Paperwork Reduction Act Notice, see the Instruction			_	edule D (Fo	rm 990) 2020

Par	t III	Organizations Maintaining Co	llections of Ar	t, Histori	cal T	reasu	res, or	Other	Similar As	sets (conti	nued)	
3		g the organization's acquisition, accessic s (check all that apply):	on, and other reco	rds, check a	any of	the foll	lowing t	hat are a	significant u	se of its coll	ection	
а		Public exhibition		d		Loan	or excha	ange pro	grams			
b		Scholarly research		е		Other						
С		Preservation for future generations										
4		ide a description of the organization's co	ollections and expl	ain how the	ey furtl	her the	organiz	ation's e	xempt purpo	se in		
5		ng the year, did the organization solicit of ts to be sold to raise funds rather than t								☐ Yes	□ N	o
Pai	rt IV											
		Complete if the organization ans X, line 21.								nt on Form	990,	Part ———
1a		e organization an agent, trustee, custod ided on Form 990, Part X?								☐ Yes	□ <b>N</b>	o
b	If "Y	es," explain the arrangement in Part XII	II and complete th	e followina	table:				A	mount		_
С		nning balance	•	=			ŀ	1c				_
d	_	tions during the year						1d				_
е		ributions during the year					The state of the s	1e				_
f		ng balance					ı	1f				_
2a	Did t	the organization include an amount on F	orm 990 Part X I	ine 21 for	escrow	v or cus	todial a	ccount li	ahility?	□ vec	□и	_
		es," explain the arrangement in Part XII									,	Ū
	rt V	Endowment Funds.	II. Check here if th	ie explanati	OII IIas	s been	provided	u III Fait	×111 · · · ·			
		Complete if the organization ans	wered "Yes" on	Form 990	, Part	IV, lin	ne 10.					
			(a) Current year	r <b>(b)</b> P	rior yea	ar (	<b>c)</b> Two y	ears back	(d) Three yea	ars back (e) F	our yea	rs back
<b>1</b> a	Begin	ning of year balance										
b	Contri	ibutions										
		vestment earnings, gains, and losses										
		s or scholarships										
е		expenditures for facilities rograms										
f	Admir	nistrative expenses										
g	End o	f year balance										
2		ide the estimated percentage of the curi	rent year end bala	nce (line 1	g, colu	mn (a)]	) held a	s:				
а												
b	Pern	nanent endowment 🟲										
С		n endowment 🟲										
		percentages on lines 2a, 2b, and 2c sho										
3а		there endowment funds not in the posse nization by:	ession of the organ	ization that	t are h	eld and	l admini	istered fo	r the		Yes	No
	_	Jnrelated organizations								3a(i)	103	
	(ii)	Related organizations								3a(ii)		
b	٠,	es" on 3a(ii), are the related organization		ed on Sche	dule R	.?				3b		
4	Desc	cribe in Part XIII the intended uses of the	e organization's er	ndowment f	unds.							
Pai	rt VI											
	Desc	Complete if the organization ans		Form 990 Cost or other					rm 990, Pa	<u> </u>	O. ook valu	<u> </u>
	Desci	(investm					(C) ACC		acpreciation	(u) b	ok valu	
<b>1</b> a	Land				5,1	76,528					5	5,176,528
b	Buildi	ngs			5,7	88,905			3,454,923		2	2,333,982
c	Lease	hold improvements			8:	12,626			745,393			67,233
d	Equip	ment			8,5	32,395			5,656,774		2	2,875,621

1,203,363

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,203,363

11,656,727

Complete if the organization answered "Yes" on Form 990, I	Part IV. line	e 11b.See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
) Financial derivatives			
2) Closely-held equity interests			
3)			
C)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		_
Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV. line	e 11c. See Form 990.	Part X. line 13.
(a) Description of investment	r die 117 iii.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
)			7,5100
2)			
)			
)			
)			
)			
)			
))			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>	
art IX Other Assets.		•	
Complete if the organization answered 'Yes' on Form 990, P  (a) Description	art IV, line	110. See Form 990, Pa	(b) Book value
)Property Base Reconciliation )Deferred Outflows of Resources			63,570 9,330,864
)Temp Plug			2
)			
)			
)			
)			
)			
0)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			9,394,436
Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11e or 11f.See Form	
(a) Description of liability			(b) Book value
) Federal income taxes ) Post-Employment Benefits Obligation			14,674,691
) Net Operating Liabilities			13,072,693
Due to External Agencies Other Liabilities			208,372 28,999
)			20,333
)			
)			
)			
)			
ral. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	27,984,755
Liability for uncertain tax positions. In Part XIII, provide the text of the footnot		anization's financial state	ments that reports the organiza
certain tax positions under FIN 48 (ASC 740). Check here if the text of the foot	tnote has bee	en provided in Part XIII	<u> </u>

Part XI

2

а

b

3

4

b

C 5

1

2

b

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2020

Page 4

57.593.571

4,023,646

53,569,925

938,420

91,285

54.306.631

Schedule D (Form 990) 2020

54,215,346

#### Recoveries of prior year grants . . . . . . c d Other (Describe in Part XIII.) Add lines 2a through 2d . . . . . . e

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d Investment expenses not included on Form 990, Part VIII, line 7b .

2a

2b

2a

2b

2c

2d

4a

4b

Explanation

4a 91,088 4b

3 4c

2e

3,127,954

895.889

895,889

42,531

91,088 197

2e

3

4c

5

-197

91,088
53,661,013
55,153,766

Page <b>5</b>		chedule D (Form 990) 2020
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2020

## **Additional Data**

### Software ID:

**Software Version:** 

**EIN:** 94-6017638

Name: San Jose State University
Research Foundation

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal R evenue Code (the Code), though it is subject to tax on income unrelated to its exempt purp ose, unless that income is otherwise excluded by the Code. The Foundation has also been re cognized by the California Franchise Tax Board as an organization that is exempt from Cali fornia franchise and income taxes under Section 23701(d) of the California Revenue and Tax ation Code. The Foundation's management has evaluated its tax positions and the certainty as to whether those tax positions will be sustained in the event of an audit by taxing aut horities at the federal and state levels. The primary tax positions evaluated are related to the Foundation's continued qualification as a tax-exempt organization and whether there are unrelated business income activities conducted that would be taxable. Management has determined that all income tax positions will more likely than not be sustained upon poten tial audit or examination; therefore, no disclosures of uncertain income tax positions are required. The Foundation Forms 990, Return of Organization Exempt from Income Tax, for ea ch of the tax years ended June 30, 2020, 2019 and 2018, are subject to examination by the Internal Revenue Service, generally for three years after they were filed. The Foundation also filed Form 990-T for the year ended June 30, 2020.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Interest Expense -197.

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Fixed-Price Contract Closing Internal Transfer 42,531.

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Interest Expense 197.

S

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Data -				I	DLN: 93493139006032		
Note: To capture the full co	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.				
Schedule I (Form 990)	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.						OMB No. 1545-0047  2020  Open to Public		
Department of the Treasury Internal Revenue Service		► Go to www	► Attach to Form <u>v.irs.gov/Form990</u> for		on.		Inspection		
Name of the organization						Employer ident	ification number		
San Jose State University Research Foundation						94-6017638			
Part I General Informa	ation on Grants	and Assistance				1			
<ul><li>Does the organization main the selection criteria used to</li><li>Describe in Part IV the organization</li></ul>	o award the grants	or assistance?				e, and	☑ Yes ☐ No		
Part II Grants and Other A	ssistance to Dom		nd Domestic Governme		rganization answered "Yes"	on Form 990, Part IV, I	ine 21, for any recipient		
(a) Name and address of organization or government	(b) EIN (c) IRC section (if applicable)		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) San Jose State University 1 Washington Square San Jose, CA 95112	77-0414438	Gov't Entity	500,000				Contribute to new science building construction		
(2) Associated Students San Jose State University 1 Washington Square San Jose, CA 95192	94-1156305	501(c)(3)	231,601				General Operating Support		
2 Enter total number of section	( ) ( )	-				•	2		
3 Enter total number of other	organizations listed	d in the line 1 table				<u> ▶ _</u>	0		
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	9	Schedule I (Form 990) 2020		

Student financial aid and participant support

Schedule I (Form 990) 2020

Part III

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference Part I, Line 2:

Our organization have a team of staff who review grant expenses and disbursements of project persons incurred for projects to ensure compliance with grant terms and OMB regulations. Staff also ensure that project persons file various reports to the grantors, reports such as progress reports, technical reports and financial reports.

(d) Amount of

noncash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Accounting staff also review and ensure expenditures are in compliance with OMB and GAAP.

(c) Amount of

cash grant

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

249,152

(b) Number of

recipients

Explanation

99

(e) Method of valuation (book.

FMV, appraisal, other)

Schedule I (Form 990) 2020

(f) Description of noncash assistance

Page 2

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	<b>4931</b> 3	9006	032		
Schedule J (Form 990)		Compensation Information					OMB No. 1545-0047			
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.					2020			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	nation.	pen t Tnsn	o Pul			
	ne of the organiz	ation			Employer identificat					
	Jose State Universi earch Foundation	ty			94-6017638					
Pa	rt I Questi	ons Regarding Compensa	ation							
							Yes	No		
1a				the following to or for a person lister y relevant information regarding thes						
	First-clas	s or charter travel		Housing allowance or residence for	personal use					
	_	r companions	닏	Payments for business use of person						
		nification and gross-up paymen	_	Health or social club dues or initiation						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		<b>1</b> b				
2				or allowing expenses incurred by all	- 1-2	2				
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Lin	le la?					
3				d to establish the compensation of th	ne					
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.					
		-								
		ation committee lent compensation consultant	H	Written employment contract Compensation survey or study						
		of other organizations		Approval by the board or compensa	tion committee					
4	During the year	r, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the fi						
	related organiza	ation:								
a		rance payment or change-of-cor				4a		No		
b	•		•	ified retirement plan?		4b		No		
С				sation arrangement? licable amounts for each item in Part		4c		No_		
	,									
		3), 501(c)(4), and 501(c)(29	· -	•						
5		ed on Form 990, Part VII, Section contingent on the revenues of:		the organization pay or accrue any						
а	-	n?				5a		No		
b		anization?				5b		No_		
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any						
а	The organizatio	n?				6a		No		
b						6b		No		
	•	e 6a or 6b, describe in Part III.								
7	payments not o	described in lines 5 and 6? If "Ye	es," describe in Pa	the organization provide any nonfixed rt III		7		No		
8	subject to the i	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No.		
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_		
For F	Panerwork Red	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	0053T Schedule J		990)	2020		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other		(E) Total of columns	<b>(F)</b> Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table	1	1	•					
	Schedule J (Form 990) 2020							

Schedule J (Form 990) 2020 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation The Executive Director's compensation is determined by San Jose State University in accordance with the California State University Management Personnel Part I, Line 3 Program (MPP). Our organization's President, VP and Treasurer are ex-officio SJSU employees as stated in our By Laws, and they are members of our Executive Committee which oversees compensation of our Executive Director.

Schedule 1 (Form 990) 2020

Software ID: Software Version:

**EIN:** 94-6017638

Name: San Jose State University

Research Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	e J,			ey Employees, and				
(A) Name and Title			of W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(5)(1)-(0)	reported as deferred on prior Form 990
1Vincent Del Casino Board Member	(i)	0	О	0	0	0	0	0
	(ii)	294,965	0	1,818	90,273	210	387,266	0
1Charlie Faas Board Treasurer	(i)	0	0	0	0	0	0	0
I	(ii)	263,856	0	1,630	80,498	26,793	372,777	0
2Mohamad Abousalem Board President	(i)	0	0	0	0	0	0	0
Board Fresidenc	(ii)	261,764	21,040	2,874	79,464	1,248	366,390	0
3Pamela C Stacks	(i)	0	0	0	0	0	0	0
Board Vice President until 12/20	(ii)	197,745		55,471	60,766	13,047	327,029	
4Sean Laraway	(i)	125,203	0	0	0	0	125,203	
Project Director	(ii)	143,856			43,465	9,960	197,281	
5Michael Kaufman	(i)	0	0	0	43,403	9,900	197,281	0
Board Member	(ii)	206,409		1.450	62.507	24.010	205.202	
6Marc D'Alarcao	(i)	0	0	1,458	62,507 n	24,919 0	295,293	0
Board Member	l	204,932						
<b>7</b> Karen Philbrick	(ii) (i)	226,830	, and the second	1,596 279	62,090	24,056		. 0
MTI Executive Director	l			2/9	15,960	27,217 	270,286	
8Heather Lattimer	(ii)	0	0	0	0	0	0	0
Board Member	Ι"		0	0	0	0	0	0
9Todd Callantine	(ii)	184,626	_	1,290	56,641	26,721	269,278	0
Senior Research Associate	(i)	214,349	0	844	14,891	27,717	257,801	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Mark Snycerski Senior Research Associate	(i)	207,451	0	407	13,748	30,109	251,715	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> Ivan Aiello Board Member	(i)	50,630	0	0	0	0	50,630	0
	(ii)	126,727	1,000	0	38,289	18,646	184,662	0
12Mark Yarbrough Project Manager	(i)	190,445	0	1,108	13,914	28,287	233,754	. 0
<b></b>	(ii)	0	0	0	0	0	0	0
13Laurie Drabble Board Member	(i)	19,585	0	0	0	0	19,585	0
Bodia Hember	(ii)	140,633	0	762	42,906	20,197	204,498	0
<b>14</b> Jason Aleksander Board Member	(i)	0	0	0	0	0	0	0
Dodra Member	(ii)	148,716	0	90	46,029	27,716	222,551	0
15Katy Kao Board Member	(i)	13,440	_	0	0	0	13,440	0
Dogra Member	(ii)	107,573	15,000	0	32,544	9,472	164,589	
16Rajnesh Prasad	(i)	138,606		88	9,802	14,673		
Executive Director until 5/20	(ii)	0						
17Eugene Kunde	(i)	152,587	0	0	0	<u> </u>	152,587	0
Interim Exec. Dir. until 12/20	(ii)							
	<u>L.,,</u>	<u> </u>	0	0	l U	U	1 0	<u>'I</u>

efile GRAPH	IC print - DO NOT PROCESS As I	iled Data -	D	LN: 93493139006032					
(Form 990 or EZ)	► Attach to Form 990 or 990-EZ.  Experiment of the Treasury ► Go to <u>www.irs.qov/Form990</u> for the latest information.								
Namel & the of g San Jose State Un Research Foundati 990 Schedul	versity		94-6017638	entification number					
Return Reference	Explanation								
Form 990, Part VI, Section A, line 7a	Directors are nominated by the University Vice President for Research and Innovation and d esignated by the University President of San Jose State University.								

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 11b

San Jose State University Research Foundation worked with RSM, and independent accounting firm, to timely file the Form 990. A copy of the Form 990 was distributed to the Board of Diretors after filing with the IRS.

Return Explanation

Form 990,	Annual Conflict of Interest affidavits are completed by all board members and senior manag
Part VI,	ement. Any perceived or actual conflicts are reviewed by the Executive Directors or others
Section B,	as appropriate. Any person with a conflict would not be allowed to participate in the del
line 12c	iberations or decisions of those transactions.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	The Executive Director's compensation is determined by San Jose State University in accord ance with the California State University Management Personnel Program (MPP). The Research Foundation's human resources department process for determining compensation for central office employees, including officers and key employees other than the Executive Director, consists of a total rewards analysis which includes, but is not limited to job matching or ganizational leveling. Internal and external competitive salary, total compensation assess ments, as well as reward and recognition programs. Total position and compensation analyse s for central office employees are generally conducted on an annual basis. The SJSU Resear ch Foundation human resources department obtains its position and salary benchmark data fr om the AON/Radford US Benchmark Salary Survey, the California State Chancellor's office, a nd the California Auxiliary Organization Association (AOA).

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	The Foundation makes it governing documents, conflict of interest policy, and financial st
Part VI,	atements available upon request by either directing them to the website that has them publ
Section C,	ished or making copies for the requestor. The Foundation's financial statements are also a

line 19

vailable on the website.

990 Schedule O, Supplemental Information

lates to their board member responsibilities at the Foundation.

## Explanation

Certain board members receive compensation from the Foundation, which relates to their work on projects funded by external organizations through a competitive proposal process. None of the compensation relates to their board member responsibilities at the Foundation. Certain board members receive compensation from San Jose State University, which relates to their job position at and services rendered to the University. None of the compensation re

Part VII, Section A:

Form 990.

Reference

Return Explanation
Reference

Form 990, Pixed-Price Contract Closing Internal Transfer -42,531.

Part XI, line

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SCHEDULE R

(Form 990)

Research Foundation

As Filed Data -

## **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.

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493139006032

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
San Jose State University

To instructions and the latest information with the latest inform

Employer identification number 94-6017638

Part I Identification of Disregarded Entities. Complete	if the orgar	nization answ	ered "Ye	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary act	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		) come	(e) End-of-year a	ssets	<b>(f)</b> Direct con entit	trolling	
					B) ( B)	- 00/		77.17. 24.1				
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons. Compl	ete if the orga	anization	answered	"Yes" on I	-orm 990	), Part .	IV, line 34 b	ecause	e it had one or	more	
(a) Name, address, and EIN of related organization	Prima	nary activity Legal don		(c) (d) micile (state gn country)		) de section	e section Public charity status (if section 501(c)(3))		(f) Direct controlling entity		Section (13) co	<b>g)</b> 512(b ntrolle ity?
(1)San Jose State University	Education	Institute		CA			-				Yes	No No
One Washington Square	Ludeddon	moticate							N/A			
San Jose, CA 95192 77-0414038												
(2)Spartan Shops Inc SJSU One Washington Square	Aux. Servi	ces		CA 50		501(c)(3)		Line 12a, I		se State University	Yes	
San Jose, CA 95192 94-1392424												
(3)Associated Students of San Jose State University One Washington Square	Aux. Servi	ces		CA 5		501(c)(3)			San Jos	se State University	Yes	
San Jose, CA 95192 94-1156305												
(4)The Tower Foundation of San Jose State University One Washington Square	Financial A	Assistance		CA	501(c)(3)		Line 7		San Jos	se State University	Yes	
San Jose, CA 95192 83-0403915												
(5)Student Union of San Jose State University One Washington Square	Aux. Servi	ces		CA	501(c)(3)		Line 12d	, III-FI	San Jos	se State University	Yes	
San Jose, CA 95192 94-2830732												
For Paperwork Reduction Act Notice, see the Instructions for Form	990-		Ca	t. No. 5013!	<u> </u> 5Y				Sch	edule R (Form 9	990) 20	020

		1	1		1	1				1	1	
(a) Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partn	al or Per ging ow
					314)			Yes	No		Yes	No
<b>Identification of Related Orga</b> because it had one or more relate						ization ans	L wered "Ye	I s" on F	orm 9	1 990, Part IV	, line	34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	(c) _egal omicile or foreign		entity (C d	(e) pe of entity orp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	-of- Perce	<b>h)</b> ntage ership	Section (13) of en
		со	untry)									Yes
				- 1								

Schedule R (Form 990) 2020			Pa	ige <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		 1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)		 <b>1</b> b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)		 1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		<b>1</b> f		No
g Sale of assets to related organization(s)		<b>1</b> g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)		<b>1</b> j	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		1k	Yes	$\vdash$
I Performance of services or membership or fundraising solicitations for related organization(s)		 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Yes	
		1.0	1	No

a Louis of four guarantees to of for feated organization(5)			
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
f k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
f s Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds.		•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining a	ımount in	volved	
(1)Associated Students of San Jose State University	В	231,601	Cash			
(2)The Tower Foundation of San Jose State University	С	285,027	Cash			
				_		

j Lease of facilities, equipment, of other assets to related organization(s)				-,		<del></del>
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	<u> </u>
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	<u> </u>
r Other transfer of cash or property to related organization(s)				1r	Yes	
f s Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered	relationships and tra	ansaction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	volved	
(1)Associated Students of San Jose State University	В	231,601	Cash			
(2)The Tower Foundation of San Jose State University	С	285,027	Cash			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Ar oı	(e) e all partners section 501(c)(3) ganizations?	s Share of total income (g) Share of end-of-yea		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
				Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2020

chedule R (Form 990) 2020		Page 5	5
Part VII	Supplemental Information		
Provide additional information for responses to questions on Schedule R. (see instructions).			
Return Reference		Explanation	