Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	he 2021 calend	dar year, or tax year beginning $7/01$, 2021, and	d ending	6/30		,	20 2022	
В	Check i	if applicable:	С	•	D	Employ	er identi	fication number	
	Ac	ddress change	The Campanile Foundation			33-	08684	418	
	Na	ame change	5500 Campanile Drive MC1968		Ε		one numb		
	Ini	itial return	San Diego, CA 92182-1968			(61	9) 59	94-4562	
		nal return/terminated				(01	<i>3</i> / 0.	71 1002	
		mended return			G	Gross r	eceints S	307,551	181
	\mathbf{H}	oplication pending	F Name and address of principal officer: Adrienne Vargas	H(a	a) Is this a gr				
	☐, ,,	Sprication penang	Same As C Above	H(I	b) Are all sub If "No," att	ordinates	s included		
$\overline{}$	Tay.	exempt status:	X 501(c)(3) 501(c) () 4947(a)(1) or	527	If "No," att	ach a list	. See inst	tructions.	
<u>'</u>			tp://tcf.sdsu.edu	1 -	c) Group exe	matian n	umbar 🕨		
K			1		•				,
	art I			of formation:		IVI S	State of le	egal domicile: CA	<u> </u>
Pä		Summar Briefly descri	y pe the organization's mission or most significant activities:To pro		Con Di	000	Ctot	o IInirrana	
			community expertise, oversight, and advoc						
<u>8</u>			anage the philanthropic assets of the Univ			ease	<u>br i v</u>	are givi	119
na		and to m	anage the philianthropic assets of the only	<u>versic</u>	<u>y</u>				
Ver	2	Check this bo	x ► if the organization discontinued its operations or disposed	d of more	than 25%	of its	net acc		
Governance	3		ting members of the governing body (Part VI, line 1a)				1 3 1	3013.	43
•გ			dependent voting members of the governing body (Part VI, line 1b)				4		40
<u>ië</u> .	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)				5		0
Activities &	6		of volunteers (estimate if necessary)				6		40
Ą			ed business revenue from Part VIII, column (C), line 12				7a		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11				7b		0.
	_	0 1 11 11				r Year		Current Y	
<u>e</u>	8		and grants (Part VIII, line 1h)		62,	381,1	184.	62,736	,286.
Revenue	9		ice revenue (Part VIII, line 2g)			260 6			40.6
ě	10		come (Part VIII, column (A), lines 3, 4, and 7d)		4,0	069,0)/3.	541	,436.
_	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) e – add lines 8 through 11 (must equal Part VIII, column (A), line 1			150,2	7.7	62 277	700
	13		milar amounts paid (Part IX, column (A), lines 1-3)			721,7		63,277	•
	14		to or for members (Part IX, column (A), line 4)	<u> -</u>	30,	121,	152.	22,549	, 143.
		•		<u> -</u>					
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10	· ·					
ŠĽ	16 a		fundraising fees (Part IX, column (A), line 11e)						
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) • 6,012,1	153.					
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,0)59,0)72.	14,361	,761.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,	780,8	324.	36,911	,504.
	19	Revenue less	expenses. Subtract line 18 from line 12		18,	569,4	133.	26,366	,218.
- S					Beginning of	f Currer	nt Year	End of Y	ear
sets alan	20		(Part X, line 16)	<u> </u>	520,4			517,706	793.
As d B	21	Total liabilitie	s (Part X, line 26)		55,0)92,4	152.	62,334	,721.
Net Assets	22	Net assets or	fund balances. Subtract line 21 from line 20		465,3	373,6	523.	455,372	2,072.
	ırt II	Signatur	e Block	•	·		•		•
Unde	er penal	ties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements rer (other than officer) is based on all information of which preparer has any knowledge.	s, and to the	best of my k	nowledge	and belie	ef, it is true, correc	ct, and
com	plete. D	eclaration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge.						
									
Sig	gn	Signatu	re of officer		Date				
He	re	▶ Dav	id H. Fuhriman, CPA		CFO				
		71	print name and title						
		Print/Type p	reparer's name Preparer's signature Date	ite	Ch	eck 2	X if	PTIN	
Pa	id	Richar	d H Rechif Jr		se	f-employ	ed	P00169119	<u> </u>
Pro	epare	Firm's name	► Richard H Rechif Jr CPA						
Us	e On	Ily Firm's addre			Fir	m's EIN	38-	-3944511	
			San Diego, CA 92101		Ph	one no.	(619		34
Ma	y the I	IRS discuss th	is return with the preparer shown above? See instructions					X Yes	No

The Campanile Foundation Page 2 Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III ... To provide San Diego State University with the community expertise, oversight, and advocacy to increase private giving and to manage the philanthropic assets of the 2 Did the organization undertake any Form 990 or 990-EZ?.. If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?... If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 15,589,677. including grants of \$ **4a** (Code: 15,589,677.) (Revenue Campus Programs administered by the University The Campanile Foundation received funds in support of academic and athletic activities administered by San Diego State University. The amount of funds granted the university for this purpose during the year reported on this return was 9,046,876. including grants of Support of Individual Colleges The Campanile Foundation administers programs that support substantially all the University's individual colleges. The amount of support for each college is based on the wishes of individual donors and the wisdom of the University's administration. The amount of support to the colleges during the year reported on this return wa 5,784,835. including grants of \$ **4 c** (Code:) (Expenses \$ Student Scholarships administered by the University The Campanile Foundation received funds in support of Scholarships. Scholarship payments are administered by the University's Office of Financial Aid and Scholarship (OFAS). The OFAS administers the University scholarship programs in accordance with the policies of the California State University system, San Diego State University, and applicable Federal law and regulations, along with the restrictions contained in individual donor agreements. The amount of scholarships awarded by the OFAS and funded by the Campanile Foundation was \$5,784,835 4 d Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue \$ **4 e** Total program service expenses 30,421,388.

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 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 Χ **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*..... Χ 4 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 Χ 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? If 'Yes,' complete Schedule D, X 6 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....... Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ complete Schedule D, Part III. 8 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. Χ 9 Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Χ 11 b Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ Schedule D, Parts XI and XII...... 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E......... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV..... 14h Χ 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..... Χ 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions..... Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ complete Schedule G, Part III. 19 Χ **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?..... 20b 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............

Public Disclosure Copy Form 990 (2021) The Campanile Foundation 33-0868418 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	2 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24	la 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	$\textbf{d} Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? \ldots \ldots \ldots \ldots during during$	24d		
25	transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		Х
26	5 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of hote to any line in this Part V			
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
RΔ		Form	990 (2021

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021) The Campanile Foundation

Part V

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No Yes 2 a 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..... C **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Χ 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0..... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5** a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a 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?..... Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? X 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.....as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X 8 organization have excess business holdings at any time during the year?..... Sponsoring organizations maintaining donor advised funds. Χ 9 a X **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?...... 16 If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?..... If 'Yes,' complete Form 6069.

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for

Form 990 (2021) The Campanile Foundation

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 43 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 40 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body?.... **b** Each committee with authority to act on behalf of the governing body?..... 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? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a 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?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Takeshi Kobayashi 5500 Campanile Drive MC1968 San Diego CA 92182-1947 (619) 594-4562

The Campanile Foundation

33-0868418 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organiz	ation	con	npen	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) complete than one box and t							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Adela de la Torre	4									
SDSU Pres- Dir	36	Χ		Χ				0.	475,108.	150,152.
(2) Adrienne Vargas	10									
President & CEO	30	Χ		Χ				0.	325,392.	66,669.
(3) David H Fuhriman	20									_
CFO	20			Χ				0.	160,825.	63,524.
(4) Seth Mallios	0.5									_
Director	39.5	Χ						0.	139,247.	61,571.
(5) Anita Nottingham	30									_
Corp Secretary	10			Χ				0.	88,000.	47,770.
(6) Dan Gross	0.5									
Director	0	Χ						0.	0.	0.
(7) Terry Atkinson	0.5									
Director	0	Χ						0.	0.	0.
(8) Ed Brown	0.5									
Director	0	Χ						0.	0.	0.
(9) Rick Bregman	0.5									
Director	0	Χ						0.	0.	0.
(10) Nikki Clay	2									
Board Chair	0	Χ						0.	0.	0.
(11) Kim Kilkenny	0.5									
Director	0	Χ						0.	0.	0.
(12) Julie Dillon	0.5									
Director	0	Χ						0.	0.	0.
(13) Daisy Galeana	0.5									
Director	0	Χ						0.	0.	0.
(14) Jeff Glazer	0.5									
Director	0	Χ						0.	0.	0.

	(B) (C)											
(A) Name and title	Average hours per week	box office	, unle: cer an	heck ss pe id a c	erson direct	than or is both or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) timated an of other	
	(list any hours	or di	nstit	Officer	Key	empl	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)		npensatior ne organiza and relate	ation
	for related organiza	Individual trustee or director	nstitutional trust	Œ,	Key employee	Highest compensated employee	<u>e</u>				organizatio	ons
	- tions below	¥ 5	自由		loyec	ompe						
	dotted line)	stee	ustee			ensa						
			4.5			be						
(15) Ashley Tejada	0.5											
Director	0	Χ						0.	0.			0.
(16) Maxine Kreitzer	0.5	-										
Director	0	Χ						0.	0.			0.
(17) Mary Curran	_0.5_	,						0	0			^
Director	0	Х						0.	0.			0.
(18) DeAnn Cary	_0.5_ 0	Х						0.	0.			0
Director (19) Jeff Jeffery	0.5	Λ						0.	0.			0.
Director 0. X 0.								0.			0.	
(20) Steve Doyle	2	21						•	0.			
Director									0.			0.
(21) Alexander Mora	0.5											
Director	0	Χ						0.	0.			0.
(22) Evelyn Lamden	0.5											
Director	0	Х						0.	0.			0.
(23) Thom McElroy	0.5	.,							•			•
Director	0	Х						0.	0.	(0.
(24) Alan Dulgeroff	_0.5_	v						0	0			0
Director (25) R. Michael Pack	0.5	Х						0.	0.	. 0		0.
Director	1-0.3	Х						0.	0.			0.
1 b Subtotal	1 0	Λ					-	0.	1,188,572.			
c Total from continuation sheets to Part VII, Secti	on A						- '	0.	0.			0.
d Total (add lines 1b and 1c)							- '	0.	1,188,572.		389,	686.
2 Total number of individuals (including but not limited	I to those I	isted	abov	ve) v	who	receive	ed	more than \$100,00	0 of reportable com	pensa	tion	,
from the organization • 0												
										_	Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	nplo	oyee	e, or h	igh	est compensated	employee		3	V
on line 1a? If 'Yes,' compléte Schedule J for suc										· 🖃)	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	f reportab	le co 50 00	mpe	nsa	tion ⁄es	and c	oth ole:	er compensation to	from			
such individual										4	4 X	
5 Did any person listed on line 1a receive or accru	e compen	satio	n fr	om a	any	unrela	ate	d organization or	individual			
for services rendered to the organization? <i>If 'Ye.</i> Section B. Independent Contractors	s,' comple	te So	ched	ule	J to	r such	р	erson		. :	5	X
1 Complete this table for your five highest comper	sated inde	epen	dent	cor	ntrad	ctors t	ha	t received more th	nan \$100.000 of			
compensation from the organization. Report comper	sation for	the c	alend	dar	year	endin	g v	vith or within the or	ganization's tax yea	r.		
(A) Name and business add	rocc							(B) Description (of sorvices	Com	(C)	on
								•	or services	Compensation		
Meketa Fiduciary Management 100 Lowder Bro					two	od, M	ſΑ	Consulting				<u>872.</u>
Langley Innovations 3719 Sprigg St N, Fre	ederick,	MD	2170	04				Consulting			133,	<u>578.</u>
2 Total number of independent contractors (including	out not limi	ited to	o tho	se I	isted	above	e) v	who received more	than			
\$100,000 of compensation from the organization							•					
BAA TEEA0108L 09/22/21									Fo	rm 990	(2021)	

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

The Campanile Foundation

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and

Employler Identification number

33-0868418

(A)	(B)	(C) b	ox, unl	(do not ess pers rector/	son is	c more that both an o	fficer	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
Fred Pierce	0.5									
Director	0	X						0.	0.	0
Charlotte Ochiqui	0.5									
Director	0	Χ						0.	0.	0
Patricia Roscoe	0.5									
Director	0	X						0.	0.	0
Peter Shaw	0.5									
Director	0	Χ						0.	0.	0
Jerry Sanders	0.5									
Director	0	X						0.	0.	0
Bob Scarano	0.5									
Director	0	X						0.	0.	0
Christopher Sickels	0.5									
Director	0	X						0.	0.	0
Jim Sinegal	0.5									
Director	0	Χ						0.	0.	0
Chiloh Baty	0.5									
Director	0	X						0.	0.	0
John Wills	0.5									
Director	0	X						0.	0.	0
Joseph Johnson	0.5									
Director	0	X						0.	0.	0
Jason_Campbell	0.5									
Director	0	X						0.	0.	0
Joyce Gattas	0.5									
Director	0	X						0.	0.	0
Michael Schweitzer	0.5	1								
Director	0	Χ						0.	0.	0
Todd Hollander	0.5	<u> </u>								
Director	0	Х						0.	0.	0
Zeynep Ilgaz	0.5	1								
Director	0	Х						0.	0.	0
Lidia Martinez	0.5									
Director	0	Х						0.	0.	0
Mike Neal	0.5									
Director	0	Х						0.	0.	0

Form **990** Cont 2021

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Par	t VI	II Statement of								
		Check if Schedul	le O	contains	a resp	oonse or note to ar	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaig Membership dues. Fundraising events Related organizatio Government grants (cont All other contributions, g similar amounts not incl Noncash contributions ir lines 1a-1f	ons . tributi gifts, q uded nclude	ions) grants, and above ed in	1a 1b 1c 1d 1e 1f					
Program Service Revenue	g	All other program s	-2f .							
		Investment income (other similar amound Income from investing Royalties	nts). tmer	nt of tax-e	xemp	t bond proceeds ▶	694,467.			694,467.
	6 a Gross rents 6 a b Less: rental expenses 6 b c Rental income or (loss) 6 c d Net rental income or (l			oss)						
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		(i) Section 244120 244273 -153	0731 3762					
evenue	d	Net gain or (loss). Gross income from fund (not including \$ of contributions reported	raisin	g events			-153,031.			-153,031.
Other Revenue	С	See Part IV, line 18 Less: direct expens Net income or (loss Gross income from gami	ses. s) fro	om fundra	8 ising	b				
	b c	Gross income from gami See Part IV, line 19 Less: direct expens Net income or (loss	ses. s) fro	 om gamin	9 g activ	b				
	b	Gross sales of inventory, returns and allowances. Less: cost of goods Net income or (loss	s sol	d	10					
Miscellaneous Revenue	11 a b c d					Business Code				
Misc	е	All other revenue. Total. Add lines 11 Total revenue. See	a-11	d			63,277,722.	0.	0.	541,436.

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Form 990 (2021)

Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000	Check if Schedule O contains a re	•	•	, , ,	
_		(A)	(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1				J I	
	organizations and domestic governments. See Part IV, line 21	22 540 742	22 540 742		
2	Grants and other assistance to domestic	22,549,743.	22,549,743.		
2	individuals. See Part IV, line 22				
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	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
-	Pension plan accruals and contributions				
8	(include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	` ' ' ' '				
	a Management				
	b Legal	59,260.	52,531.	6,729.	
(c Accounting	53,898.		53,898.	
	d Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees	297,872.		297,872.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	727,963.	384,283.	1,640.	342,040.
	Advertising and promotion	346,318.	100,287.	16,507.	229,524.
13	Office expenses	5,109,248.	4,530,708.	49,693.	528,847.
14	Information technology	492,416.	36,733.	14,871.	440,812.
15	Royalties	164 166	100 010	0.505	
16	Occupancy	164,166.	128,349.	3,527.	32,290.
17	Travel	2,044,286.	931,210.	12.	1,113,064.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	770,725.	313,847.	33,214.	423,664.
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses				
	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ä	Aztec stadium support	2,655,366.			2,655,366.
	Trust distributions	1,174,220.	1,174,220.		
	Reimbursed administrative exp	246,546.			246,546.
	Other program support	219,477.	219,477.		
(All other expenses				
25	Total functional expenses. Add lines 1 through 24e	36,911,504.	30,421,388.	477,963.	6,012,153.
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		_		
DAA	SOP 98-2 (ASC 958-720)				F 000 (0001)

Page 11

Form 990 (2021) The Campanile Foundation

Part X Balance Sheet (A) Beginning of year End of year 1 14,411,229. Cash — non-interest-bearing. 19,287,261 Savings and temporary cash investments..... 2 Pledges and grants receivable, net..... 3 45,397,786 51,408,752. 2,362,790. 4 2,535,950. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 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 Notes and loans receivable, net..... 7 4,812,961 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 c Investments — publicly traded securities..... 11 12 Investments – other securities. See Part IV, line 11..... 425,054,314 430,746,187. 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 15 Other assets. See Part IV, line 11.... 23,550,963 18,604,675. 15 16 517,706,793. 520,466,075. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses..... 11,462,035 17 19,487,634. 18 18 19 19 4,539,573. 3,880,085. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 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. 39,090,844 25 38,967,002. Total liabilities. Add lines 17 through 25..... 55,092,452 26 62,334,721. Organizations that follow FASB ASC 958, check here ► **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 7,122,759 27 6,514,872. Net assets with donor restrictions..... 458, 250, 864 448,857,200. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds..... 29 Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds..... 31

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32

33

455,372,072.

517,706,793.

465, 373, 623.

520,466,075.

Total liabilities and net assets/fund balances.....

32

Form 990 (2021) The Campanile Foundation Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI..... Total revenue (must equal Part VIII, column (A), line 12)...... 277,722 2 Total expenses (must equal Part IX, column (A), line 25)..... 2 36,911,504 Revenue less expenses. Subtract line 2 from line 1 3 3 26,366,218 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))..... 4 465,373,623 5 Net unrealized gains (losses) on investments. 5 -36,367,769. 6 Donated services and use of facilities..... 6 7 Investment expenses 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O)..... 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 455,372,072. Part XII | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII..... Yes No 1 Accounting method used to prepare the Form 990: X Accrual If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant?..... Χ 2 b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis 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?..... Χ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Χ Audit Act and OMB Circular A-133? . . . 3 a b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

TEEA0112L 09/22/21

Form 990 (2021)

BAA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number The Campanile Foundation 33-0868418 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions

ı aı	() Itteason for i abile one	arrey Otalasi (7 III	organizations mast	COTTIPI	oto tini	parti) occ motrac	Mono.
The	organization is not a private foun	dation because it is:	(For lines 1 through 12,	check o	nly one	box.)	
1	A church, convention of church	hes, or association of	churches described in sec	tion 1 <mark>70</mark> (b)(1)(A)(i).	
2	A school described in section	on 1 70(b)(1)(A)(ii). (A	ttach Schedule E (Form	990).)			
3	A hospital or a cooperative	hospital service orga	nization described in se	ction 17	0(b)(1)(A	A)(iii).	
4	A medical research organization					• • •	nter the hospital's
5	X An organization operated fo	r the benefit of a col	lege or university owned	or oper	ated by	a governmental unit de	escribed in
	section 170(b)(1)(A)(iv). (Co						
6	A federal, state, or local gov	ernment or governm	nental unit described in s	section 1	70(b)(1)	(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental un	t or from the general pub	olic described
8	A community trust described	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
9		nt college of agricultu	re (see instructions). Ente	r the nan	ne, city,	and state of the college o	or — — — — — — — — —
10	An organization that normal from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sublated business taxal 509(a)(2). (Complete	ubject to certain exception ole income (less section e Part III.)	ons; and 511 tax)	(2) no r from b	more than 33-1/3% of it usinesses acquired by	ts support from gross
11	An organization organized a						
12	An organization organized a or more publicly supported of lines 12a through 12d that d	organizations describ lescribes the type of	oed in section 509(a)(1) o supporting organization	or sectio and com	n 509(a nplete lii)(2). See section 509(a) nes 12e, 12f, and 12g.)(3). Check the box on
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections 2	ion operated, supervis egularly appoint or ele A and B.	ed, or controlled by its sup ct a majority of the directo	oported o	rganizat stees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b	Type II. A supporting organi management of the supporting must complete Part IV, Sec	g organization vested i	controlled in connection n the same persons that c	with its control or	support manage	ed organization(s), by the supported organization	having control or ion(s). You
C	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must con	ation operated in connection plete Part IV, Sections	n with, ai	nd function d E.	onally integrated with, its	supported
d		grated. A supporting or organization general	rganization operated in co Iv must satisfy a distribu	nnection	with its	supported organization(s)) that is not
e	integrated, or Type III non-fi	unctionally integrated	d supporting organization	٦.			e III functionally
	Enter the number of supported Provide the following information	-					
	<u> </u>	1		1		6.3. A	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota							

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Schedule A (Form 990) 2021

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Page 2

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	52233407.	36680207.	57358020.	62381184.	62736286.	271389104.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	52233407.	36680207.	57358020.	62381184.	62736286.	271389104.
6	Public support. Subtract line 5 from line 4						247576798.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	52233407.	36680207.	57358020.	62381184.	271389104.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,433,210.	1,003,601.	1,028,479.	719,196.	694,467.	7,878,953.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						279268057.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	fth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage			, , , , , , , , , , , , , , , , , , ,	
	Public support percentage for 20 Public support percentage from :						88.65 %
	33-1/3% support test—2021. If the	·	·			<u> </u>	82.02 % this box
b	and stop here. The organization 33-1/3% support test—2020. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this to tion qualifies as a	oox and stop here publicly supporte	LExplain in Part d organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

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Schedule A (Form 990) 2021

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Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the te	ests listed below,	please complete f	Part II.)			
Sec	tion A. Public Support						
Calend 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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 to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						_
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3) ► □
	tion C. Computation of Pu			10 :		Т.	1 ^
	Public support percentage for 20	•	•		-		%
	Public support percentage from					16	%
	tion D. Computation of Inv					Т.	
	Investment income percentage f	•	• •	-			0/0
	Investment income percentage f						0/0
	33-1/3% support tests—2021. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	on ▶ 📗
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	ialifies as a public	ly supported org	anization •
20	Private foundation. If the organia	zalion did not che	eck a box on line	14, 19a, or 19b, 0	THECK THIS DOX and	see instructions	

Schedule A (Form 990) 2021

The Campanile Foundation

3<u>3-0</u>868418

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N .

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990) 2021

Pa	art IV	Supporting Organizations (continued)			
				Yes	No
11		the organization accepted a gift or contribution from any of the following persons?			
	a A per the g	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, loverning body of a supported organization?	11a		
	b A far	nily member of a person described on line 11a above?	11b		
	c A 35%	6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection	B. Type I Supporting Organizations			
				Yes	No
1	or me office orgai than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers to get the tax year.	1		
2	2 Did t that of bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such suffict carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Se	ection	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the corting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection	D. All Type III Supporting Organizations			
-	L 6:11			Yes	No
ı	orgaı year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	inzation's governing documents in effect on the date of notification, to the extent not previously provided:			
2	Were organ	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on 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 mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Se	ection	E. Type III Functionally Integrated Supporting Organizations			
1	Chac	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	=	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c ∐ ⊺	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	2 Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subs	tantially all of its activities.	2a		
	more <i>reas</i>	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities	<u>.</u>		
	but f	or the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021 The Campanile Foundation 33-0868418

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

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Pa	rt v Type iii Noil-Functionally integrated 505(a)(5) Supporting Orga	IIIIZat	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021 Schedule A (Form 990) 2021

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Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	ns, 2	
3	Administrative expenses paid to accomplish exempt purposes of su	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide	5		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details 8	
9	Distributable amount for 2021 from Section C, line 6		9	
0	Line 8 amount divided by line 9 amount		10	
00	tion F — Distribution Allocations (see instructions)	(i) Excess	(ii) Underdistributions	(iii) Distributable

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021 Public Disclosure Co 33-0868418

Schedule A (Form 990) 2021

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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 4, 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.)

BAA Schedule A (Form 990) 2021 TEEA0408L 08/31/21

Public Disclosure PUBLIC DISCLOSURE COPY Schedule of Contributors

Schedule B (Form 990)

Employer identification number

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

The Campanile Fou	Indation	33-0868418
Organization type (check or		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.
General Rule		
For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions for detal contributions.	
Special Rules		
regulations under s 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line eived from any one contributor, during the year, total contributions of the greater bunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	e 13, 16a, or of (1) \$5,000; or
contributor, during literary, or educat	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charit tional purposes, or for the prevention of cruelty to children or animals. Complete (b) instead of the contributor name and address), II, and III.	able, scientific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no led more than \$1,000. If this box is checked, enter here the total contributions that or an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parallels to this organization because it received <i>nonexclusively</i> religious, charitable, etc., more during the year.	o such at were received rts unless the etc., contributions
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedu	ule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Page 2 Schedule B (Form 990) (2021)

Name of organization Employer identification number

The Campanile Foundation 33-0868418

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,292,405.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2 <u>,526,843.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,941,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

BAA TEEA0702L 10/06/21 Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

Employer identification number

The Campanile Foundation

33-0868418

· urt ii	noncash i roperty (see instructions). Ose duplicate copies of Fart if it additional s	space is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		- s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - -	
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - -	
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - -	
		-~	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
] s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L	-	
] \$	
844	TEFA0703L 10/06/21	Schodula	R (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization Employer identification number The Campanile Foundation 33-0868418 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)........... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA TEEA0704L 10/06/21 Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Campanile Foundation 33-0868418 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 10 Aggregate value of contributions to (during year). 40,374. Aggregate value of grants from (during year)...... 1,127,861. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... X Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... X Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... 48,500. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or receive han to be maintained	e donations of art, his I as part of the organ	storical treasures, or on its storical treasures, or on its station?	ther similar assets	Yes	2	X No
Part IV Escrow and Custodia line 9, or reported an	l Arrangements.	Complete if the	organization answ				
1 a Is the organization an agent, trus	stee. custodian or oth	ner intermediary for	contributions or other	assets not included			
on Form 990, Part X? b If 'Yes,' explain the arrangement					Yes		No
2 ii 100, Oxpiaii tile dirangement	in raic / m ana oon	ipioto the following t	3510.		Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2 a Did the organization include an a				L	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explanation	n has been provided o	on Part XIII		L	
Deat V Frederica Frederica O		iti		- 000 D 11/ 1:	10		
Part V Endowment Funds. C	•	Ť		1 ' '			a baalı
1 a Beginning of year balance	(a) Current year 399, 709, 864.	(b) Prior year 330, 278, 508	(c) Two years back 308,308,377.	(d) Three years back 292,947,653.		our years	321.
b Contributions	32,990,987.	49,372,859		15,897,899.			867.
_	32,990,901.	49,372,039	15, 999, 150.	13,031,033.	33	, 000,	. 007.
c Net investment earnings, gains, and losses	-31,496,131.	52,084,935	17,554,213.	13,177,222.	9	.247.	141.
d Grants or scholarships	4,768,933.	4,370,766	·	2,855,563.			016.
e Other expenditures for facilities							
and programs					_		653.
f Administrative expenses	-,,	4,796,951		3,435,292.			007.
g End of year balance					292	, 947,	653.
a Board designated or quasi-endowm	-	1.37 %	j, column (a)) nelu as.				
b Permanent endowment	75.63%	±. <i>57</i> °					
c Term endowment ►	75:05 °						
The percentages on lines 2a, 2b, a	nd 2c should equal 100	0%.					
3a Are there endowment funds not in t			ald and administered fo	r tha			
organization by:	the possession of the C	organization that are n	eiu anu auministereu 10	rule		Yes	No
(i) Unrelated organizations					3a(i)		X
(ii) Related organizations					3a(ii)		X
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	ted as required on S	chedule R?		3b		
4 Describe in Part XIII the intended		ation's endowment f	unds. See Part	XIII			
Part VI Land, Buildings, and							
Complete if the organi	ization answered	'Yes' on Form 9	90, Part IV, line 1	1a. See Form 99	0, Par	t X, Iir	ne 10.
Description of property	(a) Cos (ir	t or other basis (nvestment)	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land							
b Buildings							
c Leasehold improvements							
	<u> </u>						
d Equipment							
d Equipment							
d Equipment		rm 990, Part X, colui	mn (B), line 10c.)		ule D (Fo		0.

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33-0868418

Part VII	Investments – Other Securities.	l'Voc' on Form 00	O Part IV line 11h See Form	000 Part V lina 12
(a) Desc	Complete if the organization answered cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
	cial derivatives	(b) Book value	(c) Method of Valuation. Cost of end-	or-year market value
` '	y held equity interests.			
	Mutual & Investment Funds	430 746 187	End of Year Market Valu	
(A)	racaar a myesemene ranas	430,740,107.	HIG OF TEAT MATREE VATA	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	mn (b) must equal Form 990, Part X, column (B) line 12.) •	430,746,187.	27./2	
Part VIII	☐ Investments — Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A O Part IV line 11c See Form 9	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)		, ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX	Other Assets.	N/A		
1 0.1 (1) (Complete if the organization answered	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 9	
(1)	(a) De	scription		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B) line 15.)		•
Part X	Other Liabilities.	, ,		
	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
1.	* * * * * * * * * * * * * * * * * * * *	ription of liability		(b) Book value
	eral income taxes ounts held on behalf of others			57,170.
				38,909,832.
(3)	e to attiliate - SDSDRF			
	e to affiliate - SDSURF			00/303/0021
(4) (5)	e to affiliate - SDSURF			30,303,002
(4) (5) (6)	e to affiliate - SDSURF			
(4) (5) (6) (7)	e to affiliate - SDSURF			
(4) (5) (6) (7) (8)	e to affiliate - SDSURF			
(4) (5) (6) (7) (8) (9)	e to affiliate - SDSURF			
(4) (5) (6) (7) (8) (9) (10)	e to affiliate - SDSURF			
(4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the founder FASB ASC 740. Check here if the text of the footnote has	otnote to the organization's fi	nancial statements that reports the organization's	38,967,002. s liability for uncertain

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statemen	-	eturn.	•
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	26,909,953.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a -36,367,769.		
b Donated services and use of facilities			
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	-36,367,769.
3 Subtract line 2e from line 1		3	63,277,722.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	63,277,722.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Fynenses ner	Retu	m
	ind with Expended per		11.
Complete if the organization answered 'Yes' on Form 990, F		· · · · · ·	
	Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.		36,911,504.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part IV, line 12a. 2a 2b		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	Part IV, line 12a. 2a		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses.	Part IV, line 12a. 2a		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	Part IV, line 12a. 2a	1	36,911,504.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	Part IV, line 12a. 2a	1 2 e	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a. 2a	1 2 e	36,911,504.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a. 2a	1 2 e	36,911,504.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	Part IV, line 12a. 2a	2e 3	36,911,504.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	Part IV, line 12a. 2a	2e 3	36,911,504.

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

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

The Campanile Foundation accepts various historical collections and treasures as donations in-kind on behalf of San Diego State University (SDSU). Once accepted by the Foundation, donations of historical treasures and works of art are transferred to the custody of SDSU pursuant to donor stipulations and/or due to the value of the item in furthering the university's educational mission.

BAA Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

Part V, Line 4 - Intended Uses Of Endowment Fund

The Campanile Foundation's Endowment funds are dedicated for the benefit of San Diego State University. Endowments generally support program excellence, student scholarships administered by the university and faculty excellence. The vast majority of the Campanile Foundation's endowments are donor restricted to a specific use at San Diego State University.

Part X - FASB ASC 740 Footnote

TCF follows the guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged.

TCF is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. TCF has also been recognized by the California Franchise Tax Board as an organization that is exempt from California franchise and income taxes under Section 23701(d) of the California Revenue and Taxation Code. TCF has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions. TCF has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

Public Disclosure

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Employer identification number

33-0868418

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

The	e Campanile Founda	tion			33-08684	18
Pa	rt I General Informat on Form 990, Par	ion on Activiti	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1				substantiate the amount of its delection criteria used to award		
2	For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	s for monitoring the use of its gra	nts and other assistance	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region Pt V
	Central America &					
(1)	Caribbean			Investments		29,473,273.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
. ,						
(13)						
(14)						
(15)						
(16)						
(17)						
	a Subtotal					29,473,273.
	Total from continuation sheets to Part I					
	Totals (add lines 3a and 3b)	0	0			29,473,273.

Schedule F (Form 990) 2021

Public Disclosure Copy
The Campanile Foundation Disclosure Copy
33-0868418

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	•
3	Enter total number of other organizations or entities	>

BAA Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
_(6)							
(7)							
_(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	A Schedule F (Form 990) 2021						(Form 990) 2021

Public Disclosure Copy
The Campanile Foundation 33-0868418

Page 4

Schedule F (Form 990) 2021

Part IV Foreign Forms

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

BAA Schedule F (Form 990) 2021 TEEA3505L 10/28/21

Page 5

Schedule F (Form 990) 2021 The Campanile Foundation 33-0868418

Part V Supplemental Information

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

Part I, Line 3f - Investments & Expenditures Per Region

The organization has invested in five foreign investment funds. Forms 8621 and 926 are attached to this return.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Public Disclosure Copy Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Name of the organization Employer identification number 33-0868418 The Campanile Foundation Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section 1 (a) Name and address of organization (d) Amount of cash grant (f) Method of valuation (b) EIN (e) Amount of noncash (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance (1) San Diego State University 5500 Campanile Drive San Diego, CA 92182 33-0373293 19,398,195 0 General Support (2) Christ for Humanity, Inc PO Drawer 580127 Tulsa, OK 74128 73-1421083 7,357 0 General Support (3) Shepherds Ministries 1805 15th Avenue Union Grove, WI 53182 39-0988997 10,000 0 General Support (4) SDSU Research Foundation 5250 Campanile Drive San Diego, CA 92182 95-6042721 3,134,191 0. General Support (5) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2021

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

Page 2

can be duplicated if additional space is needed. (b) Number of (d) Amount of (a) Type of grant or assistance (c) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 6

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Campanile Foundation received funds in support of San Diego State University's mission including the support of individual colleges and other academic and athletic activities. Scholarship funds are forwarded to the University's Office of Financial Aid and Scholarship (OFAS). OFAS administers the university scholarship programs in accordance with the policies of the California State University system, San Diego State University, and applicable Federal law and regulations, along with the restrictions contained in individual donor agreements.

Part IV - Additional Supplemental Information

In addition to the scholarships and support included above, The Campanile Foundation reimbursed the University for salaries and employee benefits.

Schedule I (Form 990) 2021

Public Disclosure Compensation Information

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

The Campanile Foundation

Employer identification number

33-0868418

Par	TI Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant	the following to or for a person listed on Form 990, Part ant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	olf any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a	low a written policy regarding payment or above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but expenses the compensation of the CEO/Executive Director.	xes for methods used by a related organization to			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization:	Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?		4 a		Χ
	Participate in or receive payment from a supplemental nonque	·	4 b		Χ
С	: Participate in or receive payment from an equity-based compe	<u>-</u>	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	ne organization pay or accrue any compensation			
а	The organization?		5 a		Х
b	Any related organization?		5 b		Χ
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	ne organization pay or accrue any compensation			
а	The organization?		6 a		Х
b	Any related organization?		6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, c	did the organization provide any nonfixed	_		**
	payments not described on lines 5 and 6? If 'Yes,' describe in	<u> </u>	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section	crued pursuant to a contract that was subject			
	If 'Yes,' describe in Part III	······································	8		Χ
9	If 'Yes' on line 8, did the organization also follow the rebuttable presenting 53 4659 6(c)?	esumption procedure described in Regulations	٥	_	_

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

The Campanile Foundation Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Adela de la Torre	(i)	0.	0.	0.	0.	0.	0.	0.
1 SDSU Pres- Dir	(ii)	447,572.	0.	27,536.	133,144.	17,008.	625,260.	0.
Adrienne Vargas	(i)	0.	0.	0.	0.	0.	0.	0.
2 President & CEO	(ii)	289,164.	26,970.	9,258.	44,709.	21,960.	392,061.	0.
Seth Mallios	(i)	0.	0.	0.	0.	0.	0.	0.
3 Director	(ii)	139,247.	0.	0.	32,890.	28,681.	200,818.	0.
David H Fuhriman	(i)	0.	0.	0.	0.	0.	0.	0.
4 CFO	(ii)	160,765.	0.	60.	41,233.	22,291.	224,349.	0.
	(i)							
5	(ii)						Τ	
	(i)							
6	(ii)						Τ	
	(i)							
7	(ii)						T	
	(i)							
8	(ii)						Τ	
	(i)							
9	(ii)						T	
	(i)							
10	(ii)						T	
	(i)							
11	(ii)						T	
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)				 		t	
	(i)							
16	(ii)				†		t	
DAA	• •		TEE A 4100L 10/0	7/01	l	l	Calcadada	/Farm 000\ 2021

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TEEA4102L 10/27/21

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

Part III - Additional Information

The President and CEO of The Campanile Foundation is an employee of San Diego State

University. As a State employee, her compensation is negotiated by the State.

Public Disclosure Copy

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

The Campanile Foundation

► Attach to Form 990.

33-0868418

Employer identification number

Par	1 I	уp	es of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		lethod of ash contr	determir ibution a	ning imounts
1	Art -	Wo	ks of art	. X	6	183,287.	gaA	raisal		
2	Art –	His	torical treasures		<u> </u>	= = = = = = = = = = = = = = = = = = = =	1-1-			
3	Art –	Fra	ctional interests							
4	Books	s an	d publications	. X		155,170.	gaA	raisal		
5	Clothi	ing a	and household goods	. X				p Sale		
6	Cars	and	other vehicles							
7			l planes	_						
8	Intelle	ectua	al property							
9			- Publicly traded							
10	Secur	ities	- Closely held stock							
11	Secur	rities	- Partnership, LLC, or trust interests							
12	Secur	rities	- Miscellaneous							
13	-,		conservation contribution –							
14	Qualif	fied	conservation contribution — Other							
15	Real 6	esta	te – Residential							
16	Real	esta	te – Commercial							
17	Real	esta	te – Other							
18	Collec	ctible	es	. X	13	406,939.	App	raisal		
19	Food	inve	ntory							
20	Drugs	and	d medical supplies	. X	12	3,200.	Com	p Sale	:S	
21			y							
22	Histor	rical	artifacts							
23	Scien	tific	specimens							
24			jical artifacts							
25			(Crypto Currency)		4	34,436.	Sel	ling P	rice	
26			(Equipment)		7	374,400.	App	raisal		
27			(<u>Event Materials</u>)		45					
28	Other	>	(Software)	. X	1	4,999.	Com	p Sale	S	
29			Forms 8283 received by the organization on completed Form 8283, Part V, Done				29			11
									Yes	No
30a	During	the	year, did the organization receive by conf	tribution any pr	operty reported in Part I	, lines 1 through 28, tha	t			
			old for at least three years from the date							
			ot purposes for the entire holding period	d?				30 a	1	X
			escribe the arrangement in Part II.				_			
31	Does	the	organization have a gift acceptance po	licy that requi	res the review of any r	nonstandard contribution	ons?	31	X	
32a			organization hire or use third parties or ons?					32 a	1	Х
b	If 'Yes	s,' d	escribe in Part II.							
33			anization didn't report an amount in col n Part II.	umn (c) for a	type of property for wh	nich column (a) is ched	cked,			

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

Schedule M (Form 990) 2021

Public Disclosure Copy Schedule M (Form 990) 2021 The Campanile Foundation

33-0868418

Page 2

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

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

ublic Disclosure

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990

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

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

33-0868418

The Campanile Foundation

Form 990. Part VI. Line 7a - How Members or Shareholders Elect Governing Body

The president of San Diego State University and the Vice President for University Relations and Development are designated board members with full voting rights. The president of the university must approve nominees to the board of directors in writing prior to the Board of Directors final approval and appointment.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

In accordance with the California Code of Regulations Section 42402, the university president is required to assure that the Foundation acts in conformance with policies of the California State University system and those of San Diego State University. In this regard, the President can discontinue any program or expenditure that he or she determines inconsistent with the aforementioned policies.

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft copy of the form 990 was provided to the Foundation's Audit Committee for review and approval prior to filing. As part of the review process, the Foundation's CFO explained any changes to the form 990 and answered all committee members' questions. Subsequent to this review, the final draft was provided to the full Board of Directors for their review and any questions were answered by the Foundation's CFO.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Campanile Foundation annually provides each board member with a written copy of the Foundation's Conflict of Interest Policy. Upon receipt, Foundation directors are asked to review the policy and disclose any potential conflicts in writing. The Foundation's secretary then reviews conflict of interest statements and reports any conflict to the University Vice President for Business and Financial Affairs, and works with the Board of Directors to ensure no action is taken by the Board in a

Public Disclosure Copy

Schedule O (Form 990) 2021 Page 2

Name of the organization

The Campanile Foundation

Employer identification number

33-0868418

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Campanile Foundation's 990 tax return is available on the website: https://tcf.sdsu.edu/financial-info. In addition, as a matter of policy, the Foundation provides paper or electronic copies of all documents including the 990 upon request.

Form 990, Part VIII, Line 1b - Membership Dues

The Campanile Foundation administers the funds held for the San Diego State
University Alumni Association. As part of this, the Campanile Foundation is the
recipient of membership and contributions revenue on behalf of the Alumni
Association.

Form 990, Part IX, Line 24a - Reimbursed Salaries and Benefits

The Campanile Foundation does not currently have any employees. However, The Campanile Foundation, through a contractual relationship with its related organizations, San Diego State University and San Diego State University Research Foundation, reimburses certain administrative costs incurred on behalf of the Campanile Foundation.

Public Disclosure Copy Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

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

Attach to Form 990.

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

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

Primary activity

OMB No. 1545-0047

2021

Open to Public Inspection

(f) Direct controlling

entity

Schedule R (Form 990) 2021

Department of the Treasury Internal Revenue Service Name of the organization

The Campanile Foundation

(a) Name, address, and EIN (if applicable) of disregarded entity

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

ndation Employer identification number 33-0868418

TEEA5001L 09/21/21

(d) Total income **(e)** End-of-year assets

(c) Legal domicile (state

or foreign country)

(2)						
<u>(3)</u>						
	-					
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the ta	if the organization ax year.	answered 'Yes	on Form 990, Pa	rt IV, line 34, becau	ıse it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
						Yes No
(1) San Diego State University 5500 Campanile Drive San Diego, CA 92182 33-0373293	Public University	CA	115		N/A	X
(2) SDSU Research Foundation 5250 Campanile Drive San Diego, CA 92182 95-6042721	Support the University	CA	501(c)(3)	12 (c)	N/A	X
(3)	onitversity	CA	301(C)(3)	12 (C)	N/ A	
<u>(4)</u>						

Public Disclosure Copy

Schedule **R** (Form 990) 2021 The Campanile Foundation

33-0868418

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	income end-of-year tionate amount in allocations? 20 of School K-1 (Fo		Dispropor- tionate		tionate amount in I allocations? 20 of Sched K-1 (Forn		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No			
(1)														
(2)														
(2)	-													
	-													
<u>(3)</u>														
	1													

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

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	
		country)	Critity	or trusty				Yes	No
(1) Charitable Remainder Trusts-12									
5500 Campanile Dr	Ī								
San Diego, CA 92182-1968	Charitable								
	Trusts	CA	N/A	Trusts	0.	0.			X
(2)									
	Ī								
	Ī								
(3)									
	Ī								
	İ								
	†								
DAA	1	1		1					

BAA TEEA5002L 09/21/21 Schedule **R** (Form 990) 2021

Schedule R (Form 990) 2021 The Campanile Foundation Disclosure Copy

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?

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

33-0868418

Page 3

No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. га		X
b Gift, grant, or capital contribution to related organization(s)			. 1b	X	
c Gift, grant, or capital contribution from related organization(s).			. 1c		X
d Loans or loan guarantees to or for related organization(s).			. 1 d	X	
e Loans or loan guarantees by related organization(s)			. 1e		X
f Dividends from related organization(s)			. 1f		X
g Sale of assets to related organization(s)			. 1 g		X
h Purchase of assets from related organization(s)					Χ
i Exchange of assets with related organization(s)					X
j Lease of facilities, equipment, or other assets to related organization(s)			. 1 j		Χ
k Lease of facilities, equipment, or other assets from related organization(s)			. 1 k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			. 11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			. 1 m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Х	
o Sharing of paid employees with related organization(s)			. 1o		X
p Reimbursement paid to related organization(s) for expenses			. 1p	Х	
Reimbursement paid by related organization(s) for expenses				X	
4 · · · · · · · · · · · · · · · · · · ·			- 4	21	
r Other transfer of cash or property to related organization(s)			. 1r	Х	
s Other transfer of cash or property from related organization(s)				21	Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover				ļļ	
	·		((<u>d)</u>	
(a) Name of related organization	(b) Transaction	(c) Amount involved M	ethod of		
	type (a-s)		amount	INVOIV	ea
) San Diego State University	b	18,719,147.Ar	nount	paid	
2) San Diego State University	р	679,048.An	nount	paid	L
3) San Diego State University	r	2,655,366.Ar	nount	paid	L
· · · · · · · · · · · · · · · · · · ·		, ,			
n					
7					
"		 			
<u>(a)</u>					
AA TEEA5003L 09/21/21		Schedule	: R (Forn	n 990)	2021

Public Disclosure Copy

Schedule **R** (Form 990) 2021 The Campanile Foundation

33-0868418

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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		(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all	e) partners ction (c)(3) zations?	(g) Share of end-of-year assets	tion	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No		Yes	No	, ,	Yes	No	Ī
<u>(1)</u>											
<u>(2)</u>											
(3)											
	_										
<u>(4)</u>	-										
(5)											
(6)											
<u>(7)</u>											
<u>(8)</u>											
											<u> </u>

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Schedule R (Form 990) 2021

Public Disclosure Copy Schedule R (Form 990) 2021 The Campanile Foundation

33-0868418

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Part VII Supplemental Information

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

BAA Schedule **R** (Form 990) 2021 TEEA5005L 09/21/21

Public Disclosure Co Return by a U.S. Transferor of Property to a Foreign Corporation

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form926 for instructions and the latest information. ► Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

Attachment Sequence No. 128

Name	e of transferor	Identifying number (see instructions)
1 ne	e Campanile Foundation Is the transferee a specified 10%-owned foreign corporation that is	33-0868418
2	If the transferor was a corporation, complete questions 2a through	103
ے a	If the transfer was a section 361(a) or (b) transfer, was the transfer	
а	five or fewer domestic corporations?	
b	•	□
	If not, list the controlling shareholder(s) and their identifying number	
	Controlling shareholder	Identifying number
С	If the transferor was a member of an affiliated group filing a consol	idated return, was it the parent corporation? Yes No
	If not, list the name and employer identification number (EIN) of the	e parent corporation
	, ,	parent corporation.
	Name of parent corporation	EIN of parent corporation
		·
		·
	Name of parent corporation	EIN of parent corporation
_	Name of parent corporation Have basis adjustments under section 367(a)(4) been made?	EIN of parent corporation Yes X No
d 3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor	EIN of parent corporation Yes X No
3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d.	EIN of parent corporation Yes X No
3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership.	EIN of parent corporation Yes X No eror (but is not treated as such under section
3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d.	EIN of parent corporation Yes X No
3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership.	EIN of parent corporation Yes X No eror (but is not treated as such under section
3	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership.	EIN of parent corporation Yes X No eror (but is not treated as such under section
3 a	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership.	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership
3 a	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
3 a b	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership?	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets? Yes No Yes No
3 a b c	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets? Yes No Yes No
a b c	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market?	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
3 a b c	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market?	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets? Yes No Yes No s regularly traded on an Yes No e instructions)
a b c	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation)	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd.	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets? Yes No Yes No s regularly traded on an Yes No e instructions) 5a Identifying number, if any
a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets? Yes No Yes No s regularly traded on an Yes No e instructions) 5b Reference ID number (see instrs.)
3 a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor Camana Bay, Grand Cayman KY1-1205 Cayman Is	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor Camana Bay, Grand Cayman KY1-1205 Cayman Country code of country of incorporation or organization (see instru	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
3 a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor Camana Bay, Grand Cayman KY1-1205 Cayman Country code of country of incorporation or organization (see instruction)	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
3 a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of 1s the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor Camana Bay, Grand Cayman KY1-1205 Cayman Country code of country of incorporation or organization (see instructions)	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?
3 a b c d	Name of parent corporation Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transf 367), complete questions 3a through 3d. List the name and EIN of the transferor's partnership. Name of partnership Did the partner pick up its pro rata share of gain on the transfer of Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that established securities market? Transferee Foreign Corporation Information (see Name of transferee (foreign corporation) 1798 Bear Covexity Fund Ltd. Address (including country) 89 Nexus Way, 2nd Floor Camana Bay, Grand Cayman KY1-1205 Cayman Country code of country of incorporation or organization (see instruction)	EIN of parent corporation Yes X No eror (but is not treated as such under section EIN of partnership partnership assets?

		arding Transfer of Property	(see instructions)		
Section A — Ca	ısh				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/01/2021		4,100,000	•	
If "Yes," skip th	ne remainder of Pa	sferred?art III and go to Part IV.			X Yes
Section B – Ot	her Property (other than intangible prope	rty subject to sectio	n 36/(d))	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
nventory					
Other property (not listed under another category)					
Property with					
ouilt-in loss					
Totals					
agreement of agreement of the state of the s	was filed? ssets of a foreign poration? to line 12b. nsferor a domestic branch that is a fitinue to line 12c. If y after the transfer poration? tinue to line 12d. If ansferred loss am sferor transfer pro Section C and question?	"No," skip line 12d, and go to line 13 count included in gross income as operty described in section 367(d)(stions 14a through 15.	tantially all of the assets ecified 10%-owned foreign to line 13. J.S. shareholder with resequired under section 91 4)?	of a foreign branch corporation?	Yes No Yes No Yes No Yes No
Section C – Int		erty Subject to Section 367(· ,	r	
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's le price on of trans	ength Cost or other date basis	(f) Income Inclusion for year of transfer (see instructions)
Property described n sec. 367(d)(4)					
Totals					

14a b c d	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?
Sup	plemental Part III Information Required To Be Reported (see instructions)
Part	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
17	(a) Before 0.0000 % (b) After 1.2600 %
	Type of nonrecognition transaction (see instructions) \(\textbf{N/A} \) Indicate whether any transfer reported in Part III is subject to any of the following.
	Gain recognition under section 904(f)(3)
	Gain recognition under section 904(f)(5)(F).
	Recapture under section 1503(d).
	Exchange gain under section 987.
	Did this transfer result from a change in entity classification?
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (See instructions)
	If "Yes," complete lines 20b and 20c.
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶\$
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was
	used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes X No

Form 926 (Rev. 11-2018)

Public Disclosure Copy

STATEMENT PURSUANT TO §1.351-3(A)

THE CAMPANILE FOUNDATION EIN: 33-0868418 A SIGNIFICANT TRANSFEROR

FORM: 990

TAX YEAR ENDING: JUNE 30, 2022

- (1) TRANSFEREE CORPORATION: 1798 BEAR ONVEXITY FUND, LTD, REFERENCE ID NO.: 1798BEARTCF
- (2) DATE OF THE TRANSFER OF ASSETS: 11/1/2021
- (3) FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED BY TRANSFEROR IN EXCHANGE, AGGREGATED AS FOLLOWS:

TYPE OF PROPERTY	DATE OF TRANSFER	FMV ON DATE OF TRANSFER
CASH	11/1/2021	\$4,100,000

(4) PRIVATE LETTER RULINGS: N/A

Public Disclosure Copy Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Depar	December 2018) tment of the Treasury al Revenue Service	Investment C ► Go to www.irs.gov	ompany or Qualiform8621 for instru			Atta Seq	chment uence No. 6	9
	of shareholder				Identifying number (see	instructions)		
	e Campanile For er, street, and room or suite	no. If a P.O. box, see instructions.			33-0086418 Shareholder tax year: ca	llendar vear	or other	tax year
550	00 Campanile I	rive MC 1968			beginning 7/01		—	-
City or	town, state, and ZIP code	or country			1,01,		0,00	<u>/ 22</u>
Sar	n Diego, CA 92	2182-1968						
Chec	k type of shareholder f	iling the return: Individual	X Corporation	Partnership	S Corporation	Nongrantor	Trust	Estate
Chec	ck if any Excepted Sp	pecified Foreign Financial Asse	ets are reported on th	nis form See ins	structions			[
		poration Election-I, a shareho						
		ration under the alternative facts sive foreign investment company (PFIC),			Employer identification	,,,,	CUOTIS	· · · · · ·
		c Trading Fund, Ltd	•					
Addres	ss (Enter number, street, cit	y or town, and country.)			Reference ID number (S	ee instructions)		
P C) Box 309				BHDGSTFTCF			
Ug]	and House G	rand Cayman KY1-110	4 Cayman Isla	nds	Tax year of foreign corporation, P tax year beginning	FIC, or QEF: calendar year 7/01/21	-	or other
					and ending 6/30	0/22 .		
Par	-	of Annual Information (s						
Pro	ovide the following in	formation with respect to all s	hares of the PFIC he	ld by the sharel	nolder:			
1	_ `	class of shares held by the share	eholder: <u>Fund S</u>	hars				
•		jointly owned with spouse.						
2	'	d during the tax year, if applicab	-				_	
3		eld at the end of the tax year:	56,153.38				_	
4		Id at the end of the tax year (· · · · · · · · · · · · · · · · · · ·			1 000 000		
	(a) \$0 - 50,000 (e) If more than \$2	`` '	00,000 (c) \$10	00,001 – 150,00	· · <u>—</u>	01 - 200,000 48,243.		
5	• •	amount of any excess distribut	ion or gain treated a	s an excess dis	•		sion under	r section
•		n or deduction under section 1			andanan anaar coon	oo.,o.ao		0001.011
	(a) Section 1	291 \$	_					
		293 (Qualified Electing Fund)	\$					
	(c) Section 12	296 (Mark to Market) \$						
Par	t II Elections	(see instructions)						
Α	–	at the PFIC as a QEF. I, a sha				•	-	rt III.
В	Election To Ext undistributed ear the tax that ma	end Time For Payment of Tax nings and profits of the QEF unti y be deferred.	I, a shareholder of a lithis election is termin	a QEF, elect to nated. <i>Complete</i>	extend the time for lines 8a through 9c o	payment of tax f Part III to calcu	on the late	
		rtion of line 6a or line 7a of Pa ons 1294(c) and 1294(f) and th						
С		-to-Market PFIC Stock. I, a share section 1296(e). Complete Pa		t to mark-to-mark	ket the PFIC stock tha	it is marketable v	within	
D		ection. I, a shareholder on the first est in the PFIC. Enter gain or			EF, elect to recognize	gain on the deer	med	
Ε	(CFC), elect to	d Election. I, a shareholder on th treat an amount equal to my s <i>line 15e of Part V. If the exce</i> :	hare of the post-1986	6 earnings and	profits of the CFC as	s an excess dis	ooration stribution.	Enter
F	elect to treat as	cognize Gain on Deemed Sales an excess distribution the gain FIC under section 1297(a). <i>En</i>	n recognized on the	deemed sale of				
G	Deemed Divide Regulations sec	nd Election With Respect to a stion 1.1297-3(a), elect to mak ock of the Section 1297(e) PFI is distribution on line 15e, Pari	Section 1297(e) PFIGE a deemed dividend C includes the CFC of	C. I, a sharehold lelection with requalification date	espect to the Section e, as defined in Reg	n 1297(e) PFIC Julations sectior	. My holdi n 1.1297-	ing 3(d).
Н	section 1.1298- former PFIC inc	nd Election With Respect to a 3(a), elect to make a deemed sludes the termination date, as week distribution is greater the	dividend election witl defined in Regulatio	h respect to the ns section 1.12	former PFIC. My ho 98-3(d). <i>Enter the e</i>	olding period in	the stock	c of the

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a thro	ough 7c. If you are making
Election B, also complete lines 8a through 9c. See instructions.	
6a Enter your pro rata share of the ordinary earnings of the QEF	
b Enter the portion of line 6a that is included in income under section 951 or that	
may be excluded under section 1293(g)	
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	. 6c
7a Enter your pro rata share of the total net capital gain of the QEF	-
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the	
Schedule D used for your income tax return. See instructions	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.	
8a Add lines 6c and 7c.	. 8a
b Enter the total amount of cash and the fair market value of other property	. 04
distributed or deemed distributed to you during the tax year of the QEF.	
See instructions 8b	
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred	
during the tax year	
d Add lines 8b and 8c	. 8 d
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8 e
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section	
951, you may make Election B with respect to the amount on line 8e.	
9 a Enter the total tax for the tax year. See instructions	
b Enter the total tax for the tax year determined without regard to the amount	
entered on line 8e	-
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making	
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Form **8621**(Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructional Complete a separate Part V for each excess distribution and disposition. See instructional Complete a separate Part V for each excess distribution and disposition.	
 15a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a
c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	
d Multiply line 15c by 125% (1.25)	15 d
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.	15 e
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f
16a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.	
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income.	16b
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16 c
d Foreign tax credit (see instructions).	16 d
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16 e
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions.	16f

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Form 8621 (Rev. 12-2018) The Campanile Foundation 33-0086418 Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Page 4

Complete a separate column for each outstanding election.

	Cparate column	101 00011 001010	Training Greekerin	1		
Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						9021 (Day 12 2010)

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund • Go to www.irs.gov/Form8621 for instructions and the latest information.

(Rev. December 2018)
Department of the Treasury

OMB No. 1545-1002

Attachment Sequence No. **69**

IIIICIIIa	The Verlide Service	o latest missing in a sequence here
Name o	of shareholder	Identifying number (see instructions)
	Campanile Foundation	33-0086418
Numbe	r, street, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year or other tax year
	O Campanile Drive MC 1968	beginning $7/01/21$ and ending $6/30/22$.
City or	town, state, and ZIP code or country	
San	Diego, CA 92182-1968	
Check	type of shareholder filing the return: Individual X Corporation Partnership	S Corporation Nongrantor Trust Estate
Checl	k if any Excepted Specified Foreign Financial Assets are reported on this form See in	petructions
	fying Insurance Corporation Election–I, a shareholder of stock of a foreign corporation	
	ying Insurance Corporation under the alternative facts and circumstances test within the me	
Name o	of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)	Employer identification number (if any)
	inoor Series (Cayman) Fund (36S)	
Addres	s (Enter number, street, city or town, and country.)	Reference ID number (see instructions)
D O	Pov. 200	KOHINOORTCF
	Box 309	Tax year of foreign corporation, PFIC, or QEF: calendar year or other
ugı	and House Grand Cayman KY1-1104 Cayman Islands	tax year beginning 7/01/21
D	I Comment (Americal Information (and including))	and ending 6/30/22 .
Part		
Pro	vide the following information with respect to all shares of the PFIC held by the share	eholder:
1	Description of each class of shares held by the shareholder: Fund Shares	
	Check if shares jointly owned with spouse.	
2	Date shares acquired during the tax year, if applicable:	
_		
3	Number of shares held at the end of the tax year: 5,595.95	
4	Value of shares held at the end of the tax year (check the appropriate box, if applic	· · · · · · · · · · · · · · · · · · ·
	(a) \(\bar{b} \) \(\sqrt{50,000} \) (b) \(\bar{b} \) \(\sqrt{50,001} - 100,000 \) (c) \(\bar{c} \) \(\sqrt{100,001} - 150,000 \)	
	(e) If more than \$200,000, list value:	5,643,574.
5	Type of PFIC and amount of any excess distribution or gain treated as an excess di	stribution under section 1291, inclusion under section
	1293, and inclusion or deduction under section 1296 (check all boxes that apply):	
	(a) Section 1291 \$	
	(b) Section 1293 (Qualified Electing Fund) \$	
	(c) Section 1296 (Mark to Market) \$	
Parl	II Elections (see instructions)	
Α	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the	e PEIC as a OFF Complete lines 6a through 7c of Part III
В		,
ь	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to undistributed earnings and profits of the QEF until this election is terminated. <i>Complete the tax that may be deferred.</i>	e lines 8a through 9c of Part III to calculate
	-	1 you may not make this election
	Note: If any portion of line 6a or line 7a of Part III is includible under section 95 Also, see sections 1294(c) and 1294(f) and the related regulations for events that	
С	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-ma the meaning of section 1296(e). <i>Complete Part IV.</i>	rket the PFIC stock that is marketable within
D	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a C sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.	REF, elect to recognize gain on the deemed
Ε	Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as	s a QEF that is a controlled foreign corporation
	(CFC), elect to treat an amount equal to my share of the post-1986 earnings and this amount on line 15e of Part V. If the excess distribution is greater than zero,	
F	Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a form elect to treat as an excess distribution the gain recognized on the deemed sale of tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.	ner PFIC or a PFIC to which section 1297(d) applies, of my interest in the PFIC on the last day of its last
G	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a sharehold Regulations section 1.1297-3(a), elect to make a deemed dividend election with period in the stock of the Section 1297(e) PFIC includes the CFC qualification date Enter the excess distribution on line 15e, Part V. If the excess distribution is green.	respect to the Section 1297(e) PFIC. My holding ate, as defined in Regulations section 1.1297-3(d).
Н	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a section 1.1298-3(a), elect to make a deemed dividend in Regulations section 1.1. Part V. If the excess distribution is greater than zero, also complete line 16. Part	ne former PFIC. My holding period in the stock of the 298-3(d). Enter the excess distribution on line 15e,

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a thro	ough 7c. If you are making
Election B, also complete lines 8a through 9c. See instructions.	
6a Enter your pro rata share of the ordinary earnings of the QEF	
b Enter the portion of line 6a that is included in income under section 951 or that	
may be excluded under section 1293(g)	-
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	. 6c
7a Enter your pro rata share of the total net capital gain of the QEF	-
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the	
Schedule D used for your income tax return. See instructions	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.	
8a Add lines 6c and 7c.	. 8a
b Enter the total amount of cash and the fair market value of other property	. 04
distributed or deemed distributed to you during the tax year of the QEF.	
See instructions 8b	
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred	
during the tax year	
d Add lines 8b and 8c	. 8 d
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8 e
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section	
951, you may make Election B with respect to the amount on line 8e.	
9 a Enter the total tax for the tax year. See instructions	
b Enter the total tax for the tax year determined without regard to the amount	
entered on line 8e	-
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making	
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Form **8621**(Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructional Complete a separate Part V for each excess distribution and disposition. See instructional Complete a separate Part V for each excess distribution and disposition.	
 15a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a
c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	
d Multiply line 15c by 125% (1.25)	15 d
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.	15 e
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f
16a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.	
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income.	16b
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16 c
d Foreign tax credit (see instructions).	16 d
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16 e
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions.	16f

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Form 8621 (Rev. 12-2018) The Campanile Foundation 33-0086418 Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Page 4

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	Cparate column	101 00011 001010	Training Greekerin	1		
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Form **8621** (Rev. 12-2018)

Public Disclosure Copy Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

Form **8621**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. **69**

	• • • • • • •	
	of shareholder	Identifying number (see instructions)
The	e Campanile Foundation	33-0086418
	er, street, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year or other tax year
	00 Campanile Drive MC 1968 r town, state, and ZIP code or country	beginning $7/01/21$ and ending $6/30/22$.
San	n Diego, CA 92182-1968	
Checl	k type of shareholder filing the return: \square Individual \square Corporation \square Partnership	S Corporation Nongrantor Trust Estate
Chec	ck if any Excepted Specified Foreign Financial Assets are reported on this form See ins	structions
	ifying Insurance Corporation Election—I, a shareholder of stock of a foreign corporation ifying Insurance Corporation under the alternative facts and circumstances test within the mea	
	of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)	Employer identification number (if any)
	ılptor Credit Opp Overseas Fund	
Addres	ss (Enter number, street, city or town, and country.)	Reference ID number (see instructions)
DO	Dor. 006	SCULPTORTCF
	Box 896 mana Bay Grand Cayman KY1-1103 Cayman Islands	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning $\frac{7/01/21}{2}$
D	Commence of Americal Information (and inchrinting)	and ending 6/30/22 .
Par	, , , , , , , , , , , , , , , , , , , ,	halden.
Pro	ovide the following information with respect to all shares of the PFIC held by the share	noider:
1	Description of each class of shares held by the shareholder: Fund Units	
	Check if shares jointly owned with spouse.	
2	Date shares acquired during the tax year, if applicable:	
3	Number of shares held at the end of the tax year:	
4	Value of shares held at the end of the tax year (check the appropriate box, if applica	able):
	(a) \square \$0 - 50,000 (b) \square \$50,001 - 100,000 (c) \square \$100,001 - 150,00	
	(e) If more than \$200,000, list value:	7,516,829.
5	Type of PFIC and amount of any excess distribution or gain treated as an excess dis	stribution under section 1291, inclusion under section
	1293, and inclusion or deduction under section 1296 (check all boxes that apply):	
	(a) Section 1291 \$	
	(b) Section 1293 (Qualified Electing Fund) \$	
	(c) Section 1296 (Mark to Market) \$	
Par	t II Elections (see instructions)	
Α	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the	e PFIC as a QEF. Complete lines 6a through 7c of Part III.
В	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to	,
	undistributed earnings and profits of the QEF until this election is terminated. Complete the tax that may be deferred.	lines 8a through 9c of Part III to calculate
	Note: If any portion of line 6a or line 7a of Part III is includible under section 951, Also, see sections 1294(c) and 1294(f) and the related regulations for events that	
С	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark the meaning of section 1296(e). Complete Part IV.	ket the PFIC stock that is marketable within
D	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QE sale of my interest in the PFIC. <i>Enter gain or loss on line 15f of Part V.</i>	EF, elect to recognize gain on the deemed
Ε	Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as (CFC), elect to treat an amount equal to my share of the post-1986 earnings and	
F	this amount on line 15e of Part V. If the excess distribution is greater than zero, a	also complete line 16 of Part V.
•	elect to treat as an excess distribution the gain recognized on the deemed sale of tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.	f my interest in the PFIC on the last day of its last
G	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a sharehold Regulations section 1.1297-3(a), elect to make a deemed dividend election with reperiod in the stock of the Section 1297(e) PFIC includes the CFC qualification dat Enter the excess distribution on line 15e, Part V. If the excess distribution is great	espect to the Section 1297(e) PFIC. My holding te, as defined in Regulations section 1.1297-3(d).
Н	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC includes the termination date, as defined in Regulations section 1.12 Part V. If the excess distribution is greater than zero, also complete line 16, Part	e former PFIC. My holding period in the stock of the 298-3(d). Enter the excess distribution on line 15e,

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a thro	ough 7c. If you are making
Election B, also complete lines 8a through 9c. See instructions.	
6a Enter your pro rata share of the ordinary earnings of the QEF	
b Enter the portion of line 6a that is included in income under section 951 or that	
may be excluded under section 1293(g)	-
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	. 6c
7a Enter your pro rata share of the total net capital gain of the QEF	-
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the	
Schedule D used for your income tax return. See instructions	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.	
8a Add lines 6c and 7c.	. 8a
b Enter the total amount of cash and the fair market value of other property	. 04
distributed or deemed distributed to you during the tax year of the QEF.	
See instructions 8b	
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred	
during the tax year	
d Add lines 8b and 8c	. 8 d
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8 e
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section	
951, you may make Election B with respect to the amount on line 8e.	
9 a Enter the total tax for the tax year. See instructions	
b Enter the total tax for the tax year determined without regard to the amount	
entered on line 8e	-
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making	
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions	
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)	. 9 c
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions Part IV Gain or (Loss) From Mark-to-Market Election (see instructions) 10 a Enter the fair market value of your PFIC stock at the end of the tax year.	. 10 a
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Form **8621**(Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructional Complete a separate Part V for each excess distribution and disposition. See instructional Complete a separate Part V for each excess distribution and disposition.	
 15a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a
c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	
d Multiply line 15c by 125% (1.25)	15 d
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.	15 e
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f
16a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.	
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income.	16b
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16 c
d Foreign tax credit (see instructions).	16 d
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16 e
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions.	16f

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Form 8621 (Rev. 12-2018) The Campanile Foundation 33-0086418 Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Page 4

Complete a separate column for each outstanding election.

	Cparate column	101 00011 001010	Training Greekerin	1		
Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						9021 (Day 12 2010)

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund • Go to www.irs.gov/Form8621 for instructions and the latest information.

(Rev. December 2018)
Department of the Treasury

OMB No. 1545-1002

Attachment Sequence No. **69**

iiitciiia	The vertice Service	5 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name o	of shareholder	Identifying number (see instructions)			
	Campanile Foundation	33-0086418			
Numbe	r, street, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year or other tax year			
	O Campnile Drive MC 1968	beginning $7/01/21$ and ending $6/30/22$.			
City or	town, state, and ZIP code or country				
San	Diego, CA 92182-1968				
Check	type of shareholder filing the return: \square Individual \square Corporation \square Partnership	S Corporation Nongrantor Trust Estate			
Chec	← if any Excepted Specified Foreign Financial Assets are reported on this form See in	nstructions			
	fying Insurance Corporation Election–I, a shareholder of stock of a foreign corporation				
Qualit	ying Insurance Corporation under the alternative facts and circumstances test within the me				
	of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)	Employer identification number (if any)			
	stone Global Macro Fund - Class A				
Adares	s (Enter number, street, city or town, and country.)	Reference ID number (see instructions)			
PΛ	Box 309	ALPSTONEOFFAUSDINV			
	and House Grand Cayman KY1-1104 Cayman Islands	Tax year of foreign corporation, PFIC, or QEF: calendar year or other			
OPI	and nouse stand cayman kil livi cayman istands	tax year beginning $\frac{7/01/21}{30/22}$ and ending $\frac{6}{30/22}$.			
Parl	Summary of Annual Information (see instructions)	and ending 6/30/22 .			
	vide the following information with respect to all shares of the PFIC held by the share	eholder:			
1 10		enotaer.			
1	Description of each class of shares held by the shareholder: Fund Shares				
	Check if shares jointly owned with spouse.				
2	Date shares acquired during the tax year, if applicable:				
3	Number of shares held at the end of the tax year: 6,000.00				
4	Value of shares held at the end of the tax year (check the appropriate box, if applic	sable).			
•	(a) $\begin{bmatrix} $0 - 50,000 \end{bmatrix}$ (b) $\begin{bmatrix} $50,001 - 100,000 \end{bmatrix}$ (c) $\begin{bmatrix} $100,001 - 150,000 \end{bmatrix}$				
	(e) If more than \$200,000, list value:	5,930,795.			
5	Type of PFIC and amount of any excess distribution or gain treated as an excess di	-			
5	1293, and inclusion or deduction under section 1296 (check all boxes that apply):	istribution under section 1291, inclusion under section			
	(a) Section 1291 \$				
	(b) Section 1293 (Qualified Electing Fund) \$				
	(c) Section 1296 (Mark to Market) \$				
Par					
Α	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the	e PFIC as a QEF. Complete lines 6a through 7c of Part III.			
В	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to undistributed earnings and profits of the QEF until this election is terminated. Complete the tax that may be deferred.	o extend the time for payment of tax on the e lines 8a through 9c of Part III to calculate			
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С	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mathe meaning of section 1296(e). Complete Part IV.	rket the PFIC stock that is marketable within			
D	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a C sale of my interest in the PFIC. <i>Enter gain or loss on line 15f of Part V.</i>	REF, elect to recognize gain on the deemed			
E	Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as (CFC), elect to treat an amount equal to my share of the post-1986 earnings and this amount on line 15e of Part V. If the excess distribution is greater than zero,	d profits of the CFC as an excess distribution. Enter			
F	Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a form elect to treat as an excess distribution the gain recognized on the deemed sale tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.	ner PFIC or a PFIC to which section 1297(d) applies, of my interest in the PFIC on the last day of its last			
G	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a sharehor Regulations section 1.1297-3(a), elect to make a deemed dividend election with period in the stock of the Section 1297(e) PFIC includes the CFC qualification described the excess distribution on line 15e, Part V. If the excess distribution is greatly the excess distribution in greatly and the excess distribution is greatly the excess distribution of the excess distribution is greatly as the excess distribution in greatly and the excess distribution is greatly as the excess distribution of the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution of the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution is greatly as the excess distribution in the excess distribution in the excess distribution in the excess distribution is greatly as the excess distribution in t	respect to the Section 1297(e) PFIC. My holding ate, as defined in Regulations section 1.1297-3(d).			
Н	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC includes the termination date, as defined in Regulations section 1.1	ne former PFIC. My holding period in the stock of the 298-3(d). Enter the excess distribution on line 15e,			

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a thr	ough 7c. If you are making
Election B, also complete lines 8a through 9c. See instructions.	
6a Enter your pro rata share of the ordinary earnings of the QEF	
b Enter the portion of line 6a that is included in income under section 951 or that	
may be excluded under section 1293(g)	+ 2
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income.	. 6c
7a Enter your pro rata share of the total net capital gain of the QEF	-
b Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the	-
Schedule D used for your income tax return. See instructions	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.	
8a Add lines 6c and 7c	. 8a
b Enter the total amount of cash and the fair market value of other property	. 00
distributed or deemed distributed to you during the tax year of the QEF.	
See instructions	_
c Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred	
during the tax year	
d Add lines 8b and 8c	. 8d
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8 e
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section	
951, you may make Election B with respect to the amount on line 8e.	
9 a Enter the total tax for the tax year. See instructions. 9 a	
b Enter the total tax for the tax year determined without regard to the amount	
entered on line 8e	-
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making	
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Form **8621**(Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instruction Complete a separate Part V for each excess distribution and disposition. See instruction	
 15a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a
c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	
d Multiply line 15c by 125% (1.25)	15 d
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.	15 e
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f
16a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.	
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income.	16b
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16 c
d Foreign tax credit (see instructions).	16 d
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16 e
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions.	16f

Form **8621** (Rev. 12-2018)

Public Disclosure Copy Form 8621 (Rev. 12-2018) The Campanile Foundation 33-0086418 Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Page 4

Complete a separate column for each outstanding election.

	Cparate column	101 00011 001010	Training Greekerin	1		
Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						9021 (Day 12 2010)

Form **8621** (Rev. 12-2018)

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

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

Automat	ic 6-Month Extension of Time. Only	submit origin	al (no copies needed).			
All corpora	tions required to file an income tax return oth	er than Form 99	90-T (including 1120-C filers), partnershi	ps, RE	MICs, and	trusts must
use Form /	7004 to request an extension of time to file inc		S.	Тахра	yer identificat	ion number (TIN)
Type or					•	, ,
print	The Campanile Foundation			33-0868418		
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.			33 0000410		
due date for filing your	5500 Campanile Drive MC1968	3				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
motractions.	San Diego, CA 92182-1968					
Enter the F	Return Code for the return that this application	n is for (file a se	parate application for each return)			07
Application Is For	1	Return Code	Application Is For			Return Code
	or Form 990-EZ	01	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)			09
Form 990-F	PF .	04	Form 5227			10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	「(trust other than above)	06	Form 8870			12
Form 990-1	Γ (corporation)	07				
If the orIf this is check t	rganization does not have an office or place of s for a Group Return, enter the organization's his box ▶ . If it is for part of the groension is for.	of business in th four digit Group	Exemption Number (GEN) . I	f this is	s for the w	hole group,
for the	est an automatic 6-month extension of time until e organization named above. The extension is calendar year 20 or tax year beginning 7/01 , 20 tax year entered in line 1 is for less than 12	s for the organize 21 , and endi	ng <u>6/30</u> , ²⁰ <u>22</u> .	ization		
3a If this	hange in accounting period application is for Forms 990-PF, 990-T, 4720					
nonrefundable credits. See instructions					0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit						0.
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System).	your payment See instructions	with this form, if required, by using	3 c	\$	0.
Caution: If payment in	you are going to make an electronic funds wistructions.	ithdrawal (direct	debit) with this Form 8868, see Form 8	453-TE	and Form	n 8879-TE for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)