| For                            | m <b>990</b>                     |  |   |  |  |  |                                |                        |                                   | L         | OMB No. 1545-0047              |
|--------------------------------|----------------------------------|--|---|--|--|--|--------------------------------|------------------------|-----------------------------------|-----------|--------------------------------|
|                                | v. January 202                   | 20)                                    |   |  | Organization<br>527, or 4947(a)(1) of the                  |  |                                |                        |                                   |           | 2019                           |
| Dep<br>Inter                   | artment of the<br>rnal Revenue   | e Treasury<br>Service                  | ,   | <ul> <li>Do not ent</li> <li>Go to www.</li> </ul> | ter social security numb<br><i>irs.gov/Form</i> 990 for in | pers on this form as<br>structions and t       | it may be mad<br>the latest in | le public.<br>formatio | n.                                |           | Open to Public<br>Inspection   |
| Α                              | For the 2                        |  |   | x year beginı                                      | ning 7/01  | , 2019   | , and ending                   | <b>g</b> 6/            | 30                                |           | , 2020                         |
| В                              | Check if app                     |  |   |  |  |  |                                |                        | D Employ                          | /er iden  | tification number              |
|                                | Address                          | s change                               | 'he Campa                                 | anile Fou  | undation   |  |                                |                        |                                   | 0868      | -                              |
|                                | Name c                           |  |   |  | rive MC1968  |  |                                |                        | E Telepho                         | one num   | hber                           |
|                                | Initial re                       | eturn S                                | an Diego                                  | o, CA 921  | 182-1968   |  |                                |                        | (61                               | 9) 5      | 594-4562                       |
|                                | Final retur                      | rn/terminated                          |   |  |  |  |                                |                        |                                   |           |                                |
|                                | Amende                           | ed return                              |   |  |  |  |                                |                        |                                   |           | <u>\$ 172,288,068.</u>         |
|                                | Applicat                         | tion pending                           | Name and add                              | dress of principal                                 | officer: Adrienne  | e Vargas                                       |                                | • •                    | a group retur                     |           | 103 110                        |
|                                |                                  | S                                      | ame As (                                  | C Above  |  | 2  |                                | H(b) Are al<br>If "No. | l subordinates<br>" attach a list | s include | ed? Yes No                     |
| I                              | Tax-exem                         | pt status:                             | X 501(c)(3)                               | 501(c) (   | ) < (insert no.)   | 4947(a)(1) or                                  | r 527                          | -,                     |                                   | <b>(</b>  |                                |
| J                              | Website                          | ∷► htt                                 | p://tcf.                                  | sdsu.edu   | 1  |  |                                | <b>H(c)</b> Group      | exemption nu                      | umber I   | •                              |
| Κ                              |                                  | 9                                      | X Corporation                             | Trust  | Association Other  | ► L  | Year of formation              | on:                    | Ms                                | State of  | legal domicile: CA             |
| Pa                             |                                  | Summary                                |   |  |  |  |                                |                        |                                   |           |                                |
|                                |                                  |  |   |  |  |  |                                |                        |                                   |           | e University                   |
| ള                              | <u>wi</u>                        |  |   |  | <u>ise, oversic</u>  |  |                                |                        | <u>crease</u>                     | pri       | <u>vate giving</u>             |
| Activities & Governance        | an                               | <u>d to ma</u>                         | nage the                                  | <u>philant</u>                                     | hropic asset   | <u>s of the U</u>                              | Iniversi                       | <u>ty.</u>             |                                   |           |                                |
| ler                            |                                  |  | <b>N if the</b>                           |  |  |  |                                |                        |                                   |           |                                |
| g                              | 2 Che<br>3 Nun                   | nher of voti                           | na members                                | organization                                       | n discontinued its op<br>ning body (Part VI,               | line 1a)                                       | osed of mo                     | re than 2              | 25% 01 115                        | net as    | 35                             |
| ~ઝ                             | 4 Nun                            |  |   |  | of the governing b   |  |                                |                        |                                   | 4         | 32                             |
| lies                           | 5 Tota                           |  |   |  | calendar year 2019   |  |                                |                        |                                   | 5         | 0                              |
| E.                             | 6 Tota                           |  |   |  | necessary)   |  |                                |                        |                                   | 6         | 32                             |
| Ac                             |                                  |  |   |  | Part VIII, column (C                                       |  |                                |                        |                                   | 7a        | 0.                             |
|                                | <b>b</b> Net                     | unrelated b                            | ousiness taxa                             | able income f                                      | from Form 990-T, li  | ne 39  |                                |                        |                                   | 7b        | 0.                             |
|                                |                                  |  |   |  |  |  |                                |                        | Prior Year                        |           | Current Year                   |
| Pe                             |                                  |  |   |  | 1h)  |  |                                |                        | 6,680,2                           | 207.      | 57,358,020.                    |
| Revenue                        |                                  |  |   |  | 2g)  |  |                                |                        | 1,003,6                           | 01        | 1 0 2 0 4 7 0                  |
| Rev                            |                                  |  | •   |  | ies 5, 6d, 8c, 9c, 10                                      | •  |                                |                        | 1,003,6                           | 501.      | 1,028,479.                     |
| _                              |                                  |  |   |  | (must equal Part VI  |  |                                |                        | 7,683,8                           | 208       | 58,386,499.                    |
|                                |                                  |  |   | -  | X, column (A), lines                                       |  |                                | -                      | ),668,0                           |           | 20,010,261.                    |
|                                |                                  |  |   |  | (, column (A), line 4                                      |  |                                |                        | 5,000,0                           | ,,,,,     | 20,010,201.                    |
|                                |                                  |  |   |  | e benefits (Part IX, o                                     | •  |                                |                        |                                   |           |                                |
| ses                            | 16 2 Pro                         |  | •   |  | olumn (A), line 11e  |  | -                              | -                      |                                   |           |                                |
| Expenses                       |                                  |  |   |  |  |  |                                |                        |                                   |           |                                |
| Ъ                              |                                  |  |   |  | umn (D), line 25) ►  | - 1 -  |                                |                        |                                   |           |                                |
| _                              | I/ Oth                           | •                                      | -   |  | nes 11a-11d, 11f-24  |  |                                |                        | 1,124,0                           |           | 10,585,975.                    |
|                                |                                  | •                                      |   | -  | equal Part IX, colum                                       |  |                                |                        | 1,792,1                           |           | 30,596,236.                    |
| . "                            |                                  | enue less e                            | expenses. Su                              | Intract line 18                                    | 8 from line 12   |  |                                |                        | 5,891,6                           |           | 27,790,263.                    |
| ta ol                          | <b>20</b> Tota                   | al accata (P                           | art Vilina 16                             | E)   |  |  |                                |                        | ng of Curren                      |           | End of Year                    |
| Net Assets or<br>Fund Balances | 20 Tota<br>21 Tota               |  |   |  |  |  |                                |                        | 6,997,6<br>4,199,3                |           | 431,718,778.<br>34,316,993.    |
| et A                           |                                  |  | -   | -  |  |  |                                | -                      |                                   |           |                                |
|                                |                                  |  |   | s. Subtract lir                                    | ne 21 from line 20.  |  |                                | 352                    | 2,798,3                           | 331.      | 397,401,785.                   |
|                                |                                  | Signature                              |   |  |  |  |                                |                        |                                   |           |                                |
| Und<br>com                     | er penalties o<br>plete. Declara | t perjury, I decla<br>ation of prepare | are that I have ex<br>r (other than offic | kamined this retur<br>cer) is based on a           | rn, including accompanyin<br>all information of which pre  | g schedules and state<br>eparer has any knowle | ements, and to t<br>edge.      | he best of r           | ny knowledge                      | and be    | lief, it is true, correct, and |
|                                |                                  |  |   |  |  |  |                                |                        |                                   |           |                                |
| Si/                            | nn                               | Signature                              | of officer                                |  |  |  |                                | Di                     | ate                               |           |                                |
| Sig<br>He                      | ere                              | David                                  | d H. Fuh                                  | riman C  | PA   |  |                                | CFO                    |                                   |           |                                |
|                                |                                  |  | int name and titl                         |  | 1 11   |  |                                | 010                    |                                   |           |                                |
|                                |                                  | Print/Type pre                         | parer's name                              |  | Preparer's signature                                       |  | Date                           |                        | Check                             | X if      | PTIN                           |
| Pa                             | id                               |  | l H Rechi                                 | if "Ir   |  |  |                                |                        | self-employ                       |           | P00169119                      |
|                                | eparer                           | Firm's name                            | ► Richa                                   |  | echif Jr CPA   |  | 1                              |                        | 22. Shipidy                       |           | 1-00-077                       |
| Us                             | e Only                           | Firm's address                         |   |  | reet Unit 30   | )8   |                                |                        | Firm's EIN                        | ► 38      | -3944511                       |
|                                | -                                |  |   |  |  |  |                                |                        | 1                                 |           |                                |

 May the IRS discuss this return with the preparer shown above? (see instructions)
 TELA0101

 BAA For Paperwork Reduction Act Notice, see the separate instructions.
 TELA0101

San Diego, CA 92101

Phone no.

X Yes No Form 990 (2019)

(619) 997-5134

| Forn | n 990 (2     | 019) Th         | e Campanile Foundation   | 33-0868418                            | Pag               | ge <b>2</b> |
|------|--------------|-----------------|--|---------------------------------------|-------------------|-------------|
|      |              |                 | nt of Program Service Accomplishments  |                                       |                   |             |
|      |              | Check if S      | chedule O contains a response or note to any line in this Part III   | · · · · · · · · · · · · · · · · · · · |                   |             |
| 1    | Briefly      | describe t      | he organization's mission:   |                                       |                   |             |
|      | <u>To p</u>  | <u>rovide</u>   | San Diego State University with the community expertis   | e, oversight                          | <u>, and</u>      |             |
|      | <u>advo</u>  | <u>cacy</u> t   | <u>p increase private giving and to manage the philanthrop</u>   | <u>ic assets of</u>                   | <u>the</u>        |             |
|      | <u>Univ</u>  | <u>ersity</u>   | ·  |                                       |                   |             |
|      | <u> </u>     |                 |  |                                       |                   |             |
| 2    |              | -               | on undertake any significant program services during the year which were not listed on the prio                                  |                                       |                   |             |
|      |              |                 | EZ?  | Υε                                    | es <u>x</u> r     | No          |
| 2    |              |                 | ion cease conducting, or make significant changes in how it conducts, any program ser  |                                       | es X I            | No          |
| 3    |              |                 | these changes on Schedule O.   |                                       |                   | NU          |
| 4    |              |                 | anization's program service accomplishments for each of its three largest program servi  | ces as measured l                     | hv exnense        | 20          |
| •    | Section      | n 501(c)(3)     | ) and 501(c)(4) organizations are required to report the amount of grants and allocations ny, for each program service reported. | s to others, the tota                 | al expenses       | ,s.<br>s,   |
|      | and rev      | venue, if a     | ny, for each program service reported.   |                                       |                   |             |
|      | (0           |                 |  | <u> </u>                              |                   |             |
| 4 8  | a (Code:     |                 | _) (Expenses \$ 10,885,857. including grants of \$ 10,885,857.) (Re  | evenue \$                             |                   | _)          |
|      | Camp         | o <u>us Pro</u> | grams administered by the University   |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 | ile Foundation received funds in support of academic an  |                                       |                   |             |
|      |              |                 | administered by San Diego State University. The amount   |                                       | ranted            | <u>to</u>   |
|      |              |                 | sity for this purpose during the year reported on this   | recurn was                            |                   |             |
|      | <u>\$10,</u> | <u>885,85</u>   | ′  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   | - — —       |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
| 41   | o (Code:     |                 | ) (Expenses \$ 7,920,255. including grants of \$ 2,356,491.) (Re   | evenue \$                             |                   | )           |
|      | •            |                 | Individual Colleges  |                                       |                   | /           |
|      | <u>bupp</u>  |                 |  |                                       |                   |             |
|      | The          | Campan          | ile Foundation administers programs that support substa  | ntially all                           | the               | - — —       |
|      |              |                 | 's individual colleges. The amount of support for each   |                                       |                   | n           |
|      |              |                 | of individual donors and the wisdom of the University'   |                                       |                   |             |
|      |              |                 | of support to the colleges during the year reported on   |                                       |                   |             |
|      |              | 20,255          |  |                                       |                   |             |
|      | <u> </u>     | ^               |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
| 40   | c (Code:     |                 | ) (Expenses \$ 6,767,913. including grants of \$ 6,767,913.) (Re   | evenue \$                             |                   | )           |
|      | Stud         | lent Sci        | holarships administered by the University  |                                       |                   | _           |
|      |              |                 |  |                                       |                   |             |
|      | The          | Campan          | ile Foundation received funds in support of Scholarship  | s. Scholarsh                          | nip               |             |
|      | paym         | ients a         | re administered by the University's Office of Financial  | Aid and Sch                           | nolarsh           | ip          |
|      | <u>(O</u> FA | <u>S). Th</u>   | e OFAS administers the University scholarship programs   | in accordance                         | <u>ce with</u>    |             |
|      | <u>the</u>   | polici          | <u>es of the California State University system, San Diego</u>   | <u>State Unive</u>                    | <u>ersity,</u>    |             |
|      | <u>and</u>   | <u>applic</u>   | able Federal law and regulations, along with the restri  | ctions conta                          | <u>ained i</u>    | <u>n_</u>   |
|      |              |                 | donor agreements. The amount of scholarships awarded b   | y the OFAS a                          | and               |             |
|      | fund         | led by          | the Campanile Foundation was \$6,767,913.  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      |              |                 |  |                                       |                   |             |
|      | 104-         |                 | nuissa (Dasauika an Sahadula O.)   |                                       |                   |             |
| 4 (  |              |                 | ervices (Describe on Schedule O.)  |                                       | `                 |             |
|      | (Exper       |                 | including grants of \$ ) (Revenue \$   |                                       | )                 |             |
| BAA  |              | nograffi se     | rvice expenses ► 25,574,025.<br>TEEA0102L 07/31/19   | F                                     | orm <b>990</b> (2 | 2019)       |
|      | •            |                 |  |                                       |                   |             |

Form 990 (2019) The Campanile Foundation

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

Form 990 (2019) The Campanile Foundation
Part IV Checklist of Required Schedules (continued)

| га  |  | ,         |     | <b>1</b> |
|-----|--|-----------|-----|----------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III  | 22        | Yes | No<br>X  |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .  | 23        | Х   |          |
| 24  | <ul> <li>a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of<br/>the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and<br/>complete Schedule K. If 'No, 'go to line 25a</li> </ul>   | 23<br>24a |     | X        |
| I   | <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |     |          |
|     | <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c       |     |          |
|     | <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d       |     |          |
| 25  | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a       |     | Х        |
| I   | <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.  | 25b       |     | Х        |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>  | 26        |     | 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? <i>If 'Yes,' complete Schedule L, Part III.</i> | 27        |     | x        |
|     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |           |     |          |
|     | <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV   | 28a       |     | Х        |
|     | <b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>   | 28b       |     | Х        |
|     | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.  | 28c       | 37  | Х        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>  | 29        | Х   |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>  | 30<br>31  | Х   | X        |
| 31  |  | 31        |     |          |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II   | 32        |     | Х        |
| 33  | 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I   | 33        |     | Х        |
|     | 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   | 37       |
|     | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |     | Х        |
|     | <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 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        |     | Х        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O   | 38        | Х   |          |
| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V   |           |     |          |
|     |  | <br>      | Yes | No       |
| 1   | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a   |           |     |          |
|     | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |           |     |          |
|     | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1 c       |     |          |
| BAA |  |           | 990 | (2019)   |

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| Form 990               | · · · · · · · · · · · · · · · · · · ·   | 33-0868418                              | 3        | P   | age 5 |
|------------------------|---|---|----------|-----|-------|
| Part V                 | Statements Regarding Other IRS Filings and Tax Compliance (cc   | ntinued)                                |          |     |       |
|                        |   |   | •        | Yes | No    |
| 2 a Ent                | er the number of employees reported on Form W-3. Transmittal of Wage and Tax State-   |   |          |     |       |
| mer                    | er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statents, filed for the calendar year ending with or within the year covered by this return  | <b>2</b> a 0                            |          |     |       |
| <b>b</b> If a          | t least one is reported on line 2a, did the organization file all required federal employmer  | nt tax returns?                         | 2 b      |     |       |
| Not                    | e: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in  | structions)                             |          |     |       |
| <b>3 a</b> Did         | the organization have unrelated business gross income of \$1,000 or more during the year  | ar?                                     | 3 a      |     | Х     |
| <b>b</b> If 'Ye        | es,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>   |   | 3 b      |     |       |
| <b>4a</b> At a<br>fina | ny time during the calendar year, did the organization have an interest in, or a signature or oth<br>ncial account in a foreign country (such as a bank account, securities account, or other f   | er authority over, a inancial account)? | 4 a      |     | Х     |
| <b>b</b>  f 'Y         | 'es,' enter the name of the foreign country►  |   |          |     |       |
| See                    | instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  | Accounts (FBAR).                        |          |     |       |
| <b>5 a</b> Was         | s the organization a party to a prohibited tax shelter transaction at any time during the ta  | x year?                                 | 5 a      |     | Х     |
|                        | any taxable party notify the organization that it was or is a party to a prohibited tax shel  |   | 5 b      |     | Х     |
| <b>c</b> lf 'Y         | 'es,' to line 5a or 5b, did the organization file Form 8886-T?  |   | 5 c      |     |       |
| <b>6 a</b> Doe<br>soli | es the organization have annual gross receipts that are normally greater than \$100,000, a cit any contributions that were not tax deductible as charitable contributions?  | and did the organization                | 6 a      |     | Х     |
| <b>b</b> If 'Y<br>not  | es,' did the organization include with every solicitation an express statement that such contribut tax deductible?  | ions or gifts were                      | 6 b      |     |       |
|                        | anizations 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 as a contr | partly for goods and                    |          |     |       |
| serv                   | vices provided to the payor?  |   | 7 a      | Х   |       |
| <b>b</b> If 'Y         | 'es,' did the organization notify the donor of the value of the goods or services provided?   |   | 7 b      | Х   |       |
|                        | the organization sell, exchange, or otherwise dispose of tangible personal property for which it  |   | 7.       |     | Х     |
|                        | m 8282?   |   | 7 c      |     | Λ     |
|                        | the organization receive any funds, directly or indirectly, to pay premiums on a personal   |   | 7 e      |     | Х     |
|                        | the organization fecerve any funds, directly of indirectly, to pay premiums on a personal ber<br>the organization, during the year, pay premiums, directly or indirectly, on a personal ber   |   | 7e<br>7f |     | X     |
|                        | e organization received a contribution of qualified intellectual property, did the organization file  |   | /1       |     | 21    |
|                        | equired?  |   | 7 g      |     |       |
|                        | e organization received a contribution of cars, boats, airplanes, or other vehicles, did the  | e organization file a                   |          |     |       |
|                        | n 1098-C?   | by the sponsoring                       | 7 h      |     |       |
|                        | anization have excess business holdings at any time during the year?  | 5                                       | 8        |     | Х     |
| -                      | onsoring organizations maintaining donor advised funds.   |   |          |     |       |
| •                      | the sponsoring organization make any taxable distributions under section 4966?  |   | 9a       |     | Х     |
|                        | the sponsoring organization make a distribution to a donor, donor advisor, or related per   |   | 9 b      |     | Х     |
|                        | tion 501(c)(7) organizations. Enter:  |   |          |     |       |
|                        | ation fees and capital contributions included on Part VIII, line 12   | 10a                                     |          |     |       |
| <b>b</b> Gro           | ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                                     |          |     |       |
| 11 Sec                 | tion 501(c)(12) organizations. Enter:   |   |          |     |       |
| <b>a</b> Gro           | ss income from members or shareholders  | 11 a                                    |          |     |       |
| <b>b</b> Gro<br>aga    | ss income from other sources (Do not net amounts due or paid to other sources inst amounts due or received from them.).   | 11 b                                    |          |     |       |
| 12 a Sec               | tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of  | of Form 1041?                           | 12a      |     |       |
| <b>b</b> lf 'Y         | 'es,' enter the amount of tax-exempt interest received or accrued during the year   | 12b                                     |          |     |       |
| 13 Sec                 | tion 501(c)(29) qualified nonprofit health insurance issuers.   |   |          |     |       |
| <b>a</b> ls tl         | ne organization licensed to issue qualified health plans in more than one state?  |   | 13a      |     |       |
| Not                    | e: See the instructions for additional information the organization must report on Schedu   | le O.                                   |          |     |       |
| <b>b</b> Ent<br>whi    | er the amount of reserves the organization is required to maintain by the states in ch the organization is licensed to issue qualified health plans   | 13b                                     |          |     |       |
| <b>c</b> Ent           | er the amount of reserves on hand   | 13c                                     |          |     |       |
| <b>14 a</b> Did        | the organization receive any payments for indoor tanning services during the tax year?  |   | 14a      |     | Х     |
| <b>b</b> lf 'Y         | 'es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on  | Schedule O                              | 14b      |     |       |
| exc                    | he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 i ess parachute payment(s) during the year?  |   | 15       |     | Х     |
|                        |   | voctmont incomo?                        | 16       |     | Х     |
|                        | ne organization an educational institution subject to the section 4968 excise tax on net in<br>'es,' complete Form 4720, Schedule O.  | vesument income?                        | Ø        |     | Λ     |

| I  | b Enter the number of voting members included on line 1a, above, who are independent 1b 32  |         |        |        |  |  |  |  |  |  |
|--|---|---------|--------|--------|--|--|--|--|--|--|
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2       |        | X      |  |  |  |  |  |  |
| 3  | 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?                   | 3       |        | Х      |  |  |  |  |  |  |
| 4 Did the organization make any significant changes to its governing documents |   |         |        |        |  |  |  |  |  |  |
|  | since the prior Form 990 was filed?   | 4       |        | Х      |  |  |  |  |  |  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5       |        | Х      |  |  |  |  |  |  |
| 6  | Did the organization have members or stockholders?  | 6       |        | Х      |  |  |  |  |  |  |
|  | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?SeeSchedule.0   | 7 a     | Х      |        |  |  |  |  |  |  |
| I  | • Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body?   | 7 b     | Х      |        |  |  |  |  |  |  |
|  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |        |        |  |  |  |  |  |  |
|  | a The governing body?   | 8 a     | Х      |        |  |  |  |  |  |  |
|  | b Each committee with authority to act on behalf of the governing body?   | 8 b     | Х      |        |  |  |  |  |  |  |
|  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>                 | 9       |        | Х      |  |  |  |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Re  | eveni   |        | ode.)  |  |  |  |  |  |  |
|  |   |         | Yes    | No     |  |  |  |  |  |  |
|  | a Did the organization have local chapters, branches, or affiliates?  | 10 a    |        | Х      |  |  |  |  |  |  |
|  | <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b    |        |        |  |  |  |  |  |  |
|  | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11 a    | Х      |        |  |  |  |  |  |  |
|  | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O  |         |        |        |  |  |  |  |  |  |
|  | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13   | 12 a    | Х      |        |  |  |  |  |  |  |
|  | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise<br>to conflicts?  | 12b     | Х      |        |  |  |  |  |  |  |
|  | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done  | 12 c    | Х      |        |  |  |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?   | 13      | Х      |        |  |  |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?  | 14      | Х      |        |  |  |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                |         |        |        |  |  |  |  |  |  |
|  | a The organization's CEO, Executive Director, or top management official  | 15a     |        | Х      |  |  |  |  |  |  |
| I  | b Other officers or key employees of the organization   | 15 b    |        | Х      |  |  |  |  |  |  |
|  | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |        |        |  |  |  |  |  |  |
| 16 a   | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16 a    |        | Х      |  |  |  |  |  |  |
| I  | a 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      | 101     |        |        |  |  |  |  |  |  |
| Sac  | organization's exempt status with respect to such arrangements?   | 16 b    |        |        |  |  |  |  |  |  |
| <u>5ec</u><br>17   |   |         |        |        |  |  |  |  |  |  |
|  |   | 01/->/  |        |        |  |  |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.               | UI(C)(  | 3)s on | ııy)   |  |  |  |  |  |  |
|  | X     Own website     X     Upon request     Other (explain on Schedule O)  |         |        |        |  |  |  |  |  |  |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O                        | able to |        |        |  |  |  |  |  |  |
| 20   | 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  | /       |        |        |  |  |  |  |  |  |
| BAA  | TEEA0106L 07/31/19  | Form    | 990 (  | (2019) |  |  |  |  |  |  |

# Form 990 (2019) The Campanile Foundation

Section A. Governing Body and Management

of the governing body, or if the governing body delegated broad

authority to an executive committee or similar committee, explain on Schedule O.

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

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

**1** a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members

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1 a

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Х

No

Yes

35

| Form 990 (2019) The Campanile Foundation   | 33-0868418             | Page 7  |
|--|------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher<br>Independent Contractors                                       | st Compensated Employe | es, and |
| 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 Compens   | ated Employees         |         |
| <b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year. | 5                      |         |

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

|   |  | (C)                               |                       |         |                   |  |  |   |   |
|---|--|-----------------------------------|-----------------------|---------|-------------------|--|--|---|---|
| (A)<br>Name and title                       | (B)<br>Average<br>hours  | Pos<br>thar<br>is                 | s both :              | an o    | officer<br>truste |  | (D)<br>Reportable<br>compensation from<br>the organization | (E)<br>Reportable<br>compensation from<br>related organizations | <b>(F)</b><br>Estimated amount<br>of other                            |
|   | per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer | Key employee      | r ormer<br>Highest compensated<br>employee | (W-2/1099-MISC)  | (W-2/1099-MISC)   | compensation from<br>the organization<br>and related<br>organizations |
| (1) Adela de la Torre                       | 4  |                                   |                       |         |                   |  |  |   |   |
| SDSU Pres- Dir                              | 36   | Х                                 |                       | Х       |                   |  | 0.   | 458,184.  | 154,770.  |
| (2) Adrienne Vargas                         | $-\frac{20}{20}$   |                                   |                       |         |                   |  |  | 044 000   | F7 0F0  |
| President & CEO                             | 20   | Х                                 |                       | Х       |                   |  | 0.   | 244,336.  | 57,358.   |
| (3) Mary Darling, Interim<br>Corp Secretary | $-\frac{20}{20}$   |                                   |                       | х       |                   |  | 0.   | 175,044.  | 83,669.   |
| (4) Seth Mallios                            | 0.5  |                                   |                       |         |                   |  |  | 1,0,011.  |   |
| Director                                    | 39.5   | Х                                 |                       |         |                   |  | 0.   | 135,344.  | 57,266.   |
| (5) Anita Nottingham                        | 20   |                                   |                       |         |                   |  |  |   |   |
| Corp Secretary                              | 20   |                                   |                       | Х       |                   |  | 0.   | 85,631.   | 46,669.   |
| (6) David H Fuhriman<br>CFO                 | $-\frac{20}{20}$   |                                   |                       | Х       |                   |  | 0.   | 68,160.   | 33,026.   |
| (7) Dan Gross                               | <u>0.5</u><br>0  | х                                 |                       |         |                   |  | 0.   | 0.  | 0   |
| Director<br>(8) Edward Blessing             | 0.5  | Λ                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| Director                                    | 0.5  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (9) Ed Brown                                | 0.5  | Λ                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (10) Christian Holt                         | 0.5  | 21                                |                       |         |                   |  | 0.   | 0.  |   |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (11) Nikki Clay                             | 0.5  |                                   |                       |         |                   |  |  |   |   |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (12) Kim Kilkenny                           | 0.5  |                                   |                       |         |                   |  |  |   |   |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (13) Julie Dillon                           | 0.5  |                                   |                       |         |                   |  |  |   |   |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| (14) Marshall Faulk                         | 0.5  |                                   |                       |         |                   |  |  |   |   |
| Director                                    | 0  | Х                                 |                       |         |                   |  | 0.   | 0.  | 0.  |
| ВАА   | TEEA0  | 107L                              | 07/31/                | /19     |                   |  |  |   | Form <b>990</b> (2019)  |

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F) (A) Average hours Reportable compensation from Reportable compensation from Name and title Estimated amount per week (list any of other compensation from the organization and related the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer Individual trustee Institutional Key Ormer lighest compensated nployee hours for employee related organiza - tions organizations I trustee below dotted line) (15) Greg\_Fowler\_\_\_\_ 0.5 Director Х 0 0 0 0. (16) William Geppert 0.5 Director 0 Х 0 0 0. (17) Maxine Kreitzer 0.5 Director 0 Х 0 0. 0. (18) Mary Curran 0.5 Х 0 Board Chair 0 0 0. (19) DeAnn Cary 0.5 Director 0 Х 0 0 0. (20) Jeff Jeffery 0.5 Director 0 Х 0 0. 0. (21) Steve Doyle 0.5 0 Х 0. 0. 0. Director (22) Alexander Mora 0.5 0 0 0. Director Х 0 (23) Evelyn Lamden 0.5 Х 0 Director 0 0 0. (24) Thom McElroy 0.5 Director 0 Х 0 0. 0. (25) Alan\_Dulgeroff 0.5 Director 0 Х 0 0 0. 1 b Subtotal ,166,699 432, 758. 0 c Total from continuation sheets to Part VII, Section A 0. 0 0. ► d Total (add lines 1b and 1c). 0 1,166,699 432 758. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation 2 from the organization **>** 0 Yes No Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*..... 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for* 4 4 Х such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person ..... 5 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) (B) Description of services Name and business address 219,012 Meketa Fiduciary Management 100 Lowder Brook Dr, Ste 100 Westwood, M Consultant 2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990

2019

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number 33-0868418

| The Campanile Foundation   |    |
|--|----|
| Part VII Continuation: Officers, Directors, Trustees, Key Employees, a Highest Compensated Employees | nd |
|  |    |

| Highest Compensated Employees     |  |   |                         |         |              |                                    |        |  |   |  |  |  |
|-----------------------------------|--|---|-------------------------|---------|--------------|------------------------------------|--------|--|---|--|--|--|
| (A)                               | (B)  | (B) (C)<br>Position (check all that app |                         |         |              |                                    |        | (D)  | (E)   | (F)  |  |  |
| Name and title                    | Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted line) | Poindividual trustee<br>or director     | E Institutional trustee | Officer | Key employee | ap Highest compensated<br>employee | Former | Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |  |  |
| R. Michael Pack                   | 0.5  |   |                         |         |              |                                    |        |  |   |  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Fred Pierce                       | 0.5  |   |                         |         |              |                                    |        |  |   |  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| <u>Elsa Romero</u>                | 0.5  |   |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| <u>Patricia Roscoe</u>            | 0.5  |   |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Susan_Salka                       | 0.5  |   |                         |         |              |                                    |        |  |   |  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Jerry Sanders                     | 0.5  |   |                         |         |              |                                    |        |  |   |  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Bob Scarano                       | 0.5  |   |                         |         |              |                                    |        |  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Christopher Sickels               | 0.5  |   |                         |         |              |                                    |        |  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| <u>Karin Winner</u>               | 0.5_   |   |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Rachel Zahn                       | 0.5_   |   |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| John Wills                        | 0.5_   | v                                       |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0.5  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Jason Campbell                    |  | v                                       |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| James Kitchen                     | 0.5_   | v                                       |                         |         |              |                                    |        | 0  | 0   | 0  |  |  |
| Director                          | 0.5  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Jim Sinegal                       |  | v                                       |                         |         |              |                                    |        | 0.   | 0   | 0  |  |  |
| <u>Director</u><br>Lidia Martinez | 0.5  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Director                          |  | X                                       |                         |         |              |                                    |        | 0.   | 0.  | 0  |  |  |
| Mike Neal                         | 0.5  | Λ                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Director                          |  | X                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Christian Onwuka                  | 0.5  | Λ                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Director                          |  | X                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Angie Robert                      | 0.5  | Λ                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Director                          |  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Micheal Schweitzer                | 0.5  | Λ                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| Director                          |  | Х                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
| DIICCLUI                          | 0  | Λ                                       |                         |         |              |                                    |        | 0.   | 0.  | 0.   |  |  |
|                                   |  | ł                                       |                         |         |              |                                    |        |  |   |  |  |  |
|                                   |  |   |                         |         |              |                                    |        |  |   |  |  |  |
|                                   |  | -                                       |                         |         |              |                                    |        |  |   |  |  |  |
|                                   |  |   |                         |         |              |                                    | 1      | 1  |   | Form <b>990</b> Cont 2019  |  |  |

Form 990 Cont 2019

# Form 990 (2019) The Campanile Foundation Part VIII Statement of Revenue

33-0868418

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|                    | Check if Schedule O contains a  | x . 00r      |   | -                           | (B)   | (C)                              | (D)  |
|--------------------|---|--------------|---|-----------------------------|---|----------------------------------|--|
|                    |   |              |   | <b>(A)</b><br>Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>under section<br>512-514 |
|                    | a Federated campaigns   | 1a           |   |                             |   |                                  |  |
|                    | <b>b</b> Membership dues  | 1 b          | 257,652.                                |                             |   |                                  |  |
|                    | <b>c</b> Fundraising events   | 1 c          |   |                             |   |                                  |  |
|                    | <b>d</b> Related organizations  | 1 d          |   |                             |   |                                  |  |
|                    | e Government grants (contributions)   | 1 e          |   |                             |   |                                  |  |
|                    | <ul> <li>f All other contributions, gifts, grants, and<br/>similar amounts not included above</li> <li>g Noncash contributions included in</li> </ul> | 1 f          | 57,100,368.                             |                             |   |                                  |  |
|                    | lines 1a-1f   | 1 g          |   | 57,358,020.                 |   |                                  |  |
|                    |   |              | Business Code                           | 57,556,020.                 |   |                                  |  |
| 2                  | a   |              |   |                             |   |                                  |  |
| I                  | bb  |              |   |                             |   |                                  |  |
| (                  | cc  |              |   |                             |   |                                  |  |
| (                  | dd  |              |   |                             |   |                                  |  |
| (                  | e   |              |   |                             |   |                                  |  |
| 1                  | f All other program service revenue   | e            |   |                             |   |                                  |  |
| 9                  | g Total. Add lines 2a-2f  |              | ►                                       |                             |   |                                  |  |
| 3                  | other similar amounts)  | • • • •      | ••••••••••••••••••••••••••••••••••••••• | 987,334.                    |   |                                  | 987,33   |
| 4                  | Income from investment of tax-ex  | kemp         | t bond proceeds >                       |                             |   |                                  |  |
| 5                  | Royalties   |              |   |                             |   |                                  |  |
|                    | (i) Re  | al           | (ii) Personal                           |                             |   |                                  |  |
|                    | a Gross rents   |              |   |                             |   |                                  |  |
|                    | b Less: rental expenses 6b  |              |   |                             |   |                                  |  |
|                    | c Rental income or (loss) 6c  |              |   |                             |   |                                  |  |
| (                  | d Net rental income or (loss)   |              |   |                             |   |                                  |  |
| 7 ;                | a Gross amount from (i) Secu  | rities       | (ii) Other                              |                             |   |                                  |  |
|                    | sales of assets other than inventory <b>7a</b> 113942   | 714          |   |                             |   |                                  |  |
| I                  | <b>b</b> Less: cost or other basis  | <b>F C O</b> |   |                             |   |                                  |  |
|                    | and sales expenses 7b 113901  |              |   |                             |   |                                  |  |
|                    | c Gain or (loss) 7c 41,<br>d Net gain or (loss)   | 145          |   | 41 145                      |   |                                  | 41.1   |
|                    |   |              | · · · · · · · · · · · · · · · · · · ·   | 41,145.                     |   |                                  | 41,14  |
| 8;                 | a Gross income from fundraising events<br>(not including \$   |              |   |                             |   |                                  |  |
|                    | of contributions reported on line 1c).  | -            |   |                             |   |                                  |  |
|                    | See Part IV, line 18  | 8            | a                                       |                             |   |                                  |  |
| I                  | <b>b</b> Less: direct expenses  |              | b                                       |                             |   |                                  |  |
|                    | c Net income or (loss) from fundral   | -            |   |                             |   |                                  |  |
|                    | a Gross income from gaming activities.<br>See Part IV, line 19  | Ē            | a                                       |                             |   |                                  |  |
|                    | <b>b</b> Less: direct expenses  |              | a<br>b                                  |                             |   |                                  |  |
|                    | c Net income or (loss) from gaming  | -            | - T                                     |                             |   |                                  |  |
|                    |   |              |   |                             |   |                                  |  |
|                    | a Gross sales of inventory, less returns and allowances   | 10           |   |                             |   |                                  |  |
|                    | <b>b</b> Less: cost of goods sold   | 10           |   |                             |   |                                  |  |
| (                  | <b>c</b> Net income or (loss) from sales of   | of inve      | -                                       |                             |   |                                  |  |
|                    |   |              | Business Code                           |                             |   |                                  |  |
| 11 :<br> <br> <br> | a   |              |   |                             |   |                                  |  |
| I                  | b   |              |   |                             |   |                                  |  |
| (                  | c   |              |   |                             |   |                                  | <b></b>  |
|                    | d All other revenue   |              |   |                             |   |                                  |  |
|                    | e Total. Add lines 11a-11d  |              |   |                             |   |                                  |  |

|          | Check if Schedule O contains a r   |                       |   |   | X                                     |
|----------|--|-----------------------|---|---|---------------------------------------|
|          | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic<br>organizations and domestic governments.<br>See Part IV, line 21   | 20,010,261.           | 20,010,261.                               |   |                                       |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22  | , ,                   |   |   |                                       |
| 3        | Grants and other assistance to foreign<br>organizations, foreign governments, and for-<br>eign individuals. See Part IV, lines 15 and 16   |                       |   |   |                                       |
| 4<br>5   | Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees   | 0.                    | 0.  | 0.  | 0.                                    |
| 6        | Compensation not included above to<br>disqualified persons (as defined under<br>section 4958(f)(1)) and persons described<br>in section 4958(c)(3)(B)  | 0.                    | 0.  | 0.  | 0.                                    |
| 7        | Other salaries and wages   |                       |   |   |                                       |
| 8        | Pension plan accruals and contributions<br>(include section 401(k) and 403(b)<br>employer contributions)   |                       |   |   |                                       |
| 9        | Other employee benefits  |                       |   |   |                                       |
| 10       | Payroll taxes  |                       |   |   |                                       |
| 11       | Fees for services (nonemployees):  |                       |   |   |                                       |
| á        | a Management   |                       |   |   |                                       |
| I        | Legal  | 22,905.               | 16,481.                                   | 6,424.                                    |                                       |
| (        | Accounting   | 44,726.               |   | 44,726.                                   |                                       |
| (        | Lobbying   |                       |   |   |                                       |
| (        | e Professional fundraising services. See Part IV, line 17  |                       |   |   |                                       |
|          | Investment management fees   | 219,012.              |   | 219,012.                                  |                                       |
|          | Other. (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule 0.)  | 680,910.              | 22,105.                                   | 3,459.                                    | 655,346.                              |
| 12       | Advertising and promotion  | 631,110.              | 21,123.                                   | 45,205.                                   | 564,782.                              |
| 13       | Office expenses  | 4,185,788.            | 3,712,232.                                | 55,967.                                   | 417,589.                              |
| 14       | Information technology   |                       |   |   |                                       |
| 15       | Royalties  |                       |   |   |                                       |
| 16       | Occupancy  | 440,411.              | 192,345.                                  | 5,153.                                    | 242,913.                              |
| 17       | Travel   | 573,294.              | 367,441.                                  | 243.                                      | 205,610.                              |
| 18       | Payments of travel or entertainment<br>expenses for any federal, state, or local<br>public officials   |                       |   |   |                                       |
|          | Conferences, conventions, and meetings   | 433,710.              | 197,121.                                  | 46,533.                                   | 190,056.                              |
| 20<br>21 | Payments to affiliates   |                       |   |   |                                       |
| 21<br>22 | Depreciation, depletion, and amortization  |                       |   |   |                                       |
| 22       |  |                       |   |   |                                       |
| 24       | Other expenses. Itemize expenses not<br>covered above (List miscellaneous expenses<br>on line 24e. If line 24e amount exceeds 10%<br>of line 25, column (A) amount, list line 24e<br>expenses on Schedule O.)                  |                       |   |   |                                       |
| ä        | <sup>a</sup> Reimbursed_administrative_exp   | 1,219,193.            |   | 1,023,485.                                | 195,708.                              |
|          | Aztec_stadium_support  | 1,100,000.            |   |   | 1,100,000.                            |
| (        | Trust_distributions  | 732,519.              | 732,519.                                  |   |                                       |
| (        | Other_program_support  | 302,397.              | 302,397.                                  |   |                                       |
|          | All other expenses   |                       |   |   |                                       |
|          | Total functional expenses. Add lines 1 through 24e   | 30,596,236.           | 25,574,025.                               | 1,450,207.                                | 3,572,004.                            |
| 26       | Joint costs. Complete this line only if<br>the organization reported in column (B)<br>joint costs from a combined educational<br>campaign and fundraising solicitation.<br>Check here ► if following<br>SOP 98-2 (ASC 958-720) |                       |   |   |                                       |
| RAA      |  |                       |   |   | Form <b>990</b> (2019)                |

### Form 990 (2019) The Campanile Foundation

| 33-0868418 |  |
|------------|--|
|------------|--|

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Part X Balance Sheet

| Pa                          | πΧ       | Check if Schedule O contains a response or note to any line in this Part X  |                                 |          |   |
|-----------------------------|----------|---|---------------------------------|----------|---|
|                             |          | · · · · ·   | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year               |
|                             | 1        | Cash – non-interest-bearing   | 2,821,320.                      | 1        | 11,626,980.                             |
|                             | 2        | Savings and temporary cash investments.   |                                 | 2        |   |
|                             | 3        | Pledges and grants receivable, net  | 15,179,758.                     | 3        | 30,176,930.                             |
|                             | 4        | Accounts receivable, net  | 847,769.                        | 4        | 2,148,139.                              |
|                             | 5        | Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons |                                 | 5        |   |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under   |                                 |          |   |
|                             |          | section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                                 | 6        |   |
|                             | 7        | Notes and loans receivable, net   | 5,067,556.                      | 7        | 4,812,961.                              |
| ts                          | 8        | Inventories for sale or use   |                                 | 8        | , |
| Assets                      | 9        | Prepaid expenses and deferred charges   |                                 | 9        |   |
| Ä                           | 10 a     | Land, buildings, and equipment: cost or other basis.<br>Complete Part VI of Schedule D  |                                 |          |   |
|                             | b        | Less: accumulated depreciation 10b  |                                 | 10 c     |   |
|                             | 11       | Investments – publicly traded securities.   |                                 | 11       |   |
|                             | 12       | Investments – other securities. See Part IV, line 11  | 350,512,535.                    | 12       | 361,931,616.                            |
|                             | 13       | Investments - program-related. See Part IV, line 11   |                                 | 13       |   |
|                             | 14       | Intangible assets.  |                                 | 14       |   |
|                             | 15       | Other assets. See Part IV, line 11  | 12,568,755.                     | 15       | 21,022,152.                             |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 33)   | 386,997,693.                    | 16       | 431,718,778.                            |
|                             | 17       | Accounts payable and accrued expenses   | 3,603,115.                      | 17       | 3,378,824.                              |
|                             | 18       | Grants payable  |                                 | 18       |   |
|                             | 19       | Deferred revenue  | 6,830,428.                      | 19       | 6,441,820.                              |
|                             | 20       | Tax-exempt bond liabilities   |                                 | 20       |   |
| ies                         | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D.  |                                 | 21       |   |
| Liabilities                 | 22       | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons            |                                 | 22       |   |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties  |                                 | 23       |   |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties  |                                 | 24       |   |
|                             | 25       | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  | 23,765,819.                     | 25       | 24,496,349.                             |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 34,199,362.                     | 26       | 34,316,993.                             |
| lces                        |          | Organizations that follow FASB ASC 958, check here ► X<br>and complete lines 27, 28, 32, and 33.  |                                 |          |   |
| lar                         | 27       | Net assets without donor restrictions   | 3,621,964.                      | 27       | 3,986,269.                              |
| Ba                          | 28       | Net assets with donor restrictions  | 349,176,367.                    | 28       | 393,415,516.                            |
| Fund                        |          | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.   |                                 |          |   |
| ō                           | 29       | Capital stock or trust principal, or current funds  |                                 | 29       |   |
| ŝ                           |          | Paid-in or capital surplus, or land, building, or equipment fund  |                                 | 30       |   |
| <u></u>                     | 30       | i ala in or oupliar surplus, or land, banang, or oquipmont land.  |                                 |          |   |
| sset                        | 30<br>31 | Retained earnings, endowment, accumulated income, or other funds  |                                 | 31       |   |
| Net Assets or Fund Balances |          |   | 352,798,331.                    | 31<br>32 | 397,401,785.                            |

BAA

Form 990 (2019)

| Form | 990             | (2019)                           | The                | Camp                  | oani]                | le Fo                | undat  | ior          | n           |                      |                |              |              |                 |               |                   |                 |              | 3         | 3-0    | 0868   | 418 |      | Pa    | age <b>12</b> |
|------|-----------------|----------------------------------|--------------------|-----------------------|----------------------|----------------------|--|--------------|-------------|----------------------|----------------|--------------|--------------|-----------------|---------------|-------------------|-----------------|--------------|-----------|--------|--------|-----|------|-------|---------------|
| Par  | t XI            | Reco                             |                    |                       |                      |                      |  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        |        |     |      |       |               |
|      |                 | Check                            | if Sch             | nedule C              | ) conta              | ains a r             | esponse  | or r         | note        | e to an              | ny lir         | ne ir        | n this       | Part            | XI            |                   |                 |              |           |        |        |     |      |       | 🗌             |
| 1    | Tota            | l revenu                         | e (mus             | st equal              | Part \               | /III, col            | umn (A),   | , line       | e 12        | 2)                   |                |              |              |                 |               |                   |                 |              |           |        | 1      | [   | 58,3 | 86,   | 499.          |
| 2    | Tota            | l expens                         | ses (m             | ust equ               | al Part              | IX, co               | umn (A),   | , line       | ne 2        | 5)                   |                |              |              |                 |               |                   |                 |              |           |        | 2      | ( ) | 30,5 | 96,3  | 236.          |
| 3    | Reve            | enue less                        | s expe             | nses. S               | ubtrac               | t line 2             | from line  | e 1.         |             |                      |                |              |              |                 |               |                   |                 |              |           |        | 3      |     | 27,7 | 90,2  | 263.          |
| 4    | Net a           | assets o                         | r fund             | balance               | es at b              | eginnir              | g of year  | r (m         | nust        | t equal              | l Par          | rt X         | , line       | 32, c           | colur         | mn (A             | <b>4)).</b>     |              |           |        | 4      | 35  | 52,7 | 98,   | 331.          |
| 5    | Net             | unrealize                        | ed gair            | ns (loss              | es) on               | investr              | nents  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        | 5      | 1   | 16,8 | 13,   | 191.          |
| 6    | Dona            | ated serv                        | vices a            | and use               | of faci              | ilities              |  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        | 6      |     |      |       |               |
| 7    |                 |                                  | •                  |                       |                      |                      |  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        | 7      |     |      |       |               |
| 8    |                 |                                  |                    |                       |                      |                      |  |              |             |                      |                |              |              |                 |               |                   |                 |              |           | -      | 8      |     |      |       |               |
| 9    | Othe            | er change                        | es in n            | net asse              | ts or f              | und bal              | ances (e   | expla        | ain         | on Sch               | hedu           | ule (        | 0)           |                 |               |                   |                 |              |           |        | 9      |     |      |       | 0.            |
| 10   |                 |                                  |                    |                       |                      |                      | . Combine  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        | 10     | 39  | 97,4 | 01,   | 785.          |
| Par  | t XII           | Finar                            | ncial              | Stater                | nents                | s and                | Reporti  | ing          | J           |                      |                |              |              |                 |               |                   |                 |              |           |        | ·      |     |      |       |               |
|      |                 | Check                            | if Sch             | edule C               | ) conta              | ains a r             | esponse  | or r         | note        | e to an              | ny lir         | ne ir        | n this       | Part            | XII           |                   |                 |              |           |        |        |     |      |       | 🔲             |
|      |                 |                                  |                    |                       |                      |                      |  |              |             | _                    |                |              | _            |                 | _             |                   |                 |              |           |        |        |     |      | Yes   | No            |
| 1    | Acco            | ounting r                        | nethoc             | d used t              | o prep               | are the              | Form 99  | 90:          |             | Cash                 |                | Х            | Accr         | rual            |               | Oth               | her             |              |           |        |        |     |      |       |               |
|      |                 | e organiz<br>chedule             |                    | change                | d its m              | nethod               | of accour  | nting        | g fr        | om a p               | prior          | r yea        | ar or        | checl           | ked           | 'Othe             | er,' ex         | kplain       |           |        |        |     |      |       |               |
| 2 a  | Were            | e the org                        | ganizat            | ion's fir             | nancial              | staten               | nents cor  | mpil         | led         | or revi              | iewe           | ed b         | y an         | indep           | bend          | lent a            | iccou           | ntant?       |           |        |        |     | 2a   |       | Х             |
|      |                 | es,' chec<br>arate bas<br>Separa | sis, cor           | nsolidat              | <u>ed</u> bas        | is, or b             | vhether tl<br>oth:<br>ed basis   |              |             | ncial s<br>Both      |                |              |              |                 | 5             |                   |                 |              | l or revi | iewe   | d on a | a   |      |       |               |
| Ŀ    | Were            | e the ord                        | anizat             | ion's fir             | ancial               | staten               | ients aud  | dited        | d by        | v an in              | ndep           | end          | lent a       | iccoui          | ntan          | nt?               |                 |              |           |        |        |     | 2 b  | Х     |               |
|      | lf 'Ye          | -                                | ck a bo<br>lidated | ox belov<br>I basis,  | v to inc<br>or bot   | dicate v<br>h:       | vhether the the the the value of the | he f         | fina        |                      | state          | emei         | nts fo       | or the          | yea           | ar wer            | re au           | dited c      |           |        | te     |     |      |       |               |
| c    | If 'Ye<br>revie | es' to line<br>ew, or co         | e 2a or<br>ompilat | 2b, doe<br>tion of i  | s the or<br>ts finar | rganizat<br>ncial st | ion have<br>atements   | a co<br>s an | omn<br>nd s | nittee tl<br>electio | hat a<br>on of | assu<br>f an | umes<br>inde | respoi<br>pende | nsib<br>ent a | ility fo<br>accou | or ove<br>untan | rsight<br>t? | of the a  | udit,  |        |     | 2 c  | Х     |               |
|      | on S            | schedule                         | Ο.                 | 0                     |                      |                      | ersight p  |              |             |                      |                |              |              |                 | 0             |                   | -               |              |           |        |        |     |      |       |               |
| 3 a  | As a<br>Audi    | result of<br>t Act and           | a fede<br>d OMB    | ral awai<br>3 Circula | d, was<br>ar A-13    | the org<br>33?       | anization  | req          | uire        | ed to ur             | nderg          | go a<br>     | an auc       | dit or a        | audit         | ts as :           | set fo          | rth in t     | he Sing   | le<br> |        |     | 3a   |       | Х             |
| t    |                 |                                  |                    |                       |                      |                      | equired aund descri  |              |             |                      |                |              |              |                 |               |                   |                 |              |           |        |        |     | 3b   |       |               |
| BAA  |                 |                                  |                    |                       |                      |                      |  |              |             | TEE                  | A0112          | 2L (         | 01/21/2      | 20              |               |                   |                 |              |           |        |        |     | Form | 990 o | (2019)        |

SCHEDULE A (Form 990 or 990-EZ)

# **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.

Open to Public

OMB No. 1545-0047

2019

| Depart<br>Interna | ment of the Treasury<br>I Revenue Service | ► (  | Go to www.irs.gov/Fo  | rm990 for instructions   | and the                       | latest i                                  | nformation.  | Inspection  |
|-------------------|---|--|---|--|-------------------------------|---|--|---|
|                   | of the organization                       |  |   |  |                               |   | Employer identification                            | ation number  |
|                   | Campanile                                 |  |   |  |                               |   | 33-086841  |   |
| Par               |   |  |   | rganizations must o  |                               |   | 1 /  | tions.  |
|                   | Ĕ-  | •  | •   | For lines 1 through 12,  |                               | 2   | ,  |   |
| 1                 |   |  |   | nurches described in sec   |                               |   | i).  |   |
| 2                 |   |  |   | Schedule E (Form 990 or  |                               |   |  |   |
| 3                 |   | •  |   | ization described in sec   |                               |   |  |   |
| 4                 | name, city, ar                            | -  |   | unction with a hospital  |                               |   | tion 170(b)(1)(A)(III). E                          | inter the hospital's                                    |
| F                 |   |  |   |  |                               |   |  |   |
| 5                 | X An organization section 170(b           | on operated for<br>•)(1)(A)(iv). (Co       | the benefit of a colle mplete Part II.)                                     | ge or university owned   | or oper                       | ated by                                   | a governmental unit de                             | escribed in   |
| 6                 | A federal, sta                            | te, or local gov                           | ernment or governme   | ental unit described in s  | section 1                     | <b>70(b)(</b> 1)                          | (A)(v).  |   |
| 7                 | An organizatio                            | n that normally r<br>D(b)(1)(A)(vi).(      | eceives a substantial p<br>Complete Part II.)                               | part of its support from a   | governm                       | ental uni                                 | t or from the general pu                           | olic described  |
| 8                 | A community                               | trust described                            | in section 170(b)(1)(A  | A)(vi). (Complete Part   | II.)                          |   |  |   |
| 9                 |   |  |   | tion 170(b)(1)(A)(ix) oper   |                               |   |  |   |
|                   |   | r a non-land-grai                          | nt college of agriculture   | e (see instructions). Enter  | r the nan                     | ne, city, a                               | and state of the college                           | or  |
|                   | university:                               |  |   |  |                               |   |  |   |
| 10                | from activities                           | s related to its e                         | exempt functions-sub  | 33-1/3% of its support from<br>oject to certain exception<br>e income (less section      | ons, and                      | (2) no i                                  | more than 33-1/3% of i                             | ts support from gross                                   |
|                   | June 30, 1975                             | 5. See section !                           | 509(a)(2). (Complete F  | Part III.)   |                               |   |  |   |
| 11                | _   | -  | •   | ely to test for public safe  | -                             |   |  |   |
| 12                | or more public                            | cly supported o                            | rganizations describe   | ely for the benefit of, to<br>d in <b>section 509(a)(1)</b> of<br>upporting organization | or <b>sectio</b>              | n 509(a)                                  | )(2). See section 509(a                            | ut the purposes of one<br><b>)(3).</b> Check the box in |
| а                 | Type I. A supp<br>organization(s)         | orting organizati                          | on operated, supervised<br>gularly appoint or elect                         | d, or controlled by its sup<br>a majority of the directo                                 | oported a                     | Irganizat                                 | ion(s), typically by giving                        | ) the supported<br>on. <b>You must</b>                  |
| b                 | ·   |  |   | ontrolled in connection  | with its                      | support                                   | ed organization(s) by                              | having control or                                       |
| -                 | management o                              | of the supporting<br>te Part IV, Sect      | organization vested in  | the same persons that c  | ontrol or                     | manage                                    | the supported organizat                            | ion(s). <b>You</b>                                      |
| С                 | Type III function                         | nally integrated<br>s) (see instructi      | . A supporting organizat<br>ons). <b>You must comp</b>                      | ion operated in connectio<br>plete Part IV, Sections                                     | n with, ai<br><b>A, D, an</b> | nd functio<br><b>d E.</b>                 | onally integrated with, its                        | supported   |
| d                 | functionally in                           | nctionally integrated. The of You must com | rated. A supporting org<br>organization generally<br>plete Part IV, Section | anization operated in cor<br>must satisfy a distribu<br><b>s A and D, and Part V.</b>    | nnection<br>Ition req         | with its s<br>uiremen                     | supported organization(s<br>t and an attentiveness | ) that is not<br>requirement (see                       |
| е                 | Check this bo                             | x if the organiz                           | ation received a writte   | en determination from supporting organization  | the IRS                       | that it is                                | а Туре I, Туре II, Тур                             | e III functionally                                      |
| f                 |   |  |   |  |                               |   |  |   |
| g                 | Provide the follow                        | wing informatio                            | n about the supported   | d organization(s).   |                               |   |  |   |
|                   | (i) Name of supported o                   | rganization                                | <b>(ii)</b> EIN   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))      | organizat<br>in your g        | s the<br>tion listed<br>overning<br>ment? | (v) Amount of monetary support (see instructions)  | (vi) Amount of other support (see instructions)         |
|                   |   |  |   |  | Yes                           | No  |  |   |
| (A)               |   |  |   |  |                               |   |  |   |
|                   |   |  |   |  |                               |   |  |   |
| (B)               |   |  |   |  |                               |   |  |   |
| (C)               |   |  |   |  |                               |   |  |   |
| (D)               |   |  |   |  |                               |   |  |   |
| (E)               |   |  |   |  |                               |   |  |   |
| <u> </u>          |   |  |   |  |                               |   |  |   |

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

|              | 11  |  |  |   |  |   |                        |
|--------------|---|--|--|---|--|---|------------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2015                          | <b>(b)</b> 2016                          | <b>(c)</b> 2017                           | <b>(d)</b> 2018                              | <b>(e)</b> 2019                         | (f) Total              |
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')  | 42847308.                                | 44087335.                                | 52233407.                                 | 36680207.                                    | 57358020.                               | 233206277.             |
| 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.                     |
| 4            | Total. Add lines 1 through 3  | 42847308.                                | 44087335.                                | 52233407.                                 | 36680207.                                    | 57358020.                               | 233206277.             |
| 5            | The portion of total<br>contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount<br>shown on line 11, column (f) |  |  |   |  |   | 29,284,026.            |
| 6            | Public support. Subtract line 5 from line 4   |  |  |   |  |   | 203922251.             |
| Sec          | tion B. Total Support   |  |  |   |  |   |                        |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2015                          | <b>(b)</b> 2016                          | <b>(c)</b> 2017                           | <b>(d)</b> 2018                              | <b>(e)</b> 2019                         | <b>(f)</b> Total       |
| 7            | Amounts from line 4   | 42847308.                                | 44087335.                                | 52233407.                                 | 36680207.                                    | 57358020.                               | 233206277.             |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources   | 2,892,540.                               | 2,835,219.                               | 4,433,210.                                | 1,003,601.                                   | 1,028,479.                              | 12,193,049.            |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |  |   |  |   | 0.                     |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.)  |  |  |   |  |   | 0.                     |
| 11           | Total support. Add lines 7 through 10   |  |  |   |  |   | 245399326.             |
| 12           | Gross receipts from related activ   | vities, etc. (see ins                    | structions)                              |   |  | 12                                      | 0.                     |
| 13           | First five years. If the Form 990 is organization, check this box and   | for the organization stop here           | n's first, second, th                    | ird, fourth, or fifth                     | tax year as a sectio                         | on 501(c)(3)                            | ►                      |
| Sec          | tion C. Computation of Pu   | blic Support P                           | ercentage                                |   |  |   |                        |
|              | Public support percentage for 20  |  |  |   |  |   | 83.10%                 |
|              | Public support percentage from  |  |  |   |  |   | 80.09%                 |
| 16a          | <b>33-1/3% support test-2019.</b> If t and <b>stop here.</b> The organization   | he organization di<br>qualifies as a pul | id not check the b<br>plicly supported o | oox on line 13, an<br>rganization         | d line 14 is 33-1/3                          | 3% or more, checl                       | < this box<br>·····► Χ |
| b            | 33-1/3% support test-2018. If the and stop here. The organization   | ne organization die<br>qualifies as a pu | d not check a box<br>blicly supported o  | on line 13 or 16a                         | a, and line 15 is 3                          | 3-1/3% or more, o                       | check this box<br>►    |
| 17a          | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>the organization meets the 'facts  | meets the 'facts-a                       | and-circumstance                         | s' test. check this                       | box and stop her                             | r <b>e.</b> Explain in Par              | VI how                 |
|              | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>organization meets the 'facts-an   | meets the 'facts-a<br>d-circumstances'   | and-circumstances<br>test. The organiza  | s' test, check this<br>ation qualifies as | box and <b>stop he</b><br>a publicly support | re. Explain in Part<br>ed organization. | t VI how the           |
| 18           | Private foundation. If the organize   | zation did not che                       | ck a box on line                         | 13, 16a, 16b, 17a                         | , or 17b, check th                           | is box and see ins                      | structions ►           |
| BAA          |   |  |  |   | Sc   | hedule A (Form 9                        | 90 or 990-EZ) 2019     |

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support  |                                   |                          |                      |                      |                     |                  |
|-----|---|-----------------------------------|--------------------------|----------------------|----------------------|---------------------|------------------|
|     | lar year (or fiscal year beginning in) ►  | (a) 2015                          | <b>(b)</b> 2016          | (c) 2017             | (d) 2018             | (e) 2019            | <b>(f)</b> Total |
| 1   | Gifts, grants, contributions,<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')   |                                   |                          |                      |                      |                     |                  |
| 2   | Gross receipts from admissions,<br>merchandise sold or services<br>performed, or facilities<br>furnished in any activity that is<br>related to the organization's<br>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   |                                   |                          |                      |                      |                     |                  |
|     | <b>Total.</b> Add lines 1 through 5<br>Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons   |                                   |                          |                      |                      |                     |                  |
| b   | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year           |                                   |                          |                      |                      |                     |                  |
| с   | Add lines 7a and 7b   |                                   |                          |                      |                      |                     |                  |
| 8   | Public support. (Subtract line 7c from line 6.)   |                                   |                          |                      |                      |                     |                  |
|     | tion B. Total Support   | T                                 |                          |                      |                      |                     |                  |
|     | dar year (or fiscal year beginning in) ►  | (a) 2015                          | <b>(b)</b> 2016          | (c) 2017             | (d) 2018             | (e) 2019            | <b>(f)</b> Total |
|     | Amounts from line 6   |                                   |                          |                      |                      |                     |                  |
|     | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources  |                                   |                          |                      |                      |                     |                  |
| с   | Add lines 10a and 10b   |                                   |                          |                      |                      |                     |                  |
| 11  | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on  |                                   |                          |                      |                      |                     |                  |
| 12  | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.)  |                                   |                          |                      |                      |                     |                  |
|     | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                                   |                          |                      |                      |                     |                  |
|     | First five years. If the Form 990 organization, check this box and  | stop here                         |                          | nd, third, fourth, c | or fifth tax year as | a section 501(c)(   | 3)<br>▶          |
|     | tion C. Computation of Pu   |                                   |                          | 10 10 10             | <u>,</u>             |                     | 0                |
|     | Public support percentage for 20  |                                   |                          |                      |                      |                     | 00               |
| -   | Public support percentage from  |                                   |                          |                      |                      | 16                  | 010              |
|     | tion D. Computation of Inv  |                                   |                          |                      |                      |                     | 0                |
| 17  | Investment income percentage f  |                                   |                          |                      |                      |                     | 00               |
| 18  | Investment income percentage f  |                                   |                          |                      |                      |                     | 00               |
|     | <b>33-1/3% support tests—2019.</b> If is not more than 33-1/3%, check   | <pre>&lt; this box and stop</pre> | <b>p here.</b> The orgar | nization qualifies a | as a publicly supp   | orted organizatior  | 1 🕨              |
|     | <b>33-1/3% support tests</b> — <b>2018.</b> If f line 18 is not more than 33-1/3%   | 6, check this box a               | and <b>stop here.</b> Th | e organization qu    | alifies as a public  | ly supported orga   | nization 🕨       |
| 20  | Private foundation. If the organi   | zation did not che                | ck a box on line         | 14, 19a, or 19b, c   | check this box and   | I see instructions. | ▶                |

Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

Yes

Page 4

No

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

# Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

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

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

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

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

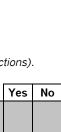
Yes

1

2

No

33-0868418



2a

2b

3a

3h

| 1 | Pane | 6 |
|---|------|---|
|   |      | U |

| 1 Check here if the organization satisfied the Integral Part Test as a qualifying tru<br>instructions. All other Type III non-functionally integrated supporting organization                              | st on No <sup>.</sup><br>ons must | v. 20, 1970 (explain in<br>complete Sections A | n Part VI). <b>See</b><br>through E. |
|--|-----------------------------------|--|--------------------------------------|
| ection A – Adjusted Net Income   |                                   | (A) Prior Year                                 | (B) Current Year<br>(optional)       |
| 1 Net short-term capital gain  | 1                                 |  |                                      |
| 2 Recoveries of prior-year distributions   | 2                                 |  |                                      |
| <b>3</b> 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                                 |  |                                      |
| ection B – Minimum Asset Amount  |                                   | (A) Prior Year                                 | (B) Current Yea<br>(optional)        |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short<br>tax year or assets held for part of year):   | t                                 |  |                                      |
| a Average monthly value of securities  | 1a                                |  |                                      |
| <b>b</b> Average monthly cash balances   | 1b                                |  |                                      |
| c 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                                 |  |                                      |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 4                                 |  |                                      |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5                                 |  |                                      |
| 6 Multiply line 5 by .035.   | 6                                 |  |                                      |
| 7 Recoveries of prior-year distributions   | 7                                 |  |                                      |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8                                 |  |                                      |
| ection C – Distributable Amount  |                                   |  | Current Year                         |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1                                 |  |                                      |
| 2 Enter 85% of line 1.   | 2                                 |  |                                      |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3                                 |  |                                      |
| 4 Enter greater of line 2 or line 3.   | 4                                 |  |                                      |
| 5 Income tax imposed in prior year   | 5                                 |  |                                      |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6                                 |  |                                      |
|  |                                   |  |                                      |

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

BAA

Schedule A (Form 990 or 990-EZ) 2019

| Section D – I          | Distributions   |                                |  | Current Year                              |
|------------------------|---|--------------------------------|--|---|
| 1 Amounts p            | aid to supported organizations to accomplish exempt put   | rposes                         |  |   |
| 2 Amounts pa           | id to perform activity that directly furthers exempt purposes of income from activity   |                                | IS,                                    |   |
| 3 Administra           | tive expenses paid to accomplish exempt purposes of su  | pported organizations          |  |   |
| 4 Amounts p            | aid to acquire exempt-use assets  |                                |  |   |
| 5 Qualified s          | et-aside amounts (prior IRS approval required)  |                                |  |   |
| 6 Other distri         | butions (describe in Part VI). See instructions.  |                                |  |   |
| 7 Total annu           | al distributions. Add lines 1 through 6.  |                                |  |   |
|                        | to attentive supported organizations to which the organization See instructions.  | on is responsive (provide      | e details                              |   |
| 9 Distributab          | e amount for 2019 from Section C, line 6  |                                |  |   |
| 10 Line 8 amo          | unt divided by line 9 amount  |                                |  |   |
| Section E - D          | Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributabl         | e amount for 2019 from Section C, line 6  |                                |  |   |
|                        | butions, if any, for years prior to 2019 (reasonable ired – explain in Part VI). See instructions.  |                                |  |   |
| 3 Excess dist          | tributions carryover, if any, to 2019   |                                |  |   |
| <b>a</b> From 2014     |   |                                |  |   |
|                        |   |                                |  |   |
|                        |   |                                |  |   |
| <b>d</b> From 2017.    |   |                                |  |   |
| e From 2018            |   |                                |  |   |
| f Total of lin         | es 3a through e   |                                |  |   |
| <b>g</b> Applied to    | underdistributions of prior years   |                                |  |   |
| h Applied to           | 2019 distributable amount   |                                |  |   |
| i Carryover f          | rom 2014 not applied (see instructions)   |                                |  |   |
| j Remainder            | . Subtract lines 3g, 3h, and 3i from 3f.  |                                |  |   |
| 4 Distribution line 7: | is for 2019 from Section D,<br>\$   |                                |  |   |
| a Applied to           | underdistributions of prior years   |                                |  |   |
|                        | 2019 distributable amount   |                                |  |   |
| -                      | . Subtract lines 4a and 4b from 4.  |                                |  |   |
| Subtract lir           | underdistributions for years prior to 2019, if any.<br>nes 3g and 4a from line 2. For result greater than<br>in in Part VI. See instructions. |                                |  |   |
|                        | underdistributions for 2019. Subtract lines 3h and 4b<br>. For result greater than zero, explain in Part VI. See<br>S.                        |                                |  |   |
| 7 Excess dis           | tributions carryover to 2020. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown            | of line 7:  |                                |  |   |
| a Excess from          | m 2015  |                                |  |   |
|                        | m 2016  |                                |  |   |
| c Excess from          | m 2017  |                                |  |   |
| d Excess from          | m 2018  |                                |  |   |
| e Excess from          |   |                                |  |   |

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

| Schedule B   |   |                      |  |  |  |  |
|--|---|----------------------|--|--|--|--|
| (Form 990, 990-EZ,<br>or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | Schedule of Contributors<br>► Attach to Form 990, Form 990-EZ, or Form 990-PF.<br>► Go to www.irs.gov/Form990 for the latest information. |                      |  |  |  |  |
| Name of the organization   |   | Employer identificat |  |  |  |  |
| The Campanile Fo   | oundation   | 33-0868418           |  |  |  |  |
| Organization type (check   | one):   |                      |  |  |  |  |
| Filers of:   | Section:  |                      |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |                      |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private   | foundation           |  |  |  |  |

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

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

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

#### General Rule

Form 990-PF

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations Х under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

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

#### DUDT TO DISCLOSUDE CODV

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

OMB No. 1545-0047

2019

ification number

L

| Schedule E | 3 |
|------------|---|
|------------|---|

Т

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | 1                            | 1  | Page <b>2</b> |
|---|------------------------------|----|---------------|
| Name of organization                            | Employer identification numb | er |               |
| The Campanile Foundation                        | 33-0868418                   |    |               |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional sp | bace is needed.               |   |
|------------|--|-------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>1</u>   |  | \$ <u>3,690,550.</u>          | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| 2          |  | \$2 <u>,232,457.</u>          | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
| <u>3_</u>  |  | \$ <u>1,608,177.</u>          | Person     X       Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|            |  | \$                            | Person        Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|            |  | \$                            | Person        Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|            |  | \$                            | Person        Payroll        Noncash        (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | 1              | 1             | Page <b>3</b> |
|---|----------------|---------------|---------------|
| Name of organization                            | Employer ident | ification nur | nber          |
| The Campanile Foundation                        | 33-08684       | 418           |               |

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

| Part II                   | <b>NONCASH Property</b> (see instructions). Use duplicate copies of Part II if additionate additionate copies of Part II if additionate additio | al space is needed.                             |                      |
|---------------------------|---|---|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           | N/A   |   |                      |
|                           |   |   |                      |
|                           |   | \$\$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br>\$\$  |                      |
| (a) No.<br>from           | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| Part I                    |   | (See instructions.)                             | Date received        |
|                           |   |   |                      |
|                           |   | <br>\$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br>\$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br><br>  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   |   |                      |
| AA                        |   | Schedule B (Form 990, 990-E                     |                      |

|                           | B (Form 990, 990-EZ, or 990-PF) (2019)   |   | 1 1 Page <b>4</b>   |  |  |
|---------------------------|--|---|---|--|--|
| Name of orga<br>The Car   | nnization<br>mpanile Foundation  |   | Employer identification number 33-0868418   |  |  |
|                           | <b>Exclusively</b> religious, charitable, e<br>or (10) that total more than \$1,000 for t<br>the following line entry. For organizations c | he year from any one contribute<br>ompleting Part III, enter the total o<br>(Enter this information once. See i | ations described in section 501(c)(7), (8),<br>or. Complete columns (a) through (e) and |  |  |
| (a)<br>No. from<br>Part I |  | (c)<br>Use of gift  | (d)<br>Description of how gift is held  |  |  |
|                           | <u>N/A</u>   |   |   |  |  |
|                           |  |   |   |  |  |
|                           | Transferee's name, addres  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relationship of transferor to transferee  |  |  |
| (a)                       | (b)  |   |   |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  | (d)<br>Description of how gift is held  |  |  |
|                           |  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relationship of transferor to transferee  |  |  |
|                           |  |   | · · · · · · · · · · · · · · · · · · ·   |  |  |
|                           |  |   |   |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  | (d)<br>Description of how gift is held  |  |  |
|                           |  |   |   |  |  |
|                           | Transferee's name, addres  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relationship of transferor to transferee  |  |  |
|                           |  |   |   |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift   | (c)<br>Use of gift  | (d)<br>Description of how gift is held  |  |  |
|                           |  |   |   |  |  |
|                           | Transferee's name, addres  | (e)<br>Transfer of gift<br>ss, and ZIP + 4  | Relationship of transferor to transferee  |  |  |
|                           |  |   |   |  |  |
| BAA                       |  |   | Schedule B (Form 990, 990-EZ, or 990-PF) (2019)   |  |  |

|                | HEDULE D<br>rm 990)   | ► Complete  | Diemental Financial Statements<br>e if the organization answered 'Yes' on Form 9<br>, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o | 990.                      | OMB No. 1545-0047            |
|----------------|---|---|---|---------------------------|------------------------------|
| Depa<br>Interr | rtment of the Treasury<br>al Revenue Service                                  |   | <ul> <li>Attach to Form 990.</li> <li>gov/Form990 for instructions and the latest in</li> </ul>   |                           | Open to Public<br>Inspection |
|                |   | nile Foundation   | r Advised Funds or Other Similar Fu   | 33-08                     | identification number        |
| Pa             | Complete  | if the organization answ                                      | vered 'Yes' on Form 990, Part IV, line  | 6.                        |                              |
|                |   |   | (a) Donor advised funds   | (b) Funds and             | other accounts               |
| 1              | Total number at e   | nd of year  | 11  |                           |                              |
| 2              | Aggregate value of con  | tributions to (during year)                                   | 41,329.   |                           |                              |
| 3              |   | nts from (during year)  | 25,166.   |                           |                              |
| 4              | Aggregate value a   | t end of year   | 1,712,943.  |                           |                              |
| 5              | Did the organization are the organization                                     | on inform all donors and don<br>on's property, subject to the | or advisors in writing that the assets held in do organization's exclusive legal control?   | onor advised funds        | X Yes No                     |
| 6              | for charitable purp   | oses and not for the benefit                                  | rs, and donor advisors in writing that grant fun<br>of the donor or donor advisor, or for any other                                     | r purpose conferring      | X Yes No                     |
| Pa             | Complete  |   | vered 'Yes' on Form 990, Part IV, line  | 7.                        |                              |
| 1              | Purpose(s) of con   | servation easements held by                                   | the organization (check all that apply).  |                           |                              |
|                | Preservation of   | land for public use (for examp                                | ele, recreation or education)   | ion of a historically imp | portant land area            |
|                | Protection of   | natural habitat   | Preservat   | ion of a certified histor | ic structure                 |
|                | Preservation of   | of open space   | —   |                           |                              |
| 2              | Complete lines 2a t<br>last day of the tax                                    |   | eld a qualified conservation contribution in the for  | m of a conservation eas   | ement on the                 |
|                |   |   |   |                           | e End of the Tax Year        |
|                |   |   |   |                           |                              |
|                |   |   | nents   |                           |                              |
|                | <b>c</b> Number of conser   | vation easements on a certif                                  | ied historic structure included in (a)  | 2c                        |                              |
|                |   |   | n (c) acquired after 7/25/06, and not on a histo  | ric<br>2d                 |                              |
| 3              | Number of conservation Number of conservation Number of conservation Number ► | ation easements modified, tran                                | sferred, released, extinguished, or terminated by t   | he organization during t  | he                           |
| 4              | Number of states w  | here property subject to conse                                | rvation easement is located ►   |                           |                              |
| 5              |   |   | garding the periodic monitoring, inspection, ha   |                           | Yes No                       |
| 6              |   |   | nspecting, handling of violations, and enforcing cc   |                           | luring the year              |
| 7              | Amount of expense<br>►\$  | s incurred in monitoring, inspe                               | cting, handling of violations, and enforcing conser   | vation easements during   | g the year                   |
| 8              | Does each conser<br>and section 170(h   | vation easement reported on<br>)(4)(B)(ii)?                   | l line 2(d) above satisfy the requirements of se  | ection 170(h)(4)(B)(i)    | Yes No                       |

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. 9

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

| 1a If the organization elected as permitted under FASR ASC 958, not to report in its revenue statement and  | halance sheet w                         | orks of art    |
|---|---|----------------|
| 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and<br>historical treasures, or other similar assets held for public exhibition, education, or research in furtherance<br>Part XIII the text of the footnote to its financial statements that describes these items. | e of public service                     | e, provide in  |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala<br>historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ<br>following amounts relating to these items:  | ance sheet works<br>ic service, provide | of art,<br>the |
| (i) Revenue included on Form 990, Part VIII, line 1   | ▶\$                                     |                |
| (ii) Assets included in Form 990, Part X  | ►\$                                     | 48,500.        |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provamounts required to be reported under FASB ASC 958 relating to these items:  | vide the following                      |                |
| a Revenue included on Form 990, Part VIII, line 1   | ►\$                                     |                |
| <b>b</b> Assets included in Form 990, Part X  | ►\$                                     |                |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 8/22/19  | Schedule D (                            | Form 990) 2019 |

| Schedule D (Form 990) 2019 The (   | Campanile F                  | oundation                                    |                  |                                |                | 33-0868               |            |               | Page <b>2</b> |
|--|------------------------------|--|------------------|--------------------------------|----------------|-----------------------|------------|---------------|---------------|
| Part III Organizations Mainta  | ining Collecti               | ons of Art, Hist                             | orical           | Treasures, or C                | Other S        | Similar Asso          | ets (co    | ontinu        | ed)           |
| 3 Using the organization's acquisition items (check all that apply):   | n, accession, and o          |  | -                | -                              | ke signifi     | cant use of its o     | collectior | ı             |               |
| a Public exhibition  |                              |  |                  | hange program                  |                |                       |            |               |               |
| b Scholarly research   |                              | e Other                                      | r                |                                |                |                       |            |               |               |
| c Preservation for future gener  |                              |  |                  |                                |                |                       |            |               |               |
| <ul> <li>Provide a description of the organiz<br/>Part XIII. See Part XIII</li> <li>During the year, did the organiza</li> </ul> |                              |  |                  |                                |                |                       |            |               |               |
| 5 During the year, did the organiza to be sold to raise funds rather the   | han to be mainta             | ined as part of the                          | organiz          | zation's collection?.          | ouner si       |                       | Yes        | 2             | XNo           |
| Part IV Escrow and Custodia<br>line 9, or reported an  | I Arrangemer<br>amount on Fo | i <b>ts.</b> Complete if<br>frm 990, Part X, | the or<br>line 2 | rganization ansv<br>21.        | vered          | 'Yes' on For          | m 990      | , Par         | t IV,         |
| <b>1 a</b> Is the organization an agent, trus<br>on Form 990, Part X?  |                              |  |                  |                                | assets         | not included          | Yes        |               | No            |
| <b>b</b> If 'Yes,' explain the arrangement   | in Part XIII and             | complete the follow                          | ving tab         | ole:                           |                | ,                     | Amount     |               |               |
| c Beginning balance  |                              |  |                  |                                | . 1c           |                       |            |               |               |
| <b>d</b> Additions during the year   |                              |  |                  |                                |                |                       |            |               |               |
| e Distributions during the year  |                              |  |                  |                                | . 1e           |                       |            |               |               |
| f Ending balance   |                              |  |                  |                                | . 1f           | -                     |            |               |               |
| <b>2 a</b> Did the organization include an a   |                              |  |                  |                                |                | -                     | Yes        | L             | No            |
| <b>b</b> If 'Yes,' explain the arrangement   | in Part XIII. Che            | ck here if the expla                         | ination          | has been provided              | on Part        | XIII                  |            | ···· [        |               |
| Part V Endowment Funds. C  | omplete if the               | organization a                               | nswer            | red 'Yes' on Form              |                |                       |            |               |               |
|  | (a) Current year             |  |                  | (c) Two years back             |                | hree years back       |            | our years     |               |
| <b>1 a</b> Beginning of year balance   | 308,308,3                    |  |                  | 261,544,321                    |                | <u>,994,433.</u>      |            |               | 737.          |
| <b>b</b> Contributions   | 15,999,15                    | 56. 15,897,8                                 | 899.             | 35,808,867                     | . 27           | ,224,503.             | 25,        | 691,          | 645.          |
| c Net investment earnings, gains,<br>and losses  | 17,554,22                    | 13,177,2                                     | 222.             | 9,247,141                      | 2.5            | ,642,715.             | -4.        | 881.          | 552.          |
| <b>d</b> Grants or scholarships  | 3,457,93                     |  |                  | 3,297,016                      |                | ,039,915.             |            |               | 251.          |
| e Other expenditures for facilities  | 4,263,62                     |  |                  | 7,196,653                      |                | ,497,523.             |            |               | 746.          |
| and programs f Administrative expenses   | 3,861,6                      |  |                  | 3,159,007                      |                | ,779,892.             |            |               | 400.          |
| <b>q</b> End of year balance   | 330,278,50                   |  |                  | 292,947,653                    |                | ,544,321.             | 219,       |               |               |
| 2 Provide the estimated percentage   |                              |  |                  |                                |                | , 544, 521.           | 217,       | <u>, -ر ر</u> | 455.          |
| <b>a</b> Board designated or guasi-endowm  | -                            | 25.48 %                                      |                  |                                |                |                       |            |               |               |
| <b>b</b> Permanent endowment   | 74.52 %                      |  |                  |                                |                |                       |            |               |               |
| c Term endowment   | 0/0                          |  |                  |                                |                |                       |            |               |               |
| The percentages on lines 2a, 2b, a   | nd 2c should equa            | I 100%.                                      |                  |                                |                |                       |            |               |               |
| <b>3a</b> Are there endowment funds not in t   | the possession of            | the organization that                        | are hel          | d and administered fo          | or the         |                       | _          |               |               |
| organization by:   |                              |  |                  |                                |                |                       |            | Yes           | No            |
| (i) Unrelated organizations  |                              |  |                  |                                |                |                       | 3a(i)      |               | Х             |
| (ii) Related organizations   |                              |  |                  |                                |                |                       | 3a(ii)     |               | Х             |
| <b>b</b> If 'Yes' on line 3a(ii), are the rela   | -                            |  |                  |                                |                |                       | 3b         |               |               |
| 4 Describe in Part XIII the intended   |                              | anization's endowm                           | ient fur         | nds. See Part                  | XIII           |                       |            |               |               |
| Part VI Land, Buildings, and   |                              | rad 'Vac' an Ear                             |                  | 0 Dort IV line 1               | 10 0           | a Earm 00(            | Dort       | V li          | no 10         |
| Complete if the organi   |                              |  | 1                |                                |                |                       |            |               |               |
| Description of property  |                              | Cost or other basis<br>(investment)          | (b)              | Cost or other<br>basis (other) | (c) Ac<br>depr | cumulated<br>eciation | (d) B      | Book va       | ilue          |
| <b>1 a</b> Land  |                              |  |                  |                                |                |                       |            |               |               |
| <b>b</b> Buildings   |                              |  |                  |                                |                |                       |            |               |               |
| c Leasehold improvements   |                              |  |                  |                                |                |                       |            |               |               |
| d Equipment  |                              |  |                  |                                |                |                       |            |               |               |
| e Other<br>Total. Add lines 1a through 1e. (Colum  |                              | Earm 000 Dent V                              |                  | n (P) line 10= )               |                |                       |            |               |               |
| BAA  | in (u) must equa             | - 1 01111 990, Part X,                       | coiuini          |                                |                |                       | ıle D (Fo  | rm 990        | <u> </u>      |
|  |                              |  |                  |                                |                | Concut                |            |               | · · · ·       |

| Part VII    | Investments – Other Securities.<br>Complete if the organization answered | 'Yes' on Form 990       | ) Part IV/ line 11h See Form (              | 200 Part X line 12     |
|-------------|--|-------------------------|---|------------------------|
|             | ription of security or category (including name of security)             | (b) Book value          | (c) Method of valuation: Cost or end-       |                        |
|             | ial derivatives  | (b) Dook Value          | (c) Method of Valuation. Cost of end-       | or-year market value   |
|             | held equity interests.   |                         |   |                        |
|             | Mutual & Investment Funds  | 361 931 616             | End of Year Market Valu                     | ۵                      |
| (A)         |  | 501,551,010.            |   | C                      |
| (B)         |  |                         |   |                        |
| (C)         |  |                         |   |                        |
| <u>(D)</u>  |  |                         |   |                        |
| (D)<br>(E)  |  |                         |   |                        |
| (F)         |  |                         |   |                        |
| (G)         |  |                         |   |                        |
| (H)         |  |                         |   |                        |
| (I)         |  |                         |   |                        |
|             | nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨               | 361,931,616.            |   |                        |
| Part VIII   | Investments – Program Related.   |                         | N/A   |                        |
|             | Complete if the organization answered<br>(a) Description of investment   | (b) Book value          | <b>(c)</b> Method of valuation: Cost or end | 190, Part X, line 13.  |
| (1)         | (a) Description of investment  | (D) BOOK Value          | (C) Method of Valuation. Cost of end        | 1-01-year market value |
| (1)         |  |                         |   |                        |
| (2)         |  |                         |   |                        |
| (3)<br>(4)  |  |                         |   |                        |
| (5)         |  |                         |   |                        |
| (6)         |  |                         |   |                        |
| (7)         |  |                         |   |                        |
| (8)         |  |                         |   |                        |
| (9)         |  |                         |   |                        |
| (10)        |  |                         |   |                        |
|             | nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨               |                         |   |                        |
| Part IX     | Other Assets.<br>Complete if the organization answered                   | N/A<br>Yes' on Form 990 | )<br>Part IV line 11d See Form 9            | 990 Part X line 15     |
|             |  | scription               |   | (b) Book value         |
| (1)         |  | •                       |   |                        |
| (2)         |  |                         |   |                        |
| (3)         |  |                         |   |                        |
| (4)         |  |                         |   |                        |
| (5)<br>(6)  |  |                         |   |                        |
| (0) (7)     |  |                         |   |                        |
| (8)         |  |                         |   |                        |
| (9)         |  |                         |   |                        |
| (10)        |  |                         |   |                        |
| Total. (Co. | lumn (b) must equal Form 990, Part X, column (B                          | 3) 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.          | ral income taxes   | iption of liability     |   | (b) Book value         |
|             | unts held on behalf of others  |                         |   | 18,306.                |
| (3) Due     | to affiliate - SDSURF  |                         |   | 24,478,043.            |
| (4)         |  |                         |   |                        |
| (5)         |  |                         |   |                        |
| (6)         |  |                         |   |                        |
| (7)         |  |                         |   |                        |
| (8)<br>(9)  |  |                         |   |                        |
|             |  |                         |   |                        |

(10)

| Schedule D (Form 990) 2019 The Campanile Foundation  | 33-08684   | 18 Page <b>4</b> |
|--|------------|------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per        | er Return. |                  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.                |            |                  |
| 1 Total revenue, gains, and other support per audited financial statements                 | 1          | 75,199,690.      |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                      |            | · · ·            |
| a Net unrealized gains (losses) on investments 2a 16,813,1                                 | .91.       |                  |
| b Donated services and use of facilities   |            |                  |
| c Recoveries of prior year grants  |            |                  |
| d Other (Describe in Part XIII.)   |            |                  |
| e Add lines 2a through 2d  | 2e         | 16,813,191.      |
| 3 Subtract line 2e from line 1   |            | 58,386,499.      |
| 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 4a                      |            |                  |
| b Other (Describe in Part XIII.)   |            |                  |
| 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.)          |            | 58,386,499.      |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses         |            |                  |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.                | P          |                  |
| 1 Total expenses and losses per audited financial statements                               | 1          | 30,596,236.      |
| <ul><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>      |            | 50,550,250.      |
| a Donated services and use of facilities   |            |                  |
| b Prior year adjustments   |            |                  |
| c Other losses.  |            |                  |
| d Other (Describe in Part XIII.)   |            |                  |
| e Add lines <b>2a</b> through <b>2d</b> .  | 2e         |                  |
| 3 Subtract line 2e from line 1.  |            | 20 506 226       |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                       | 3          | 30,596,236.      |
| a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1.<br>4a |            |                  |
| b Other (Describe in Part XIII.)   |            |                  |
| c Add lines 4a and 4b.   | 4c         |                  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         |            | 30,596,236.      |
| Part XIII Supplemental Information.  |            | 00,000,200.      |

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

#### Part III, Line 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.

Schedule D (Form 990) 2019

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#### 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.

| SCH   | EDU           | LE | F |
|-------|---------------|----|---|
| (Form | 99 <b>0</b> ) |    |   |

# 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.

OMB No. 1545-0047

33-0868418

Department of the Treasury Internal Revenue Service Name of the organization

The Campanile Foundation

| * | Go to www.irs.gov/Form990 for instructions and the latest information | ۱. |
|---|---|----|
|   |   |    |

| -           | 2013                         |
|-------------|------------------------------|
| n.          | Open to Public<br>Inspection |
| Employer id | lentification number         |

| Part I General Information Form 990, Pa           | <b>tion on Activiti</b><br>rt IV, line 14b.   | es Outside the     | e United States. Complet         | e if the organization | n answered 'Yes' |  |  |  |  |  |
|---|---|--------------------|----------------------------------|-----------------------|------------------|--|--|--|--|--|
|   | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? |                    |                                  |                       |                  |  |  |  |  |  |
| 2 For grantmakers. Describe i United States.      | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  |                    |                                  |                       |                  |  |  |  |  |  |
| 3 Activities per Region. (The                     | e following Part I,   | line 3 table can b | e duplicated if additional space | e is needed.)         |                  |  |  |  |  |  |
| (a) Region  | (a) Region(b) Number of<br>offices in the<br>region(c) Number of<br>employees,<br>  |                    |                                  |                       |                  |  |  |  |  |  |
| (1) Cayman Islands                                |   |                    | Investments                      |                       | 18,378,172.      |  |  |  |  |  |
| (2)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (3)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (4)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (5)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (6)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (7)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (8)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (9)   |   |                    |                                  |                       |                  |  |  |  |  |  |
| (10)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (11)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (12)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (13)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (14)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (15)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (16)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| (17)  |   |                    |                                  |                       |                  |  |  |  |  |  |
| <b>3 a</b> Subtotal.                              |   |                    |                                  |                       | 18,378,172.      |  |  |  |  |  |
| <b>b</b> Total from continuation sheets to Part I |   |                    |                                  |                       |                  |  |  |  |  |  |
| c Totals (add lines 3a and 3b)                    | 0   | 0                  |                                  |                       | 18,378,172.      |  |  |  |  |  |

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

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>(b)</b> IRS code<br>section and EIN<br>(if applicable) | (c) Region                               | <b>(d)</b> Purpose<br>of grant | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description of<br>noncash<br>assistance | (i) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|------|---|---|--|--------------------------------|--------------------------|---------------------------------------|--|---|--|
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
|      |   |   |  |                                |                          |                                       |  |   |  |
| 2 En | ter total number of recipient organizati<br>e grantee or counsel has provided a | ons listed above that a section 501(c)(3) equ             | re recognized as cha<br>uivalency letter | rities by the forei            | gn country, recognize    | ed as tax-exempt b                    | y the IRS, or for whi                  | ch<br>►                                     | 0  |
|      | 3 Enter total number of other organizations or entities                         |   |  |                                |                          |                                       |  |   |  |

| (a) Type of grant or assistance | (b) Region | (c) Number<br>of recipients | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Manner of<br>cash<br>disbursement | (1) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|---------------------------------|------------|-----------------------------|------------------------------------|--|----------------------------------|---------------------------------------|--|
| (1)                             |            |                             |                                    |  |                                  |                                       |  |
| (2)                             |            |                             |                                    |  |                                  |                                       |  |
| (3)                             |            |                             |                                    |  |                                  |                                       |  |
| _(4)                            |            |                             |                                    |  |                                  |                                       |  |
| (5)                             |            |                             |                                    |  |                                  |                                       |  |
| (6)                             |            |                             |                                    |  |                                  |                                       |  |
| (7)                             |            |                             |                                    |  |                                  |                                       |  |
| (8)                             |            |                             |                                    |  |                                  |                                       |  |
| (9)                             |            |                             |                                    |  |                                  |                                       |  |
| (10)                            |            |                             |                                    |  |                                  |                                       |  |
| (11)                            |            |                             |                                    |  |                                  |                                       |  |
| (12)                            |            |                             |                                    |  |                                  |                                       |  |
| (13)                            |            |                             |                                    |  |                                  |                                       |  |
| <u>(14)</u>                     |            |                             |                                    |  |                                  |                                       |  |
| (15)                            |            |                             |                                    |  |                                  |                                       |  |
| (16)                            |            |                             |                                    |  |                                  |                                       |  |
|                                 |            |                             |                                    |  |                                  |                                       |  |

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Page 3

Schedule F (Form 990) 2019

(18) BAA

(17)

| Sche | edule F (Form 990) 2019 The Campanile Foundation  | 33-0868418 | Page 4 |
|------|---|------------|--------|
| Pa   | rt IV Foreign Forms   |            |        |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).   | Yes        | X 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 C Foreign Corporations (see Instructions for Form 5471).   |            | X No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua<br>electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information<br>Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see<br>Instructions for Form 8621).   | alified    | 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 Foreig Partnerships (see Instructions for Form 8865).  |            | X No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year?<br>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)   | ee 👝       | X No   |

TEEA3505L 06/28/19

Schedule F (Form 990) 2019

# 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 four foreign investment funds. Forms 926 and 8621

are attached to this return.

| SCHEDULE I<br>(Form 990)  |                                 |   |                                    | her Assistance<br>nd Individuals i       |                                   |   |                                       | OMB No. 1545-0047                     |
|---|---------------------------------|---|------------------------------------|--|-----------------------------------|---|---------------------------------------|---------------------------------------|
| (1 0111 000)  |                                 |   | 2019                               |  |                                   |   |                                       |                                       |
| Department of the Treasury<br>Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.<br>Attach to Form 990.<br>Go to www.irs.gov/Form990 for the latest information. |                                 |   |                                    |  |                                   |   | Open to Public<br>Inspection          |                                       |
| Name of the organization  |                                 |   |                                    | •  |                                   |   | Employer identifi                     | cation number                         |
| The Campanile Found   | dation                          |   |                                    |  |                                   |   | 33-08684                              | 18                                    |
| Part I General Informa  | ation on G                      | rants and Assista                                   | nce                                |  |                                   |   |                                       |                                       |
| <ol> <li>Does the organization main the selection criteria use</li> </ol>   | ntain records<br>ed to award th | to substantiate the amound the grants or assistance | unt of the grants or<br>e?         | assistance, the grantees                 | ' eligibility for the grants      | or assistance, and  |                                       | X Yes No                              |
| 2 Describe in Part IV the org   | ganization's pr                 | rocedures for monitoring                            | the use of grant fu                | inds in the United States.               |                                   | See H   | Part IV                               |                                       |
| Part II Grants and Oth<br>Form 990, Part  |                                 |   |                                    | and Domestic Gov<br>more than \$5,000. I |                                   |   |                                       |                                       |
| 1 (a) Name and address of orgovernment  | ganization                      | <b>(b)</b> EIN                                      | (c) IRC section<br>(if applicable) | (d) Amount of cash grant                 | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| (1) San Diego State Univ<br>5500 Campanile Drive<br>San Diego, CA 92182   |                                 | 33-0373293  |                                    | 17,980,458.                              | 0.                                |   |                                       | General Support                       |
| (2) Christ for Humanity,  | Inc                             | 55-0575295  |                                    | 17, 900, 490.                            | 0.                                |   |                                       | General Support                       |
| PO Drawer 580127  |                                 |   |                                    |  |                                   |   |                                       |                                       |
| Tulsa, OK 74128   |                                 | 73-1421083  |                                    | 7,340.                                   | 0.                                |   |                                       | General Support                       |
| (3) Shepherds Ministries  |                                 |   |                                    | .,                                       |                                   |   |                                       |                                       |
| 1805 15th Avenue  |                                 |   |                                    |  |                                   |   |                                       |                                       |
| Union Grove, WI 5318  | 2                               | 39-0988997  |                                    | 10,000.                                  | 0.                                |   |                                       | General Support                       |
| (4) SDSU Research Foundation  |                                 |   |                                    |  |                                   |   |                                       |                                       |
| 5250 Campanile Drive  |                                 |   |                                    |  |                                   |   |                                       |                                       |
| San Diego, CA 92182   |                                 | 95-6042721  |                                    | 2,012,463.                               | 0.                                |   |                                       | General Support                       |
| (5)   |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
| (6)   |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
| (7)   |                                 |   |                                    |  |                                   |   |                                       |                                       |
| <u> </u>  |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
| (8)   |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
|   |                                 |   |                                    |  |                                   |   |                                       |                                       |
| 2 Enter total number of se  | ction 501(c)(                   | (3) and government or                               | ganizations listed                 | in the line 1 table                      |                                   |   | ••••••                                |                                       |
| 3 Enter total number of ot  | 0                               |   |                                    | · · · · · · · · · · · · · · · · · · ·    |                                   | · · · · · · · · · · · · · · · · · · ·                       | <u></u> •                             | (                                     |
| BAA For Paperwork Reduction   | on Act Notice                   | e, see the Instructions                             | for Form 990.                      |  | TEEA3901L                         | 07/10/19  | Schedu                                | le I (Form 990) (2019)                |

Page 2

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

| (a) Type of grant or assistance    | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                                  |                          |                          |                                  |   |                                       |
| 2                                  |                          |                          |                                  |   |                                       |
| 3                                  |                          |                          |                                  |   |                                       |
| 4                                  |                          |                          |                                  |   |                                       |
| ;                                  |                          |                          |                                  |   |                                       |
| 3                                  |                          |                          |                                  |   |                                       |
| 7                                  |                          |                          |                                  |   |                                       |
| art IV Supplemental Information. F | Provide the information  | n required in Part I     | , line 2; Part III, co           | lumn (b); and any othe                                | er 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 J |  |
|------------|--|
| (Form 990) |  |

# **Compensation Information**

OMB No. 1545-0047

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
 Attach to Form 990.

► Go to *www.irs.gov/Form*990 for instructions and the latest information.

Open to Public Inspection

| Department of the Treasury<br>Internal Revenue Service |
|--|
| Name of the organization                               |

Employer identification number 33-0868418

| The | Campanile Foundation  |   | 33-0868418                |         |      |
|-----|---|---|---------------------------|---------|------|
| Par |   |   |                           |         |      |
|     |   |   |                           | Yes     | No   |
| 1 a | Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele  | f the following to or for a person listed on Forvart information regarding these items.                         | orm 990, Part             |         |      |
|     | First-class or charter travel   | Housing allowance or residence for  | personal use              |         |      |
|     | Travel for companions   | Payments for business use of pers   | onal residence            |         |      |
|     | Tax indemnification and gross-up payments   | Health or social club dues or initiat   | ion fees                  |         |      |
|     | Discretionary spending account  | Personal services (such as maid, c  | hauffeur, chef)           |         |      |
| b   | If any of the boxes on line 1a are checked, did the organization for<br>reimbursement or provision of all of the expenses described   |   | ain 1                     | b       |      |
| 2   | Did the organization require substantiation prior to reimbursi trustees, and officers, including the CEO/Executive Director,  |   |                           |         |      |
| 3   | Indicate which, if any, of the following the organization used to ex<br>Executive Director. Check all that apply. Do not check any b<br>establish compensation of the CEO/Executive Director, but e | stablish the compensation of the organizatio<br>oxes for methods used by a related orga<br>explain in Part III. | on's CEO/<br>inization to |         |      |
|     | Compensation committee  | Written employment contract   |                           |         |      |
|     | Independent compensation consultant   | Compensation survey or study  |                           |         |      |
|     | Form 990 of other organizations   | Approval by the board or compense   | ation committee           |         |      |
|     | During the year, did any person listed on Form 990, Part VII organization or a related organization:  |   |                           |         |      |
|     | Receive a severance payment or change-of-control payment  |   |                           |         | X    |
|     | Participate in, or receive payment from, a supplemental non   |   |                           | -       | X    |
| C   | Participate in, or receive payment from, an equity-based cor<br>If 'Yes' to any of lines 4a-c, list the persons and provide the   |   |                           |         | Х    |
|     | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio   | ns must complete lines 5-9.   |                           |         |      |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:  | the organization pay or accrue any compen   | sation                    |         |      |
| а   | The organization?   |   |                           | a       | Х    |
| b   | Any related organization?   |   |                           | b       | Х    |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:  | the organization pay or accrue any compen   | sation                    |         |      |
|     | The organization?   |   |                           | a       | Х    |
| b   | Any related organization?<br>If 'Yes' on line 6a or 6b, describe in Part III.   |   | 6                         | b       | Х    |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe   | did the organization provide any nonfixe  | ed7                       |         | х    |
| 8   | Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sec If 'Yes,' describe in Part III.   | tion 53.4958-4(a)(3)?   | -                         |         | x    |
| 9   | If 'Yes' on line 8, did the organization also follow the rebuttable p section 53.4958-6(c)?   | presumption procedure described in Regulat  | ions                      |         |      |
| BAA | For Paperwork Reduction Act Notice, see the Instructions  |   | Schedule J (Fo            | rm 990) | 2019 |

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

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

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

|                       | (B) Breakdow             | n of W-2 and/or 1099-MI                | SC compensation                           | (C) Detiroment  |                            | (E) Total of                      | (F) Compensation  |
|-----------------------|--------------------------|--|---|---|----------------------------|-----------------------------------|---|
| (A) Name and Title    | (i) Base<br>compensation | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | (C) Retirement<br>and other<br>deferred<br>compensation | (D) Nontaxable<br>benefits | (E) Total of<br>columns(B)(i)-(D) | (F) Compensation<br>in column (B)<br>reported as<br>deferred on prior<br>Form 990 |
|                       | 0                        | ·*                                     | 0.  | 0.  | 0.                         | 0.                                | 0.  |
| 1 SDSU Pres- Dir      | i) 442,368               | . 0.                                   | 15,816.                                   | 144,915.  | 9,855.                     | 612,954.                          | 0.  |
| Adrienne Vargas       | <b>i)</b> 0              | . 0.                                   | 0.  | 0.  | 0.                         | 0.                                | 0.  |
| 2 President & CEO     | i) 244,198               | . 0.                                   | 138.                                      | 36,504.   | 20,854.                    | 301,694.                          | 0.  |
| Mary Darling, Interim | <b>)</b> 0               | . 0.                                   | 0.  | 0.  | 0.                         | 0.                                | 0.  |
| 3 Corp Secretary      | i) 163,054               | . 11,900.                              | 90.                                       | 51,636.   | 32,033.                    | 258,713.                          | 0.  |
| Seth Mallios          | <b>)</b> 0               |  | 0.  | 0.  | 0.                         | 0.                                | 0.  |
| 4 Director            |                          | . 0.                                   | 0.  | 31,167.   | 26,099.                    | 192,610.                          | 0.  |
|                       | i)                       |  |   |   |                            |                                   |   |
| 5 (                   | i)                       | T                                      |   | Γ   |                            | Γ                                 |   |
|                       | i)                       |  |   |   |                            |                                   |   |
| 6 (                   | i)                       |  |   |   |                            |                                   |   |
|                       | i)                       |  |   |   |                            |                                   |   |
| 7 (                   |                          |  |   |   |                            |                                   |   |
|                       | ) <u> </u>               |  |   |   |                            | L                                 |   |
| 8 (                   |                          |  |   |   |                            |                                   |   |
|                       | ) <u> </u>               |  |   |   |                            | L                                 |   |
| 9 (                   |                          |  |   |   |                            |                                   |   |
|                       | 0                        |  |   |   |                            |                                   |   |
| 10 (                  |                          |  |   |   |                            |                                   |   |
|                       | 0                        |  |   |   |                            |                                   |   |
| 11 (                  |                          |  |   |   |                            |                                   |   |
|                       |                          |  |   |   |                            |                                   |   |
| 12 (                  |                          |  |   |   |                            |                                   |   |
|                       |                          |  |   |   |                            |                                   |   |
| 13 (                  |                          |  |   |   |                            |                                   |   |
|                       | D                        |  |   |   |                            |                                   |   |
| 14 (                  |                          |  |   |   |                            |                                   |   |
|                       |                          | .↓                                     |   | L   |                            | L                                 |   |
| 15 (                  |                          |  |   |   |                            |                                   |   |
|                       |                          |  |   | L   |                            | L                                 |   |
| 16 (                  | i)                       |  |   |   |                            |                                   |   |
| ВАА                   |                          | TEEA4102L 8/2/1                        | 9   |   |                            | Schedule                          | J (Form 990) 2019   |

33-0868418

#### 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.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

33-0868418

Department of the Treasury Internal Revenue Service Name of the organization

#### The Campanile Foundation

| Par | t I Types of Property   |                               |   |   |             |                                     |                    |                |
|-----|---|-------------------------------|---|---|-------------|-------------------------------------|--------------------|----------------|
|     |   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | M<br>nonca  | (d)<br>lethod of de<br>ash contribu | termin<br>ition ar | iing<br>mounts |
| 1   | Art – Works of art  | Х                             | 2   | 289,520.  | App         | raisals                             |                    |                |
| 2   | Art – Historical treasures  |                               |   |   | E E         |                                     |                    |                |
| 3   | Art – Fractional interests.   |                               |   |   |             |                                     |                    |                |
| 4   | Books and publications.   |                               |   | 2,081,698.  | Com         | o Sales                             |                    |                |
| 5   | Clothing and household goods  |                               |   |   |             |                                     |                    |                |
| 6   | Cars and other vehicles   |                               |   |   |             |                                     |                    |                |
| 7   | Boats and planes  |                               |   |   |             |                                     |                    |                |
| 8   | Intellectual property   |                               |   |   |             |                                     |                    |                |
| 9   | Securities – Publicly traded  |                               |   |   |             |                                     |                    |                |
| 10  | Securities – Closely held stock   |                               |   |   |             |                                     |                    |                |
| 11  | Securities – Partnership, LLC, or trust interests.                        |                               |   |   |             |                                     |                    |                |
| 12  | Securities – Miscellaneous  |                               |   |   |             |                                     |                    |                |
|     |   |                               |   |   |             |                                     |                    |                |
| 13  | Qualified conservation contribution –<br>Historic structures              |                               |   |   |             |                                     |                    |                |
| 14  | Qualified conservation contribution – Other                               |                               |   |   |             |                                     |                    |                |
| 15  | Real estate – Residential   |                               |   |   |             |                                     |                    |                |
| 16  | Real estate – Commercial.   |                               |   |   |             |                                     |                    |                |
| 17  | Real estate – Other.  |                               |   |   |             |                                     |                    |                |
| 18  | Collectibles.   |                               |   |   |             |                                     |                    |                |
|     |   |                               |   |   |             |                                     |                    |                |
| 19  | Food inventory<br>Drugs and medical supplies                              |                               |   |   |             |                                     |                    |                |
| 20  | Taxidermy.  |                               |   |   |             |                                     |                    |                |
| 21  | Historical artifacts.   |                               |   |   |             |                                     |                    |                |
| 22  |   |                               |   |   |             |                                     |                    |                |
| 23  | Scientific specimens  |                               |   |   |             |                                     |                    |                |
| 24  | Archeological artifacts.  |                               |   |   | ~           |                                     |                    |                |
| 25  | Other► (Archival_Matrls)  |                               | 3   |   |             |                                     |                    |                |
| 26  | Other► (Equip/Construct)  |                               | 8   | , , ,   |             |                                     |                    |                |
| 27  | Other► (Event_Materials)  |                               | 2   | 62,166.   | Com         | o Sales                             |                    |                |
| 28  | Other► ( )  |                               |   |   |             |                                     |                    |                |
| 29  | Number of Forms 8283 received by the organization of                      |                               |   |   |             | 1                                   |                    |                |
|     | organization completed Form 8283, Part IV, Done                           | e Acknowled                   |   |   | 29          |                                     |                    | 18             |
|     |   |                               |   |   |             |                                     | Yes                | No             |
| 30a | During the year, did the organization receive by contri                   |                               |   |   |             |                                     |                    |                |
|     | it must hold for at least three years from the date                       |                               |   | •   |             |                                     |                    |                |
|     | for exempt purposes for the entire holding period                         | <b>:</b>                      |   |   | • • • • • • | 30 a                                |                    | Χ              |
|     | If 'Yes,' describe the arrangement in Part II.                            |                               |   |   |             |                                     |                    |                |
| 31  | Does the organization have a gift acceptance poli                         | cy that requi                 | res the review of any r                                   | nonstandard contributio   | ns?         | 31                                  | Х                  |                |
| 32a | Does the organization hire or use third parties or noncash contributions? | •                             |   |   |             | 32a                                 |                    | Х              |
| b   | If 'Yes,' describe in Part II.  |                               |   |   |             |                                     |                    |                |
| 33  | If the organization didn't report an amount in colu describe in Part II.  | mn (c) for a                  | type of property for wh                                   | hich column (a) is chec   | ked,        |                                     |                    |                |
| BAA | For Paperwork Reduction Act Notice, see the Ins                           | tructions fo                  | r Form 990.   |   | Sch         | edule M (Fo                         | orm 99             | 0) 2019        |

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.

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Campanile Foundation

Employer identification number 33-0868418

#### 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

#### 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.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

33-0868418

Department of the Treasury Internal Revenue Service

Name of the organization

(4)

The Campanile Foundation

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entit                          | ty Primary ad                  | ctivity                        | (c)<br>Legal domicile (state<br>or foreign country) |                                    | <b>(d)</b><br>Total income |  | (e)<br>End-of-year assets |                                       | (f)<br>Direct controllir<br>entity |                                       | lling                            |
|---|--------------------------------|--------------------------------|---|------------------------------------|----------------------------|--|---------------------------|---------------------------------------|------------------------------------|---------------------------------------|----------------------------------|
| (1)<br>   |                                |                                |   |                                    |                            |  |                           |                                       |                                    |                                       |                                  |
| (2)   |                                |                                |   |                                    |                            |  |                           |                                       |                                    |                                       |                                  |
|   | <br>                           |                                |   |                                    |                            |  |                           |                                       |                                    |                                       |                                  |
| Part II Identification of Related Tax-Exempt Organization of more related tax-exempt organ  |                                |                                |   |                                    |                            |  | se it                     |                                       |                                    |                                       |                                  |
| (a)<br>Name, address, and EIN of related organization                                       | <b>(b)</b><br>Primary activity | (c<br>Legal domi<br>or foreign | ;)<br>icile (state<br>country)                      | <b>(d)</b><br>Exempt Co<br>section | ode                        | <b>(e)</b><br>Public charity s<br>(if section 501( | status<br>c)(3))          | <b>(f)</b><br>Direct contro<br>entity | olling                             | <b>(g</b> )<br>Sec 512(<br>controlled | <b>)</b><br>(b)(13)<br>Ì entity? |
| (1) San Diego State University<br>5500 Campanile Drive<br>San Diego, CA 92182<br>33-0373293 | Public<br>University           |                                | :A  | 115                                |                            |  |                           | N/A                                   |                                    | Yes                                   | No<br>X                          |
| (2) SDSU Research Foundation<br>5250 Campanile Drive<br>San Diego, CA 92182<br>95-6042721   | Support the<br>University      |                                | A   | 501(c)                             | (3)                        | 5  |                           | N/A                                   |                                    |                                       | X                                |
| <u>(3)</u>  |                                |                                |   |                                    |                            |  |                           |                                       |                                    |                                       |                                  |

### Schedule **R** (Form 990) 2019 The Campanile Foundation

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.

| <b>(a)</b><br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct<br>controllir<br>entity | ng           | (e)<br>Predominant i<br>(related, unre<br>excluded fror<br>under secti | elated,<br>m tax<br>ons | (f)<br>Share o<br>incoi            | f total                       | Sha<br>end-o                        | <b>g)</b><br>pre of<br>of-year<br>sets | Dispi<br>tior | h)<br>ropor-<br>nate<br>itions? | (i)<br>Code V-UBI<br>amount in bo<br>20 of Schedu<br>K-1 (Form | Gene<br>x mana                      | <b>j)</b><br>ral or<br>aging<br>ner? | <b>(k)</b><br>Percentage<br>ownership         |
|---|--------------------------------|--|--|--------------|--|-------------------------|------------------------------------|-------------------------------|-------------------------------------|--|---------------|---------------------------------|--|-------------------------------------|--------------------------------------|---|
|   |                                | country)   |  |              | 512-514)   | )                       |                                    |                               |                                     |  | Yes           | No                              | 1065)  | Yes                                 | No                                   |   |
| <u>(1)</u>  |                                |  |  |              |  |                         |                                    |                               |                                     |  |               |                                 |  |                                     |                                      |   |
|   |                                |  |  |              |  |                         |                                    |                               |                                     |  |               |                                 |  |                                     |                                      |   |
|   |                                |  |  |              |  |                         |                                    |                               |                                     |  |               |                                 |  |                                     |                                      |   |
|   | of Related Orgar               | izations   | Tavabla a                                    |              |  |                         | Truct Co                           | malata                        | if the c                            |  | tion o        | 2010                            | rad 'Vac' an   | Eorm 0                              |                                      | ort IV/                                       |
| Part IV Identification of line 34. because                      | se it had one or               | more rela  | ated organ                                   | izatio       | ons treated  | d as a                  | a corpora                          | ation or                      | trust di                            | Jryaniza<br>Jring the                  | tax v         | riswei<br>ear.                  | ieu ies oli  | FOITI 9                             | 90, г                                | art iv,                                       |
| (a)<br>Name, address, and EIN o                                 |                                |  | (b)<br>ary activity                          | Leg<br>(stat | (c)<br>al domicile<br>e or foreign                                     | C<br>cor                | ( <b>d)</b><br>Direct<br>htrolling | <b>(</b><br>Type o<br>(C corp | <b>e)</b><br>of entity<br>, S corp, | (f)<br>Share<br>total in               | e of          | Sh                              | <b>(g)</b><br>are of end-of-<br>year assets                    | <b>(h)</b><br>Percentag<br>ownershi | e Sec<br>cont                        | <b>(i)</b><br>c 512(b)(13)<br>crolled entity? |
|   |                                |  |  | (            | country)   |                         | entity                             | ort                           | rust)                               |  |               |                                 |  |                                     | Y                                    | es No   |
| (1) Charitable Remain<br>5500 Campanile Di<br>San Diego, CA 921 | rive                           | Cha  | ritable                                      |              |  |                         | NT / 7                             |                               |                                     |  | 0             |                                 | 0  |                                     |                                      | V   |
| (2)   |                                |  | rusts  |              | CA   | 1                       | N/A                                | Tru                           | STS                                 |  | С             | •                               | 0.   |                                     |                                      | X   |
| <u>(2)</u>  |                                | <br>   |  |              |  |                         |                                    |                               |                                     |  |               |                                 |  |                                     |                                      |   |
| <u>(3)</u>  |                                |  |  |              |  |                         |                                    |                               |                                     |  |               |                                 |  |                                     |                                      |   |
| <br>BAA   |                                |  |  |              | TEEA   | 5002L (                 | 06/27/19                           |                               |                                     |  |               |                                 |  | Schedule F                          | (Form                                | 990) 2019                                     |

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |                           |                               |                    | Yes     | No     |
|--|---------------------------|-------------------------------|--------------------|---------|--------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations I   | listed in Parts II-IV?    |                               |                    |         |        |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                  |                           |                               | . 1a               |         | Х      |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |                           |                               | . 1b               | Х       |        |
| c Gift, grant, or capital contribution from related organization(s).   |                           |                               | . 1 c              |         | Х      |
| d Loans or loan guarantees to or for related organization(s).  |                           |                               | . 1 d              | Х       |        |
| e Loans or loan guarantees by related organization(s)  |                           |                               | . 1e               | Х       |        |
|  |                           |                               |                    |         |        |
| f Dividends from related organization(s)   |                           |                               | . 1f               |         | Х      |
| g Sale of assets to related organization(s)  |                           |                               | . 1g               |         | Х      |
| h Purchase of assets from related organization(s)  |                           |                               | . 1h               |         | Х      |
| i Exchange of assets with related organization(s)  |                           |                               | . 1i               |         | Х      |
| j Lease of facilities, equipment, or other assets to related organization(s)   |                           |                               | . 1j               |         | Х      |
|  |                           |                               |                    |         |        |
| k Lease of facilities, equipment, or other assets from related organization(s)   |                           |                               | . 1k               |         | Х      |
| 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)                                    |                           |                               | . 1m               | 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)   |                           |                               | . 10               |         | Х      |
|  |                           |                               |                    |         |        |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |                           |                               | . 1p               | Х       |        |
| <b>q</b> Reimbursement paid by related organization(s) for expenses.   |                           |                               |                    |         | Х      |
|  |                           |                               | - 1                |         |        |
| r Other transfer of cash or property to related organization(s)  |                           |                               | . 1r               | Х       |        |
| s Other transfer of cash or property from related organization(s)  |                           |                               |                    |         | 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 |                           |                               |                    |         |        |
|  | <b>(b)</b><br>Transaction |                               | (cethod of         | d)      |        |
| (a)<br>Name of related organization  |                           | <b>(c)</b><br>Amount involved | ethod of<br>amount | detern  | nining |
|  | type (a-s)                |                               | amount             |         | eu     |
|  |                           |                               |                    |         | _      |
| (1) San Diego State University   | b                         | 16,553,770.A                  | nount              | раіс    | 1      |
|  |                           |                               |                    |         |        |
| (2) San Diego State University   | р                         | 1,426,688.A                   | nount              | paid    | 1      |
|  |                           |                               |                    |         |        |
| (3) San Diego State University   | r                         | 1,100,000.A                   | nount              | paid    | 1      |
|  |                           |                               |                    |         |        |
| (4)  |                           |                               |                    |         |        |
|  |                           |                               |                    |         |        |
| (5)  |                           |                               |                    |         |        |
|  |                           |                               |                    |         |        |
|  |                           |                               |                    |         |        |
| (6)<br>BAA TEEA5003L 06/27/19  |                           | Schodul                       | eR (Forr           | ~ 000   | 2010   |
| BAA TEEA5003L 06/27/19   |                           | Schedule                      | <b>π</b> (ΓυΠ      | 11 77U) | 12019  |

#### **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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | income<br>(related, unre-<br>lated, excluded | me section<br>, unre- 501(c)(3<br>xcluded organizatio |    | <b>(f)</b><br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | <b>(k)</b><br>Percentage<br>ownership |  |
|---|--------------------------------|---|--|---|----|--|---|--|----|--|---|----|---------------------------------------|--|
|   |                                |   | from tax under<br>sections 512-514)          | Yes   | No |  |   | Yes  | No | (101111005)  | Yes                                       | No | 1                                     |  |
| (1)                                     |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| (2)                                     | ]                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| <u>(3)</u>                              | -                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | -                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | -                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| <u>(4)</u>                              | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| (5)                                     |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| (6)                                     | ]                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | -                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| <u>(7)</u>                              | -                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 4                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 4                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| (8)                                     |                                |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| (8)                                     | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
|   | 1                              |   |  |   |    |  |   |  |    |  |   |    |                                       |  |
| DAA                                     |                                |   |  | E 4 5 0 0 41  | 1  |  |   |  |    |  |   |    | 201 2010                              |  |

BAA

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

# Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

► Go to www.irs.gov/Form926 for instructions and the latest information.

| Depar<br>Intern | tment of the Treasury<br>al Revenue Service | <ul> <li>Go to www.irs.gov/Form926 for in</li> <li>Attach to your income tax return for</li> </ul> |  | /                  | Attachment<br>Seguence No. | 128        |
|-----------------|---|--|--|--------------------|----------------------------|------------|
| Par             |   | sferor Information (see instructions   | -                                      |                    | sequence no.               |            |
|                 | of transferor                               |  | /                                      | Identifying number | (see instruction           | ons)       |
| The             | e Campanile For                             | indation   |  | 33-0868418         | 8                          |            |
| 1               |   | becified 10%-owned foreign corporation that i  | is not a controlled foreign corporat   |                    | Yes                        | X No       |
| 2               |   | a corporation, complete questions 2a throug  |  |                    |                            |            |
| а               |   | section 361(a) or (b) transfer, was the transf   |  | (c)) by            |                            |            |
|                 |   | c corporations?  | -                                      |                    | Yes                        | No         |
| b               | Did the transferor rer                      | nain in existence after the transfer?  |  |                    | X Yes                      | No         |
|                 | If not, list the control                    | ling shareholder(s) and their identifying numl   | ber(s).                                |                    |                            |            |
|                 | C.  | ontrolling shareholder   | Idontif                                | ying number        |                            |            |
|                 |   |  | ldentil                                | ying number        |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
| ·               |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
| с               | If the transferor was                       | a member of an affiliated group filing a cons  | olidated return, was it the parent of  | corporation?       | Yes                        | No         |
|                 |   | and employer identification number (EIN) of t  |  |                    |                            |            |
|                 | Nam   | e of parent corporation  | FIN of par                             | rent corporation   |                            |            |
|                 |   |  | Ent of pu                              | en corporation     |                            |            |
|                 |   |  |  |                    |                            |            |
| <u> </u>        |   |  |  |                    |                            |            |
| -               |   | nts under section 367(a)(4) been made?   |  |                    | Yes                        | χ Νο       |
| 3               | 367), complete quest                        | partner in a partnership that was the actual tran  | steror (but is not treated as such und | ier section        |                            |            |
| 2               |   | N of the transferor's partnership.   |  |                    |                            |            |
| a               |   |  |  |                    |                            |            |
|                 | I   | Name of partnership  | EIN of                                 | f partnership      |                            |            |
|                 |   |  |  |                    |                            |            |
|                 |   |  |  |                    |                            |            |
| b               | Did the partner pick u                      | up its pro rata share of gain on the transfer o  | of partnership assets?                 |                    | Yes                        | No         |
| С               | Is the partner disposi                      | ng of its entire interest in the partnership?  |  |                    | Yes                        | No         |
| d               | Is the partner disposi                      | ng of an interest in a limited partnership tha   | t is regularly traded on an            |                    |                            | _          |
|                 | established securities                      | market?  |  |                    | Yes                        | No         |
|                 |   |  |  |                    |                            |            |
| Par             |   | Foreign Corporation Information (s   | see instructions)                      |                    |                            |            |
| 4               | Name of transferee (                        |  |  | 5a Identifying nu  |                            | ny         |
|                 | •   | 020 (Offshore) Fund, Ltd.  |  | Foreign U          |                            |            |
| 6               |   | Duntry) Mourant Governanace Ser  |  | 5b Reference ID n  |                            | e instrs.) |
|                 |   | Box 1348, Grand Cayman KY1-  |  | PAYDENTA           | ĹF                         |            |
| 7               |   | try of incorporation or organization (see inst   | ructions)                              |                    |                            |            |
| 0               | CJ<br>Foreign law observets                 | rization (see instructions)  |  |                    |                            |            |
| 8               | -   |  |  |                    |                            |            |
|                 | Exempted Comp                               | -  | on?                                    |                    | V                          | V N-       |
| 9               |   | ign corporation a controlled foreign corporati   | UII:                                   |                    | Yes                        | X No       |
| RΔΔ             | - aperwork Reductio                         | n Act Notice, see separate instructions.   |  | Form               | n 926 (Rev.                | 11-2018)   |

|  |   | panile Foundation<br>arding Transfer of Property  | (coo instruction   |  | 33-08                                | 68418 Page <b>2</b>   |
|--|---|---|--|--|--------------------------------------|---|
| Part III Info<br>Section A – Ca  |   | arding Transfer of Property   | (see instruction   | 15)  |                                      |   |
| Type of property   | (a)<br>Date of<br>transfer  | <b>(b)</b><br>Description of<br>property  | <b>(c)</b><br>Fair market va<br>date of tran   |  | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized<br>on transfer                          |
| Cash   | 6/03/2020   |   | 1,400  | ,000.  |                                      |   |
| lf "Yes," skip th  | ne remainder of Pa  | ferred?<br>art III and go to Part IV.<br>other than intangible prope  |  |  |                                      | XYes No   |
| Type of<br>property  | (a)<br>Date of<br>transfer  | (b)<br>Description of<br>property   | (c)<br>Fair market va<br>date of tran  | alue on  | (d)<br>Cost or other<br>basis        | <b>(e)</b><br>Gain recognized<br>on transfer                          |
| Stock and<br>securities<br>Inventory   |   |   |  |  |                                      |   |
| Other property<br>(not listed under<br>another category)   |   |   |  |  |                                      |   |
| Property with<br>built-in loss   |   |   |  |  |                                      |   |
| Totals   |   |   |  |  |                                      |   |
| <ul> <li>12 a Were any as foreign corp. If "Yes," go</li> <li>b Was the tra (including a If "Yes," con</li> <li>c Immediately foreign corp. If "Yes," con</li> <li>d Enter the transitional difference of the transition of the transitional of the transition of the transitional of the transition of the transitional of the transi</li></ul> | ssets of a foreign<br>poration?<br>to line 12b.<br>Insferor a domestic<br>branch that is a f<br>tinue to line 12c. If<br>v after the transfer<br>poration?<br>tinue to line 12d. If<br>ansferred loss am<br>sferor transfer pro<br>Section C and ques | "No," skip line 12d, and go to line 13<br>ount included in gross income as<br>operty described in section 367(d)(<br>stions 14a through 15. | a foreign disregard<br>stantially all of the a<br>ecified 10%-owned<br>o to line 13.<br>U.S. shareholder w<br>3.<br>required under sec<br>(4)? | ded entity) transets of a for<br>foreign corp<br>with respect to<br>tion 91►\$ | ansferred to a                       | Yes No  |
| Section C – Int  | • ·   | rty Subject to Section 367(   | <u>,</u>   | (d)  |                                      | (f)   |
| Type of<br>property  | <b>(a)</b><br>Date of<br>transfer   | <b>(b)</b><br>Description of<br>property  | life pr  | (d)<br>rm's length<br>rice on date<br>of transfer                              | (e)<br>Cost or other<br>basis        | (f)<br>Income Inclusion<br>for year of transfer<br>(see instructions) |
| Property described<br>in sec. 367(d)(4)  |   |   |  |  |                                      |   |
| Totals   |   |   |  |  |                                      |   |

| Form | 926 (Rev. 11-2018) The Campanile Foundation  | 33-0868418  | Page 3         |
|------|--|---|----------------|
|      | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life r<br>anticipated to exceed 20 years?<br>At the time of the transfer, did any of the transferred intangible property have an indefinite useful life<br>Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)<br>for any intangible property? | easonably<br>e?Yes<br>1(c)(3)(ii)<br>to the<br>s<br>r at any time | No<br>No<br>No |
| Sup  | plemental Part III Information Required To Be Reported (see instructions)  |   |                |
| Jup  |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
|      |  |   |                |
| Par  | t IV Additional Information Regarding Transfer of Property (see instructions)  |   |                |
| 16   | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.   |   |                |
|      | (a) Before 0.0000 % (b) After 0.4238 %   |   |                |
| 17   | Type of nonrecognition transaction (see instructions)   Section 351  |   |                |
| 18   | Indicate whether any transfer reported in Part III is subject to any of the following.   |   |                |
| a    | Gain recognition under section 904(f)(3).  | Yes   | X No           |
| b    | Gain recognition under section 904(f)(5)(F).   |   | X No           |
| c    | Recapture under section 1503(d)  |   | X No           |
| d    | Exchange gain under section 987.   |   | X No           |
| 19   | Did this transfer result from a change in entity classification?   |   | X No           |
| 20a  | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (See instruct   |   | X No           |
|      | 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)  | .►\$  |                |
| c    | Did the domestic corporation not recognize gain or loss on the distribution of property because the pr   |   |                |
| č    | used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  |   | No             |
| 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   | N N   | X No           |

Form 926 (Rev. 11-2018)

| Form  | 8621   | Informatio                                   | on Return                            | by a Sharel                                  | nolder of a                              | Passive Fore   | ign 🛽                | OMB No. 1                   | 545-100          | 12          |
|---|--|--|--------------------------------------|--|--|--|----------------------|-----------------------------|------------------|-------------|
| (Rev. D<br>Departn                                    | ecember 2018)<br>nent of the Treasury<br>Revenue Service | Inves<br>► Go to                             | stment Co<br>www.irs.gov/F           | mpany or Q                                   | ualified Ele<br>ructions and the         | Liecting Fund         Attachment           he latest information.         Sequence No. 69    |                      |                             |                  |             |
|   | f shareholder  |  |                                      |  |  | Identifying number (see  | instruction          |                             |                  |             |
| The   | Campanile Fo   | oundation                                    |                                      |  |  | 33-0868418   |                      |                             |                  |             |
|   | , street, and room or suite                              |  | instructions.                        |  |  | Shareholder tax year: cal  | endar yea            | r or                        | other ta         | ix year     |
|   | 0 Campanile I  |  | 68                                   |  |  | beginning 7/01/  | <b>′19</b> ar        | nd ending 6                 | /30/             | <u>20 ·</u> |
| San   | Diego, CA 92   | 2182-1968                                    |                                      |  |  |  |                      |                             |                  |             |
|   | type of shareholder fi                                   | Ū  |                                      | X Corporation                                | Partnership                              | S Corporation  |                      | grantor Trus                |                  | Estate      |
|   |  | -  |                                      |  |  |  |                      |                             |                  | · [_]       |
| Qualify   |  | pration under the all                        | ternative facts ar                   | nd circumstances te                          | est within the mea                       | , elect to treat such<br>ning of section 1297(<br>Employer identification                    | f)(2). Se            | e instructions              |                  | <u> </u>    |
|   | Capital Offs   | -  |                                      | ,  | . ,                                      |  |                      |                             |                  |             |
|   | (Enter number, street, cit                               |  |                                      |  |  | Reference ID number (se  | ee instructi         | ions)                       |                  |             |
|   |  |  |                                      |  | TSECAPTF                                 |  |                      |                             |                  |             |
| P O Box 10034<br>Grand Cayman KY1-1001 Cayman Islands |  |  |                                      |  | 7/01/                                    |  | 0                    | or other                    |                  |             |
| <b>.</b> .  |  | ( ) ) (                                      |                                      | · · · · · · · · · · · · · · · · · · ·        |  | and ending 6/30  | )/20                 |                             |                  |             |
| Part  |  | of Annual Info                               | · · · ·                              |  | ald by the chorch                        | aldari   |                      |                             |                  |             |
| PIO   | vide the following in                                    |  |                                      |  | 2  | oluer.   |                      |                             |                  |             |
| 1   | Description of each                                      |  | 5                                    | lder: <u>Fund S</u>                          | Shares                                   |  |                      |                             | -                |             |
| 2   | Date shares acquire                                      | jointly owned wit                            | -                                    |  |  |  |                      |                             |                  |             |
| 3   | Number of shares he                                      | 0 )  |                                      | 5,447.19                                     |  |  |                      |                             |                  |             |
| 4   | Value of shares he                                       |  |                                      |  | a hay if applicat                        |  |                      |                             |                  |             |
| 4   | (a) \$0 - 50,000   | ) <b>(b)</b>                                 | \$50,001 – 100                       |  | 00,001 – 150,000                         | <b>(d)</b> \$150,00  |                      |                             |                  |             |
|   | (e) If more than \$2                                     |  |                                      |  |  |  | 72,00                |                             |                  |             |
| 5   | Type of PFIC and a 1293, and inclusion                   |  |                                      |  |  | ribution under section   | on 1291              | , inclusion ι               | inder s          | section     |
|   | (a) Section 1  | ·  |                                      |  |  |  |                      |                             |                  |             |
|   | (b) Section 1293 (Qualified Electing Fund) \$            |  |                                      |  |  |  |                      |                             |                  |             |
|   | (c) Section 1296 (Mark to Market) \$                     |  |                                      |  |  |  |                      |                             |                  |             |
| Part  | Part II Elections (see instructions)                     |  |                                      |  |  |  |                      |                             |                  |             |
| Α   | Election To Tre  | at the PFIC as a (                           | QEF. I, a shareh                     | nolder of a PFIC, e                          | elect to treat the                       | PFIC as a QEF. Con   | nplete line          | s 6a through 7c             | of Part          | <i>III.</i> |
| в   |  | nings and profits o                          |                                      |  |  | extend the time for<br>ines 8a through 9c of   |                      |                             | he               |             |
|   |  |  |                                      |  |  | you may <b>not</b> make t<br>terminate this electi   |                      | ction.                      |                  |             |
| С   |  | section 1296(e).                             |                                      |  | ct to mark-to-mark                       | et the PFIC stock that   | t is mark            | etable withir               | I                |             |
| D   |  | ection. I, a sharehol<br>rest in the PFIC. E |                                      |  |  | F, elect to recognize  | gain on f            | the deemed                  |                  |             |
| Е   | (CFC), elect to  | treat an amount e                            | equal to my sha                      | re of the post-198                           | 36 earnings and p                        | a QEF that is a contro<br>profits of the CFC as<br>Iso complete line 16                      | s an exc             | ess distribu                |                  | Inter       |
| F   | elect to treat as  |  | oution the gain i                    | recognized on the                            | e deemed sale of                         | PFIC or a PFIC to my interest in the P   |                      |                             |                  |             |
| G   | Regulations sec<br>period in the sto                     | ction 1.1297-3(a),<br>ock of the Section     | elect to make a<br>1297(e) PFIC i    | a deemed dividend<br>includes the CFC        | d election with re<br>qualification date | er of a section 1297<br>spect to the Sectior<br>e, as defined in Reg<br>er than zero, also c | n 1297(e<br>ulations | e) PFIC. My<br>section 1.1: | holdin<br>297-3( | q           |
| н   | former PFIC inc  | 3(a), elect to mak                           | ke a deemed div<br>ation date, as de | vidend election wite<br>efined in Regulation | th respect to the<br>ons section 1.129   | ormer PFIC, within<br>former PFIC. My ho<br>98-3(d). <i>Enter the ex</i><br>/.               | lding pe             | eriod in the s              | stock o          | of the      |

| Form 8621 (Rev. 12-2018) T | 'he Can | upanile F | Foundation |
|----------------------------|---------|-----------|------------|
|----------------------------|---------|-----------|------------|

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| 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>b</b> Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g).   |                            |
|   | 6 c                        |
| c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income  | 00                         |
| 7 a Enter your pro rata share of the total net capital gain of the QEF       7 a         b Enter the portion of line 7a that is included in income under section 951 or that       7 a  | -                          |
| 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   | 1                          |
| Schedule D used for your income tax return. See instructions  | 7 c                        |
| Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.  |                            |
| 8 a Add lines 6c and 7c.  | 8a                         |
| <b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF.  |                            |
| See instructions  | 4                          |
| 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 sectior   | 2                          |
| 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>b</b> Enter the total tax for the tax year determined without regard to the amount<br>entered on line 8e   |                            |
| entered on line 8e  | 4                          |
| 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                       |
| <b>b</b> Enter your adjusted basis in the stock at the end of the tax year  | 10 b                       |
| c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary  |                            |
| income on your tax return. If a loss, go to line 11.  | 10 c                       |
| 11 Enter any unreversed inclusions (as defined in section 1296(d))  | 11                         |
| 12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.  | 12                         |
| 13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:  |                            |
| a Enter the fair market value of the stock on the date of sale or disposition   | 13a                        |
| <b>b</b> Enter the adjusted basis of the stock on the date of sale or disposition   |                            |
| c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on  |                            |
| your tax return. If a loss, go to line 14.  | 13 c                       |
| 14 a Enter any unreversed inclusions (as defined in section 1296(d))  | 14 -                       |
|   | 14a                        |
| <b>b</b> Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.               |                            |
| <ul> <li>complete line 14c.</li> <li>c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the</li> </ul> | 146                        |
| complete line 14cc Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this   |                            |

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|---|-----------|----------------|
| Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see inst<br>Complete a separate Part V for each excess distribution and disposition. See in   |           |                |
| <ul><li>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.</li><li>b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stoce.</li></ul>  |           |                |
| for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year).  | 15b       |                |
| c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)   | 15c       |                |
| <ul> <li>d Multiply line 15c by 125% (1.25)</li> <li>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 th one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.</li> </ul> |           |                |
| f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16.  |           |                |
| <b>16a</b> 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>b</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 ta return as other income.  | х<br>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   | 16c       |                |
| <b>d</b> 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."<br>See instructions   | 16e       |                |
| f Determine interest on each net increase in tax determined on line 16e using the rates and methods of<br>section 6621. Enter the aggregate amount of interest here. See instructions.  | 16f       |                |
|   | Form 8621 | (Rev. 12-2018) |

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 33-08684

 Part VI
 Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

 Complete a separate column for each outstanding election.

| 0           | omplete lines 17 through<br>0 to report the status of<br>utstanding prior year<br>ection 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  |     |      |       |      |     |      |
| 24<br>el    | omplete lines 21 through<br>4 only if a section 1294<br>lection is terminated<br>a 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   |     |      |       |      |     |      |
| c<br>t<br>1 | Complete lines 25 and 26<br>only if there is a partial<br>ermination of a section<br>294 election in the<br>current tax year. |     |      |       |      |     |      |
| 25          | Deferred tax outstanding<br>after partial termination<br>of election. Subtract<br>line 23 from line 19                        |     |      |       |      |     |      |
| 26          | Interest accrued after<br>partial termination<br>of election. Subtract<br>line 24 from line 20                                |     |      |       |      |     |      |

| Form   | 8621  |                           |                                     |  |  |  |   | gn 🛽              | OMB N                     | No. 1545-100           | )2          |
|--|---|---------------------------|-------------------------------------|--|--|--|---|-------------------|---------------------------|------------------------|-------------|
| Form       8621         (Rev. December 2018)       Information Return by a Shareholder of a Passive For         Department of the Treasury       Investment Company or Qualified Electing Fund         > Go to www.irs.gov/Form8621 for instructions and the latest information         Name of shareholder       Identifying number (structure) |   |                           |                                     |  |  |  |   | Attach            | ment<br>nce No. <b>69</b> |                        |             |
|  |   |                           |                                     | 10 www.n3.gov/                                       |  |  | Identifying number (see in  | structions        |                           |                        |             |
|  |   |                           | oundation                           |  |  |  | 33-0868418  | 1311 40110112     | "                         |                        |             |
| Numbe  | r. street. and  | room or suite             | e no. If a P.O. box. s              | see instructions.                                    |  |  |   | adar yaar         |                           | or other to            |             |
|  | , ,   |                           | Drive MC 1                          |  |  |  | Shareholder tax year: caler<br>beginning 7/01/1   | -                 | d ending                  | or other ta            | 2           |
| City or  | town, state, a  | nd ZIP code               | or country                          |  |  |  |   |                   |                           |                        |             |
| San  | Diego   | , CA 9                    | 2182-1968                           |  |  |  |   | _                 |                           |                        |             |
|  |   |                           | filing the return:                  |  | X Corporation                                    | Partnership                              | S Corporation   |                   | grantor T                 |                        | Estate      |
|  |   |                           | , °                                 |  |  |  | tructions   |                   |                           |                        | ··          |
| Quali  | fying Insura  | nce Corpo                 | bration under the                   | e alternative facts a                                | and circumstances to                             | est within the mea                       | ning of section 1297(f)   |                   |                           |                        | Ц           |
|  |   |                           | -                                   |  | or qualified electing fund (                     | (QEF)                                    | Employer identification nu  | umber (if         | any)                      |                        |             |
|  |   |                           | c Trading<br>ity or town, and cour  | Fund, Ltd  |  |  | Reference ID number (see  | inctructio        | 200)                      |                        |             |
| Audres   |   |                           | ty of town, and cour                | itiy.)   |  |  | BHDGSTFLTCF   | mstructio         | 5115)                     |                        |             |
| ΡO   | Box 3   | 09                        |                                     |  |  |  | Tax year of foreign corporation, PFIC   | or OFF: cal       | andar yaar                |                        | or other    |
| Grand Cayman KY1-1104 Cayman Islands   |   |                           |                                     |  | //01/  |  | · '   | or other          |                           |                        |             |
|  |   |                           |                                     |  |  |  | and ending $6/30$ ,   | /20               |                           |                        |             |
| Part I         Summary of Annual Information (see instructions)           Provide the following information with respect to all shares of the PFIC held by the shareholde  |   |                           |                                     |  |  |  |   |                   |                           |                        |             |
| Pro  | ovide the fo  | ollowing ir               | iformation with                     | respect to all sh                                    | hares of the PFIC h                              | eld by the shareh                        | nolder:   |                   |                           |                        |             |
| 1  | Descriptic  | on of each                | class of shares                     | held by the share                                    | holder: <u>Fund</u>                              | Shares                                   |   |                   |                           |                        |             |
|  | Check   | if shares                 | s jointly owned                     | with spouse.   |  |  |   |                   |                           |                        |             |
| 2  | Date shar   | es acquire                | d during the tax                    | year, if applicable                                  | e:   |  |   |                   |                           | _                      |             |
| 3  | Number o  | f shares h                | eld at the end of                   | f the tax year:                                      | 56,153.38  |  |   |                   |                           |                        |             |
| 4  | Value of  | shares he                 | eld at the end c                    | of the tax year (cl                                  | heck the appropriat                              | te box, if applical                      | ble):   |                   |                           |                        |             |
|  | (a) \$  | 0 – 50,000                | ) <b>(b)</b>                        | \$50,001 - 10  | 00,000 <b>(c)</b> \$1                            | 100,001 - 150,000                        | 0 <b>(d)</b> \$150,001  | - 200,            | 000                       |                        |             |
|  | (e) If more than \$200,000, list value: 5, 395, 965.  |                           |                                     |  |  |  |   |                   |                           |                        |             |
| 5  |   |                           |                                     |  | on or gain treated a<br>196 (check all boxes     |  | ribution under sectior  | n 1291,           | inclusio                  | n under s              | section     |
|  | (a)   | Section 1                 | 291 \$                              |  | _  |  |   |                   |                           |                        |             |
|  | (b)   | Section 1                 | 293 (Qualified                      | Electing Fund)                                       | \$   |  |   |                   |                           |                        |             |
|  | (c) Section 1296 (Mark to Market) \$  |                           |                                     |  |  |  |   |                   |                           |                        |             |
| Par  | Part II Elections (see instructions)  |                           |                                     |  |  |  |   |                   |                           |                        |             |
| Α  | Electi  | on To Tre                 | at the PFIC as                      | a QEF. I, a share                                    | eholder of a PFIC,                               | elect to treat the                       | PFIC as a QEF. Comp   | lete lines        | s 6a throug               | h 7c of Part           | <i>III.</i> |
| В  | B Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. <i>Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.</i>   |                           |                                     |  |  |  |   |                   |                           |                        |             |
|  |   |                           |                                     |  |  |  | you may <b>not</b> make th<br>terminate this electio  |                   | tion.                     |                        |             |
| С  |   |                           |                                     | <b>Stock.</b> I, a shareh<br>e). <i>Complete Par</i> |  | ct to mark-to-mark                       | et the PFIC stock that  | is mark           | etable wi                 | thin                   |             |
| D  |   |                           |                                     |  | t day of a PFIC's first<br>loss on line 15f of F |  | F, elect to recognize ga  | ain on t          | he deeme                  | ed                     |             |
| Е  | Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V. |                           |                                     |  |  | Enter                                    |   |                   |                           |                        |             |
| F  | elect   | to treat as               | s an excess dis                     | stribution the gair                                  |  | e deemed sale of                         | r PFIC or a PFIC to w<br>my interest in the PF  |                   |                           |                        |             |
| G  | Regul Period  | ations see<br>I in the st | ction 1.1297-3(<br>ock of the Sect  | a), elect to make<br>tion 1297(e) PFIC               | e a deemed dividen<br>C includes the CFC         | d election with re<br>qualification date | ler of a section 1297(<br>espect to the Section<br>e, as defined in Regul<br>ter than zero, also co | 1297(e<br>lations | ) PFIC. I<br>section      | My holdin<br>1.1297-3( | ig -        |
| Η  | sectio<br>forme   | n 1.1298-<br>r PFIC inc   | 3(a), elect to n<br>cludes the term | nake a deemed d<br>ination date, as o                | dividend election wi                             | ith respect to the ons section 1.129     | former PFIC, within th<br>former PFIC. My hold<br>98-3(d). <i>Enter the exc</i><br>V.               | ding pe           | rioð in tl                | he stock (             | of the      |

| Form 8621 (Rev. 12-2018) T | 'he Can | upanile F | Foundation |
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| 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 6a   |                            |
| <b>b</b> Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g).   |                            |
|   | 6 c                        |
| c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income  | 00                         |
| 7 a Enter your pro rata share of the total net capital gain of the QEF       7 a         b Enter the portion of line 7a that is included in income under section 951 or that       7 a  | -                          |
| 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   | 1                          |
| Schedule D used for your income tax return. See instructions  | 7 c                        |
| Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.  |                            |
| 8 a Add lines 6c and 7c.  | 8a                         |
| <b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF.  |                            |
| See instructions  | 4                          |
| 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 sectior   | 2                          |
| 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>b</b> Enter the total tax for the tax year determined without regard to the amount<br>entered on line 8e   |                            |
| entered on line 8e  | 4                          |
| 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                       |
| <b>b</b> Enter your adjusted basis in the stock at the end of the tax year  | 10 b                       |
| c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary  |                            |
| income on your tax return. If a loss, go to line 11.  | 10 c                       |
| 11 Enter any unreversed inclusions (as defined in section 1296(d))  | 11                         |
| 12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.  | 12                         |
| 13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:  |                            |
| a Enter the fair market value of the stock on the date of sale or disposition   | 13a                        |
| <b>b</b> Enter the adjusted basis of the stock on the date of sale or disposition   |                            |
| c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on  |                            |
| your tax return. If a loss, go to line 14.  | 13 c                       |
| 14 a Enter any unreversed inclusions (as defined in section 1296(d))  | 14 -                       |
|   | 14a                        |
| <b>b</b> Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.               |                            |
| <ul> <li>complete line 14c.</li> <li>c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the</li> </ul> | 146                        |
| complete line 14cc Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this   |                            |

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|---|-----------|----------------|
| Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see inst<br>Complete a separate Part V for each excess distribution and disposition. See in   |           |                |
| <ul><li>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.</li><li>b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stoce.</li></ul>  |           |                |
| for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year).  | 15b       |                |
| c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)   | 15c       |                |
| <ul> <li>d Multiply line 15c by 125% (1.25)</li> <li>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 th one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.</li> </ul> |           |                |
| f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16.  |           |                |
| <b>16a</b> 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>b</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 ta return as other income.  | х<br>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   | 16c       |                |
| <b>d</b> 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."<br>See instructions   | 16e       |                |
| f Determine interest on each net increase in tax determined on line 16e using the rates and methods of<br>section 6621. Enter the aggregate amount of interest here. See instructions.  | 16f       |                |
|   | Form 8621 | (Rev. 12-2018) |

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 33-08684

 Part VI
 Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

 Complete a separate column for each outstanding election.

| 0   | omplete lines 17 through<br>0 to report the status of<br>utstanding prior year<br>ection 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<br>24 only if a section 1294<br>election is terminated<br>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<br>only if there is a partial<br>termination of a section<br>1294 election in the<br>current tax year. |  |     |      |       |      |     |      |
| 25  | Deferred tax outstanding<br>after partial termination<br>of election. Subtract<br>line 23 from line 19   |     |      |       |      |     |      |
| 26  | Interest accrued after<br>partial termination<br>of election. Subtract<br>line 24 from line 20           |     |      |       |      |     |      |

| Form              | 86                | 21                                   |   |                                      |   |  | Passive Foreign  | OMB No. 1545-1002                    |  |
|-------------------|-------------------|--------------------------------------|---|--------------------------------------|---|--|--|--------------------------------------|--|
| (Rev. I<br>Depart | Decemb<br>ment of | er 2018)<br>f the Treasury           |   |                                      | Description of Q                              |  | ecting Fund<br>latest information.   | Attachment<br>Sequence No. <b>69</b> |  |
|                   | of share          | nue Service                          |   | .0 www.iis.gov/                      |   |  | Identifying number (see instruction  |                                      |  |
|                   |                   | mpanile Fo                           | oundation   |                                      |   |  | 33-0868418   | ins)                                 |  |
| Numbe             | er. stree         | t. and room or suite                 | e no. If a P.O. box. see  | e instructions.                      |   |  |  | ear or other tax year                |  |
|                   | ,                 | .,                                   | Drive MC 19   |                                      |   |  | Shareholder tax year: calendar ye beginning 7/01/19  | and ending $6/30/20$ .               |  |
| City or           | town, s           | state, and ZIP code                  | or country  |                                      |   |  |  |                                      |  |
| San               | Di                | ego, CA 92                           | 2182-1968   |                                      |   | <u> </u>                                 |  |                                      |  |
|                   | 5.                | of shareholder fi                    | 0   |                                      | X Corporation                                 | Partnership                              |  | ngrantor Trust Estate                |  |
| -                 |                   |                                      |   |                                      |   |  | tructions  |                                      |  |
|                   |                   |                                      |   |                                      |   |  | , elect to treat such stock<br>ning of section 1297(f)(2). S   |                                      |  |
| Name              | of foreig         | gn corporation, pass                 | ive foreign investmen   | t company (PFIC), or                 | qualified electing fund (                     | QEF)                                     | Employer identification number   | (if any)                             |  |
|                   |                   |                                      | (Cayman) l  |                                      |   |  |  |                                      |  |
| Addres            | s (Ente           | r number, street, cit                | ty or town, and countr  | y.)                                  |   |  | Reference ID number (see instru-   | ctions)                              |  |
| D C               |                   | - 200                                |   |                                      |   |  | KOHINOORTCF  |                                      |  |
|                   |                   | x 309                                |   | T-l                                  |   |  | Tax year of foreign corporation, PFIC, or QEF:   |                                      |  |
| Gra               | na                | Cayman H                             | KY1-1104 Ca   | ayman isla                           | nas   |  | tax year beginning 7/01  | /19                                  |  |
| _                 |                   |                                      |   |                                      | · · · · ·                                     |  | and ending 6/30/20   |                                      |  |
| Par               |                   |                                      |   | •                                    | e instructions)                               |  |  |                                      |  |
| Pro               | ovide '           | the following in                     | formation with r  | espect to all sha                    | ares of the PFIC he                           | eld by the shareh                        | older:   |                                      |  |
| 1                 | Desc              | cription of each                     | class of shares he  | eld by the shareh                    | older: <u>Fund S</u>                          | Shares                                   |  |                                      |  |
|                   |                   | Check if shares                      | jointly owned w   | ith spouse.                          |   |  |  |                                      |  |
| 2                 | Date              | shares acquire                       | d during the tax y  | ear, if applicable                   | :   |  |  |                                      |  |
| 3                 | Num               | ber of shares he                     | eld at the end of t   | he tax year:                         | 5,758.97                                      |  |  |                                      |  |
| 4                 |                   |                                      |   | -                                    | eck the appropriat                            | a box if applicat                        | 20):   |                                      |  |
| -                 | (a)               |                                      | -   | \$50,001 – 10                        |   | 00,001 – 150,000                         |  | 0 000                                |  |
|                   |                   |                                      | 200,000, list value   |                                      |   | 100,001                                  | 5,710,4  |                                      |  |
| 5                 | •••               |                                      |   |                                      | on or gain treated a                          | as an excess dist                        | ribution under section 129   |                                      |  |
| 5                 |                   |                                      |   |                                      | 96 (check all boxes                           |  |  | r, inclusion under section           |  |
|                   | (a)               | Section 1                            | 291 \$  |                                      |   |  |  |                                      |  |
|                   | (b)               | Section 1                            | 293 (Qualified E  | lecting Fund)                        | \$  |  |  |                                      |  |
|                   | (c)               | Section 12                           | 296 (Mark to Mark   | .et) \$                              |   |  |  |                                      |  |
| Par               | t II              | Elections                            | (see instructio   | ons)                                 |   |  |  |                                      |  |
| Α                 |                   |                                      |   |                                      | holder of a PFIC.                             | elect to treat the                       | PFIC as a QEF. Complete lin  | nes 6a through 7c of Part III.       |  |
| В                 |                   | Election To Ext                      | tend Time For Particular tend Time For Particular tender tende tender tende | ayment of Tax.                       | I, a shareholder of                           | a QEF, elect to e                        | extend the time for payme<br>ines 8a through 9c of Part II   | ent of tax on the                    |  |
|                   | 1                 | Note: If any por                     | -<br>rtion of line 6a o   |                                      |   |  | you may <b>not</b> make this ele<br>terminate this election.   | ection.                              |  |
| С                 | E                 | Election To Mark                     |   | Stock. I, a shareho                  | older of a PFIC, elec                         |  | et the PFIC stock that is ma   | rketable within                      |  |
| D                 |                   |                                      |   |                                      | day of a PFIC's first<br>oss on line 15f of F |  | F, elect to recognize gain or  | 1 the deemed                         |  |
| Е                 |                   | CFC), elect to                       | treat an amount   | equal to my sha                      | are of the post-198                           | 36 earnings and p                        | A QEF that is a controlled for<br>profits of the CFC as an ex<br>lso complete line 16 of Pa                            | cess distribution. Enter             |  |
| F                 | e                 | elect to treat as                    | s an excess distr   | ibution the gain                     |   | deemed sale of                           | PFIC or a PFIC to which my interest in the PFIC or   |                                      |  |
| G                 | ۲ للا<br>۲        | Regulations sec<br>period in the sto | ction 1.1297-3(a)<br>ock of the Sectio  | ), elect to make<br>on 1297(e) PFIC  | a deemed dividend<br>includes the CFC         | d election with re<br>qualification date | er of a section 1297(e) PF<br>spect to the Section 1297<br>a, as defined in Regulation<br>er than zero, also completed | s section 1.1297-3(d).               |  |
| Η                 | s<br>f            | section 1.1298-<br>ormer PFIC inc    | 3(a), elect to ma<br>cludes the termin  | ake a deemed di<br>nation date, as c | ividend election wi                           | th respect to the<br>ons section 1.129   | ormer PFIC, within the me<br>former PFIC. My holding p<br>98-3(d). <i>Enter the excess o</i><br>⁄.                     | period in the stock of the           |  |

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|----------------------------|---------|-----------|------------|
|----------------------------|---------|-----------|------------|

| Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through the second state lines for the second state l | agin / c. 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       6a         b Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)       6b   | -  |
| c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income   | 6c   |
| <b>7a</b> 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   | 7 c  |
| Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.   |  |
| 8 a Add lines 6c and 7c.   | 8 a  |
| <b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF.       8 b         See instructions       8 b  |  |
| 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.       8 c  |  |
| 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)  |  |
| <b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under sectior 951, you may make Election B with respect to the amount on line 8e.   | 7  |
| 9 a Enter the total tax for the tax year. See instructions. 9 a  |  |
| <b>b</b> Enter the total tax for the tax year determined without regard to the amount<br>entered on line 8e  |  |
| entered on line 8e 9b 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   | 9 c  |
| Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)   |  |
|  | 10 a   |
| IU a Enter the fair market value of your PEIC stock at the end of the fax year   |  |
| <b>10 a</b> Enter the fair market value of your PFIC stock at the end of the tax year <b>b</b> Enter your adjusted basis in the stock at the end of the tax year.  | 10b  |
| <b>b</b> Enter your adjusted basis in the stock at the end of the tax year   | 10b  |
| <ul><li>b Enter your adjusted basis in the stock at the end of the tax year</li><li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary</li></ul>   |  |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> </ul>  | 10 c   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> </ul>   |  |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> </ul>   | 10 c<br>11   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> </ul>   | 10 c<br>11<br>12   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> </ul>   | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> </ul>  | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> </ul>   | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on</li> </ul>  | 10 c       11       12       13a       13b                     |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> </ul>   | 10 c       11       12       13a       13b       13c       14a |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> <li>14a Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a,</li> </ul>  | 10 c       11       12       13a       13b       13c       14a |

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|---|-----------|----------------|
| Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see inst<br>Complete a separate Part V for each excess distribution and disposition. See in   |           |                |
| <ul><li>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.</li><li>b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stoce.</li></ul>  |           |                |
| for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year).  | 15b       |                |
| c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)   | 15c       |                |
| <ul> <li>d Multiply line 15c by 125% (1.25)</li> <li>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 th one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.</li> </ul> |           |                |
| f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16.  |           |                |
| <b>16a</b> 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>b</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 ta return as other income.  | х<br>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   | 16c       |                |
| <b>d</b> 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."<br>See instructions   | 16e       |                |
| f Determine interest on each net increase in tax determined on line 16e using the rates and methods of<br>section 6621. Enter the aggregate amount of interest here. See instructions.  | 16f       |                |
|   | Form 8621 | (Rev. 12-2018) |

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 Part VI
 Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

 Complete a separate column for each outstanding election.

| 0   | omplete lines 17 through<br>0 to report the status of<br>utstanding prior year<br>ection 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<br>24 only if a section 1294<br>election is terminated<br>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<br>only if there is a partial<br>termination of a section<br>1294 election in the<br>current tax year. |  |     |      |       |      |     |      |
| 25  | Deferred tax outstanding<br>after partial termination<br>of election. Subtract<br>line 23 from line 19   |     |      |       |      |     |      |
| 26  | Interest accrued after<br>partial termination<br>of election. Subtract<br>line 24 from line 20           |     |      |       |      |     |      |

| Form    | 8621                                      | Information Return by a Shareholder of a   |   | OMB No. 1545-1002                                 |
|---------|---|--|---|---|
| (Rev. [ | December 2018)<br>ment of the Treasury    | Investment Company or Qualified Ele  |   | Attachment<br>Sequence No. <b>69</b>              |
|         | I Revenue Service                         | ► Go to www.irs.gov/Form8621 for instructions and the  |   |   |
|         |   | Foundation   | Identifying number (see instructio 33-0868418   | ns)   |
|         |   | suite no. If a P.O. box, see instructions.   | Shareholder tax year: calendar year   | ar or other tax year                              |
|         | 0 Campanil<br>town, state, and ZIP        | e Drive MC 1968  |   | and ending $6/30/20$ ·                            |
| San     | Diego, CA                                 | 92128-1968   |   |   |
| Chec    | k type of sharehole                       | der filing the return:   | S Corporation   | ngrantor Trust Estate                             |
|         | , i                                       | d Specified Foreign Financial Assets are reported on this form See ins   |   |   |
| Quali   | fying Insurance C                         | Corporation Election—I, a shareholder of stock of a foreign corporation<br>orporation under the alternative facts and circumstances test within the mea<br>passive foreign investment company (PFIC), or qualified electing fund (QEF)   |   | e instructions                                    |
| Pay     | den TALF 2                                | 020 (Offshore) Fund, Ltd.  |   |   |
|         |   | et, city or town, and country.)  | Reference ID number (see instruct   | tions)  |
|         | _   |  | PAYDENTALF  |   |
|         |   | ance Ser, 94 Solaris Ave<br>Box 1348 Grand Cayman KY1-1108 Cayman Isla   | Tax year of foreign corporation, PFIC, or QEF: $c_{a}$ tax year beginning $\frac{7/01}{6/30/20}$ and ending $6/30/20$ |   |
| Par     | t I Summa                                 | ry of Annual Information (see instructions)  |   | •   |
| Pro     | vide the followir                         | g information with respect to all shares of the PFIC held by the sharel  | nolder:   |   |
| 1       | Description of e                          | ach class of shares held by the shareholder: Fund Shares   |   |   |
|         |   | ares jointly owned with spouse.  |   |   |
| 2       | Date shares acc                           | uired during the tax year, if applicable: 6/03/2020  |   |   |
| 3       | Number of share                           | es held at the end of the tax year: <u>1,400,000.00</u>  |   |   |
| 4       | Value of share                            | s held at the end of the tax year (check the appropriate box, if applica   | ble):   |   |
|         | (a) \$0 – 50                              | ,000 <b>(b)</b> \$50,001 - 100,000 <b>(c)</b> \$100,001 - 150,00   | 0 (d) \$150,001 – 200   | 0,000   |
|         | (e) If more that                          | n \$200,000, list value:   | 1,399,79  | 97.   |
| 5       |   | nd amount of any excess distribution or gain treated as an excess dis<br>usion or deduction under section 1296 (check all boxes that apply):   | tribution under section 129   | I, inclusion under section                        |
|         | (a) Section                               | on 1291 \$   |   |   |
|         | (b) Section                               | on 1293 (Qualified Electing Fund) \$   |   |   |
|         |   | n 1296 (Mark to Market) \$   |   |   |
| Par     |   | ns (see instructions)  |   |   |
|         |   | Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the  | PEIC ac a OEE Complete lin  | as for through 7a of Part III                     |
| A<br>B  | Election To                               | <b>Extend Time For Payment of Tax.</b> I, a shareholder of a QEF, elect to treat the earnings and profits of the QEF until this election is terminated. <i>Complete may be deferred.</i>   | extend the time for paymer  | nt of tax on the                                  |
|         |   | portion of line 6a or line 7a of Part III is includible under section 951, ections 1294(c) and 1294(f) and the related regulations for events that   |   | ction.  |
| С       |   | Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark<br>g of section 1296(e). Complete Part IV.  | ket the PFIC stock that is mar  | ketable within                                    |
| D       |   | e Election. I, a shareholder on the first day of a PFIC's first tax year as a QE nterest in the PFIC. Enter gain or loss on line 15f of Part V.  | F, elect to recognize gain on   | the deemed  |
| Е       | (CFC), elec                               | dend Election. I, a shareholder on the first day of a PFIC's first tax year as t to treat an amount equal to my share of the post-1986 earnings and t on line 15e of Part V. If the excess distribution is greater than zero, a  | profits of the CFC as an ex   | cess distribution. Enter                          |
| F       | elect to trea                             | <b>Recognize Gain on Deemed Sale of PFIC.</b> I, a shareholder of a forment as an excess distribution the gain recognized on the deemed sale of a PFIC under section 1297(a). <i>Enter gain on line 15f of Part V.</i>   |   |   |
| G       | Regulations period in the                 | vidend Election With Respect to a Section 1297(e) PFIC. I, a sharehold<br>section 1.1297-3(a), elect to make a deemed dividend election with re<br>e stock of the Section 1297(e) PFIC includes the CFC qualification data<br>access distribution on line 15e, Part V. If the excess distribution is great | espect to the Section 1297(<br>e, as defined in Regulations   | e) PFIC. My holding<br>s section 1.1297-3(d).     |
| н       | Deemed Div<br>section 1.12<br>former PFIC | vidend Election With Respect to a Former PFIC. I, a shareholder of a 298-3(a), elect to make a deemed dividend election with respect to the c includes the termination date, as defined in Regulations section 1.12 is excess distribution is greater than zero, also complete line 16, Part               | former PFIC, within the me<br>former PFIC. My holding p<br>98-3(d). <i>Enter the excess c</i>                         | aning of Regulations<br>eriod in the stock of the |

| Form 8621 (Rev. 12-2018) T | 'he Can | upanile F | Foundation |
|----------------------------|---------|-----------|------------|
|----------------------------|---------|-----------|------------|

| Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through the second state lines for the second state lines tate l | agin / c. 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       6a         b Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)       6b   | -  |
| c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income   | 6c   |
| <b>7a</b> 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   | 7 c  |
| Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.   |  |
| 8 a Add lines 6c and 7c.   | 8 a  |
| <b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF.       8 b         See instructions       8 b  |  |
| 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.       8 c  |  |
| 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)  |  |
| <b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under sectior 951, you may make Election B with respect to the amount on line 8e.   | 7  |
| 9 a Enter the total tax for the tax year. See instructions. 9 a  |  |
| <b>b</b> Enter the total tax for the tax year determined without regard to the amount<br>entered on line 8e  |  |
| entered on line 8e 9b 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   | 9 c  |
| Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)   |  |
|  | 10 a   |
| IU a Enter the fair market value of your PEIC stock at the end of the fax year   |  |
| <b>10 a</b> Enter the fair market value of your PFIC stock at the end of the tax year <b>b</b> Enter your adjusted basis in the stock at the end of the tax year.  | 10b  |
| <b>b</b> Enter your adjusted basis in the stock at the end of the tax year   | 10b  |
| <ul><li>b Enter your adjusted basis in the stock at the end of the tax year</li><li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary</li></ul>   |  |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> </ul>  | 10 c   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> </ul>   |  |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> </ul>   | 10 c<br>11   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> </ul>   | 10 c<br>11<br>12   |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> </ul>   | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> </ul>  | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> </ul>   | 10 c<br>11<br>12<br>13 a                                       |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on</li> </ul>  | 10 c       11       12       13a       13b                     |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> </ul>   | 10 c       11       12       13a       13b       13c       14a |
| <ul> <li>b Enter your adjusted basis in the stock at the end of the tax year.</li> <li>c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11.</li> <li>11 Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return.</li> <li>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</li> <li>a Enter the fair market value of the stock on the date of sale or disposition.</li> <li>b Enter the adjusted basis of the stock on the date of sale or disposition.</li> <li>c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14.</li> <li>14a Enter any unreversed inclusions (as defined in section 1296(d)).</li> <li>b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a,</li> </ul>  | 10 c       11       12       13a       13b       13c       14a |

| Form <b>8621</b> (Rev. 12-2018) The Campanile Foundation 3  | 3-0868418 | Page 3         |
|---|-----------|----------------|
| Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see inst<br>Complete a separate Part V for each excess distribution and disposition. See in   |           |                |
| <ul><li>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.</li><li>b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stoce.</li></ul>  |           |                |
| for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year).  | 15b       |                |
| c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)   | 15c       |                |
| <ul> <li>d Multiply line 15c by 125% (1.25)</li> <li>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 th one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.</li> </ul> |           |                |
| f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16.  |           |                |
| <b>16a</b> 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>b</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 ta return as other income.  | х<br>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   | 16c       |                |
| <b>d</b> 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."<br>See instructions   | 16e       |                |
| f Determine interest on each net increase in tax determined on line 16e using the rates and methods of<br>section 6621. Enter the aggregate amount of interest here. See instructions.  | 16f       |                |
|   | Form 8621 | (Rev. 12-2018) |

 Form 8621 (Rev. 12-2018) The Campanile Foundation
 33-08684

 Part VI
 Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

 Complete a separate column for each outstanding election.

| 0   | omplete lines 17 through<br>0 to report the status of<br>utstanding prior year<br>ection 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<br>24 only if a section 1294<br>election is terminated<br>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<br>only if there is a partial<br>termination of a section<br>1294 election in the<br>current tax year. |  |     |      |       |      |     |      |
| 25  | Deferred tax outstanding<br>after partial termination<br>of election. Subtract<br>line 23 from line 19   |     |      |       |      |     |      |
| 26  | Interest accrued after<br>partial termination<br>of election. Subtract<br>line 24 from line 20           |     |      |       |      |     |      |

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

01

•

► File a separate application for each return.

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

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

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

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

| Type or<br>print | The Campanile Foundation   | 33-0868418 |
|------------------|--|------------|
| File by the      | Number, street, and room or suite number. If a P.O. box, see instructions.               |            |
| due date for     | 5500 Campanile Drive MC1968  |            |
| return. See      | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |            |
| instructions.    | San Diego, CA 92182-1968   |            |

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

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

| • | The books are in the care of ► | Takeshi | Kobay | yashi |  |
|---|--------------------------------|---------|-------|-------|--|
|   |                                |         |       |       |  |

|  | <br> | <br> |  |
|--|------|------|--|
|  |      |      |  |
|  |      |      |  |
|  |      |      |  |

|   | Telephone No. 🕨     | (619)   | 594-4562               | Fax No. ►                 | - (   | (619)    | 594-8939         |  |
|---|---------------------|---------|------------------------|---------------------------|-------|----------|------------------|--|
| • | If the organization | does no | ot have an office or r | lace of husiness in the L | Inite | ed State | s check this hox |  |

| • |   |                                 |  |
|---|---|---------------------------------|--|
| • | If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | If this is for the whole group, |  |
|   | check this box ► If it is for part of the group, check this box ► and attach a list with the r  | names and TINs of all members   |  |
|   | the extension is for  |                                 |  |

1 I request an automatic 6-month extension of time until 5/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

| • |  | calendar year | r 20 | or |
|---|--|---------------|------|----|
|---|--|---------------|------|----|

|   | ► X tax year beginning         | <u>_7/01</u> , 20    | 0 <u>19</u> , and ending | _ <u>6/30</u> ,20  | <u>20</u> .  |  |
|---|--------------------------------|----------------------|--------------------------|--------------------|--------------|--|
| 2 | If the tax year entered in lin | e 1 is for less than | 12 months, check reas    | on: Initial return | Final return |  |

| -  | Change in accounting period             |        |       | 1110, 01 |         |                         |          |  |
|----|---|--------|-------|----------|---------|-------------------------|----------|--|
| 3a | If this application is for Forms 990-BL | 990-PF | 990-T | 4720     | or 6069 | enter the tentative tax | less anv |  |

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

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

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

Form 8868 (Rev. 1-2020)

|      | 007 | 0            |     | $\frown$ |  |
|------|-----|--------------|-----|----------|--|
| Form | XX/ | ' <b>M</b> - | - ( |          |  |

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

| For calendar year 2019, or fiscal year beginning | 7/01 | , 2019, and ending | 6/30 | , 20 2020 |
|--|------|--------------------|------|-----------|
|  |      |                    |      |           |

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2019

| Department of the Treasury<br>Internal Revenue Service |  |
|--|--|
| Name of exempt organization                            |  |

The Campanile Foundation

# 33-0868418

Employer identification number

| Part I      | Τνι | be of Return | and R | eturn Information (Whole Dollars Only) |
|-------------|-----|--------------|-------|--|
| David       | Η.  | Fuhriman,    | CPA   | CFO                                    |
| Name and th |     | hitter       |       |  |

| Tart Type of Retain and Retain information (whole Donars Only)  |
|---|
| Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5a</b> , below, and the amount on that line for the return being filed with this form was blank, then |
| leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on   |
| the applicable line below. <b>Do not</b> complete more than one line in Part I.   |
|   |

| 1 a Form 990 check here F X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | 58,386,499. |
|--|-----|-------------|
| 2 a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)                       |     |             |
| 3 a Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)                       | 3 b |             |
| 4a Form 990-PF check here ► T b Tax based on investment income (Form 990-PF, Part VI, line 5)  | 4 b |             |
| 5 a Form 8868 check here  B Balance Due (Form 8868, line 3c)                                   | 5 b |             |

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment, of the contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

| X I authorize  | Richard H           | Rechif Jr CPA              |  | to enter my PIN | 31361  | as my signature       |
|--|---------------------|----------------------------|--|-----------------|--|-----------------------|
|  |                     | ERO firm name              |  |                 | Enter five numbers, bu<br>do not enter all zeros | ıt                    |
| a state agen   |                     | charities as part of the   | turn. If I have indicated within<br>IRS Fed/State program, I a |                 |  |                       |
| As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. |                     |                            |  |                 |  |                       |
| Officer's signature  | •                   |                            |  | Date ►          |  |                       |
| Part III Certi   | fication and A      | uthentication              |  |                 |  |                       |
| ERO's EFIN/PIN   | . Enter your six-di | git electronic filing ider | ntification  |                 |  |                       |
| number (EFIN) followed by your five-digit self-selected PIN  |                     |                            | 3690181955   |                 |  |                       |
|  |                     |                            |  |                 | 1  | o not enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.            |                     |                            |  |                 |  |                       |
| ERO's signature  | •                   |                            |  | Date ►          |  |                       |
| ERO Must Retain This Form – See Instructions<br>Do Not Submit This Form to the IRS Unless Requested To Do So   |                     |                            |  |                 |  |                       |

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)