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## **Return of Organization Exempt From Income Tax**

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

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

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

DLN: 93493137065941 OMB No. 1545-0047

D Employer identification number

Open to Public Inspection

Form <b>99</b> (
Department of th Treasury

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 B Check if applicable: CALIFORNIĂ COLLEGE OF THE ARTS □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA  $\,$  941072247

94-1156485 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 8TH STREET (415) 703-9500

G Gross receipts \$ 127,482,939 Name and address of principal officer: H(a) Is this a group return for subordinates?

STEPHEN BEAL 1111 8TH STREET H(b) Are all subordinates SAN FRANCISCO, CA 941072247 **✓** 501(c)(3) ☐ 501(c) ( ) **4** (insert no.)

4947(a)(1) or

If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶

Summary

Website: ► WWW.CCA.EDU

**K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledown

L Year of formation: 1907

included?

M State of legal domicile: CA

□Yes ☑No

☐ Yes ☐No

31

31

68

0

1,709

18,586,642

97,308,430

118,675,549

28,081,062

54,430,096

26,312,705

47,385,668

136,050,082

40,441

2,006,508

773,969

**Current Year** 

Activities & Governance

Ravenue

Expenses

1 Briefly describe the organization's mission or most significant activities: TO EDUCATE STUDENTS OF DIVERSE BACKGROUNDS IN AREAS OF FINE ARTS, ARCHITECTURE, DESIGN, & WRITING.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 3 Number of voting members of the governing body (Part VI, line 1a) .

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5

Total number of individuals employed in calendar year 2019 (Part V, line 2a)

**6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h) .

9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

**14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) .

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,809,622 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 .

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 .

57,697 29,729,902 111,091,325

52,132,041

125,743,486

**Prior Year** 

11,234,119

97,661,431

2,801,883

112,334,450

26,637,370

54,666,356

637,017

0

108,864,304 1,243,125 9,811,245 Beginning of Current Year End of Year 177,875,527 183,435,750

Net Assets or Fund Balances Signature Block

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

Signature of officer Sign

ED PROHASKA CHIEF FINANCIAL OFFICER Type or print name and title

Print/Type preparer's name

Paid Preparer Use Only

Here

Firm's name ► HOOD & STRONG LLP

Firm's address ► 275 BATTERY ST STE 900 SAN FRANCISCO, CA 94111

Preparer's signature

Check  $\square$  if self-employed Firm's EIN ▶ 94-1254756

P01008919

Phone no. (415) 781-0793

Cat. No. 11282Y

☑ Yes ☐ No Form 990 (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

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

orm	990 (2019)					Page <b>2</b>
Pa	t III Statem	ent of Program Servic	e Accomplishn	nents		
	Check if	Schedule O contains a respo	nse or note to any	/ line in this Part III .		🗹
1		the organization's mission:				
ΝT,	ARCHITECTURE,	DESIGN, AND WRITING. BEI	NEFITTING FROM	ITS SAN FRANCISCO E	IETY THROUGH THE PRACTICE AN BAY AREA LOCATION, THE COLLE NT, AND SOCIAL AND ENVIRONM	GE PREPARES STUDENTS
2	Did the organiza	ation undertake any significa	nt program servic	es during the year whi	ich were not listed on	
	the prior Form 9	990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Sch	edule O.			
3	Did the organiza	ation cease conducting, or m	ake significant cha	anges in how it conduc	cts, any program	
	services?	be these changes on Schedul				☑ Yes ☐ No
4	Describe the org Section 501(c)(	ganization's program service	accomplishments ns are required to	report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code: See Additional Dat	) (Expenses \$	88,399,667 iı	ncluding grants of \$	28,081,062 ) (Revenue \$	97,921,209 )
4b	(Code:	) (Expenses \$	i	ncluding grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		ncluding grants of \$	) (Revenue \$	)
rc	(code.	) (Expended \$		retaining grante or \$	/ (Nevertide \$	,
4d	Other program (Expenses \$	services (Describe in Schedu incli	le O.) uding grants of \$		) (Revenue \$	)
4e	Total program	service expenses >	88,399,667			

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Par	tiv Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No_
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 👺	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	165	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	103	No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Form <b>99</b>	

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26	Yes	
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,</i> Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\$	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	·			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 213  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to l	ines						
Se	ction A. Governing Body and Management									
		$\longrightarrow$	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 31									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent  1b 31									
2										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No						
6	Did the organization have members or stockholders?	6		No						
7a	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?	7a		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103							
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	-						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed▶									
1 0	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s									
18	only) available for public inspection. Indicate how you made these available. Check all that apply.									
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  State the name, address, and telephone number of the person who possesses the organization's books and records:  SUZANNE GREVA 1111 8TH STREET SAN FRANCISCO, CA 941072247 (415) 703-9592									
	FOOTURIST OVERY IIII DIII DIVELL DVIA LIMINOIDOO'ON BAIO/574/ (412) 102-2225		orm 004	7 (2019)						

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week lis</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization organization organization organization organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization 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. 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.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization 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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a						Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)													Page <b>8</b>
Part VII Section A. Officers, Direct	1 1	Key I	Empl			and	High			d Employees ( (E)	conti		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	r and a	rson	Repo compe fron organ	D)  ortable  ensation  n the  nization	rtable Reportable compensation from related ization organizations		(F) Estima amount o compens from f	ated of other sation the
	for related organizations below dotted line)	_ ~	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- :SC)	(W-2/1099- MISC)		organizati relato organiza	ed
See Additional Data Table			***	<u> </u>	<del> </del>	<u> </u>					+		
	-		_	$\vdash$	+	+	+-				+		
	<del>                                     </del>			$\vdash$	+	$\vdash$	+				+		
						<u> </u>			_		1	_	
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		-	-	<u> </u>	-	_	+				+		
				<u> </u>	<del> </del>	_	+				-		
	-			$\vdash$	+	+	+				+		
1b Sub-Total			<del></del>	<u></u>	<u> </u>	<u> </u>	<u>—</u>				Ľ		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)						<b>▶</b> [		2,7	707,563		0		376,119
Total number of individuals (including of reportable compensation from the	g but not limited	to thos					o rec				<u> </u>		
					—							Yes	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey er	mplo	oyee,	or hi	ghest con	npensated • • •	employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization									tion or indi	vidual for	5		No
Section B. Independent Contract				_	_		_						
<ol> <li>Complete this table for your five high from the organization. Report competence</li> </ol>											npens	sation	
Name a	(A) and business addre	ess							Descr	(B) iption of services		(C Compen	
VARTAIN LAW GROUP									LEGAL SERV	•			275,577
601 MONTGOMERY ST STE 780 SAN FRANCISCO, CA 94111 C CORPORATE CLEANING									CUSTODIAL	SFRVICES			268,827
1070 BALMORE CT EL SOBRANTE, CA 94803										<b>9-</b>			
HOOD & STRONG LLP		1						/	AUDIT/TAX S	SERVICES			177,691
275 BATTERY ST STE 900 SAN FRANCISCO, CA 94111 ELEVENT PROJECT MANAGEMENT LLC									CONSULTING	CEDVICES			172,750
1537 4TH ST 11								Î	CUNSULT	3 SEKVICES			1/2,/30
SAN RAFAEL, CA 94901 CAPSTONE MANAGEMENT LLC									PROPERTY M	ANAGEMENT			153,355
402 OFFICE PARK DR STE 199 BIRMINGHAM, AL 35223													
2 Total number of independent contractor compensation from the organization		: not lim	ited t	:0 th	ose	listed	abov	/e) who re	eceived mo	ore than \$100,00		Form 904	

Part		Statement	of F	Pevenue						Page 9
rait	VIII				respo	nse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	igns		1a	1		revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		<u> </u>	1b					
3ra nou		c Fundraising even		<u> </u>	1c					
Š, ( An		d Related organiza		Ŀ	1d					
Gift		e Government grants		<u> </u>	1e	1,901,294				
imi imi		f All other contributio	•	´ Ļ	ie	1,901,294				
ion r S		and similar amounts	s not	included	1f	16,685,348				
but the		<ul> <li>above</li> <li>Noncash contribution</li> </ul>	ns in	cluded in	i					
a di		lines 1a - 1f:\$		L	<b>1</b> g	5,099,994				
Cont and		<b>h Total.</b> Add lines	1a-1	f		•	18,586,642			
	_					Business Code	, ,			
	<b>2</b> a	TUITION AND FEES				611600	90,782,833	90,782,833		
КIе							6,525,597	6,525,597		
A	b	RESIDENTIAL FACILI	HES			531110	0,323,337	0,323,337		
e 2≛										
Program Service Revenue	C									
	d	i								
ram		-								
rog	e									
<u>a</u>	f	All other program	serv	ice revenue.						
		Total. Add lines 2			   <b>▶</b>	97,308,430				
		Investment income			-					
	5	similar amounts) .	•		•	•	1,439,309			1,439,309
		Income from invest			ipt bo		<del></del>			
	5	Royalties	<u>.</u>	(i) Real	•	(ii) Personal	•			
				(I) Real		(II) Personal	$\dashv$			
	6 <i>a</i>	Gross rents	6a	16	51,190					
	b	Less: rental expenses	6ь		0					
	С	Rental income								
		or (loss)	6с		51,190					
	•	d Net rental income	or (				161,190			161,190
	_	_		(i) Securit	ies	(ii) Other				
	7 a	Gross amount from sales of	7a	8,95	7,854	416,73	5			
		assets other than inventory								
	b	Less: cost or other basis and	7b	8 76	9,456	37,93	4			
		sales expenses		97.	,,,,,,,,	0.750				
	c	Gain or (loss)	7c	18	88,398	378,80	1			
		d Net gain or (loss)	ч							567,199
•	8a	Gross income from fu	ındrai	ising events						
nue		(not including \$ contributions reported	d on I	of line 1c).						
ě.		See Part IV, line 18			8a					
Ğ.	ł	Less: direct expen	ses		8b					
Other Revenue	•	c Net income or (los	s) fr	om fundraisir	ig eve	ents 🕨	<b>—</b>			
	9 =	Gross income from	gami	ng activities						
	Ju	See Part IV, line 19	•		9a					
	ŀ	Less: direct expen	ses		9b					
	(	Net income or (los	s) fr	om gaming a	ctiviti	es <b>&gt;</b>	<u> </u>			
	10	aCross sales of inve		n. loca						
	10	<b>a</b> Gross sales of inve returns and allowa	nces	y, less	10a					
	ŀ	Less: cost of good	s sol	d	10b					
		Net income or (los			<u>ve</u> nto	ory ►	<b>_</b> 		<u> </u>	
		Miscellaneo				Business Code				
	11	La ADOBE CREATIVE	CLC	OUD FEES		90009	216,480	216,480	1	
	ŀ	COLLEGE PRINTIN	IG FI	EES	$\Box$	90009	9 173,260	173,260		
	•	CAFE COMMISSIO	NS 8	MEAL PLAN		90009	9 105,414	105,414		
							<u> </u>		<u> </u>	
	(	d All other revenue	•				117,625	117,625		
	•	<b>Total.</b> Add lines 1	1a-1	11d		•	612,779			
	12	<b>2 Total revenue.</b> S	ee ir	structions .			118,675,549	97,921,209		0 2,167,698
							110,070,049	3,,521,203	I	Form <b>990</b> (2019)

Forn	n 990 (2019)				Page <b>10</b>
Pa	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must conclude the contains a response or note to an				mn (A).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,081,062	28,081,062		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				_
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,043,013	294,180	1,478,105	270,728
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	39,490,754	31,250,655	5,913,229	2,326,870
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,327,153	1,090,808	167,679	68,666
9	Other employee benefits	7,893,997	6,141,841	1,075,683	676,473
10	Payroll taxes	3,675,179	2,833,050	593,808	248,321
11	Fees for services (non-employees):				
а	Management				
b	Legal	228,721	73,329	154,868	524
C	Accounting	223,094		223,094	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	40,441	10		40,441
	Investment management fees	51,560		51,560	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,684,549	1,874,345	741,753	68,451
	Advertising and promotion	243,954	101,179	90,491	52,284
	Office expenses	2,683,806	1,255,414	1,228,149	200,243
	Information technology	1,679,493	487,877	1,084,569	107,047
	Royalties	10 264 767	0 021 467	1 100 676	242 624
	Occupancy	10,264,767 1,204,704	8,831,467 966,075	1,190,676 79,615	242,624 159,014
	Travel Payments of travel or entertainment expenses for any	1,204,704	966,073	79,613	159,014
19	federal, state, or local public officials  Conferences, conventions, and meetings				
	Interest	811,596	626,450	138,613	46,533
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	2,051,076	1,555,536	391,345	104,195
23	Insurance	354,915	4,595	350,274	46
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	a WORK STUDY	1,553,592	1,459,230	84,053	10,309
i	b BOND DEFEASANCE COST	1,241,570	937,542	227,617	76,411
•	c INSTRUCTIONAL MATERIALS	278,955	274,938	3,162	855
•	d EVENT EXPENSE	221,519	112,259	3,084	106,176
,	e All other expenses	534,834	147,835	383,588	3,411
25	Total functional expenses. Add lines 1 through 24e	108,864,304	88,399,667	15,655,015	4,809,622
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Assets

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21

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26

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 35,272,552

19,421,114

2,131,839

225.539

48.945

1,269,352

77,086,746

42,857,585

918,268

3,938,893

7,083,274

1,825,409

33.167.047

1,342,058

1,006,195

2,961,685

47.385.668

69,652,466

66,397,616

136,050,082

183,435,750

Form 990 (2019)

183,435,750

264,917

(B) End of year

Beginning of year

23,387,520

9,372,205

16,726,132

988.586

310.052

51.002

1,215,871

77,673,008

43,586,439

950.137

3,614,575

6,162,474

2,510,669

37.638.081

1,506,865

1,142,799

3,171,153

52.132.041

61,625,389

64,118,097

125,743,486

177,875,527

177,875,527

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Page **11** 

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

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	

10a

10b

122,290,889

45,204,143

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Inventories for sale or use . . Prepaid expenses and deferred charges .

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a Yes

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b Yes

Yes (2019)

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 94-1156485

Name: CALIFORNIA COLLEGE OF THE ARTS

Form 990 (2019)

Form 990, Part III, Line 4a:

POST-SECONDARY EDUCATIONCALIFORNIA COLLEGE OF THE ARTS (CCA) IS A PRIVATE. NONPROFIT EDUCATIONAL INSTITUTION FOUNDED IN 1907 TO EDUCATE STUDENTS OF DIVERSE BACKGROUNDS IN FINE ARTS, DESIGN, ARCHITECTURE, AND WRITING. THE COLLEGE HAS CAMPUSES IN OAKLAND AND SAN FRANCISCO. IN 2020, CCA ENROLLED APPROXIMATELY 1,255 STUDENTS IN 23 UNDERGRADUATE PROGRAMS AND 375 STUDENTS IN 11 GRADUATE PROGRAMS, CCA IS ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES SENIOR COLLEGE AND UNIVERSITY COMMISSION (WSCUC/WASC). THE NATIONAL ASSOCIATION OF SCHOOLS OF ART AND DESIGN (NASAD), AND THE NATIONAL ARCHITECTURAL ACCREDITING BOARD (NAAB).

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list compensation from the from related and a director/trustee) any hours organization organizations from the

and Independent Contractors

TRUSTEE

TRUSTEE

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**TRUSTEE** 

TRUSTEE

NANCY FORSTER

LIAM CASEY

SIMON BLATTNER

DIANE CHRISTENSEN

CATHERINE COURAGE

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	ally hours	anu	a uii	ecc		ustee,	,	Organization	organizations	nom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ART GENSLER CHAIR	1.00	Х		x				0	0	0	
SUSAN CUMMINS VICE CHAIR	1.00	Х		х				0	0	0	
LORNA MEYER SECRETARY	0.00	Х		x				0	0	0	
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SECRETARY	0.00					
JACK WADSWORTH	1.00					
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TREASURER	0.00	,,			Į .	J
CARL BASS	1.00					

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	any hours	and	a dir	ecto		ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STANLEE GATTI	1.00										
TRUSTEE		Х						0	0	0	
TROSTEE	0.00										
MARIA GIUDICE	1.00										
		X						0	0	0	
TRUSTEE	0.00										
ANN HATCH	1.00										
7.111(1)(1)(1)		Х						0	0	0	
TRUSTEE (THRU 6/16/20)	0.00										
MARIA HEMPHILL	1.00										
MANTA HEMITIEE		Х						0	0	0	
TRUSTEE	0.00										

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TRUSTEE (THRU 6/16/20)
MARIA HEMPHILL
TRUSTEE
GEORGE JEWETT
TRUSTEE

RITU KARLA

DAVID KIRSHMAN

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TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

BYRON KUTH

JOYCE LINKER

ANN MORHAUSER

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

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KIM SWIG

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**TRUSTEE** 

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...... **TRUSTEE** 

JUDITH TIMKEN

KAY KIMPTON WALKER

CALVIN WHEELER

GENE SAVIN

	any hours				ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KEN NOVACK	1.00	х					0	0	0
TRUSTEE	0.00						Ŭ	0	
STEVE OLIVER	1.00	Х					0	0	0
TRUSTEE (THRU 6/16/20)	0.00							0	
F NOFL PERRY	1.00								_

	0.00						
STEVE OLIVER	1.00	v			0	0	
TRUSTEE (THRU 6/16/20)	0.00	^			0	0	
F NOEL PERRY	1.00	v			0	0	
TRUSTEE	0.00	^				Ŭ	
CATHY PODELL	1.00	V					
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TRUSTEE	0.00	^					·
CATHY PODELL	1.00	×			0	0	
TRUSTEE	0.00						
TOBY ROSENBLATT	1.00						

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	ividual director	Institutional 1	Officer	Key employee	Highest comp employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		trustee r	Trustee		10	ensated				
CARLIE WILMANS	1.00	Х						0	0	0
TRUSTEE	0.00									
RONALD WORNICK	1.00	x						0	0	0
TRUSTEE	0.00									
MARY ZLOT	1.00	Х						0	0	0
TRUSTEE	0.00							J	0	0
NANCY HOWES	1.00	x						0	0	0

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258,407

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TRUSTEE
NANCY HOWES
TRUSTEE (THRU 7/28/19)
STEPHEN BEAL

PRESIDENT

SUSAN AVILA

TERRY AGUIAR

LADENE DIAMOND

INTERIM CFO

**PROVOST** 

MARA HANCOCK

TAMMY RAE CARLAND

SENIOR VP, ADVANCEMENT

CFO, SVP, FIN & ADMIN (THRU 8/15/19)

CHIEF INFO OFFICER/SENIOR VP, OPS

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

DEAN, FINE ARTS DIVISION

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SCOTT CLINE	37.50									
	•••••				Χ			171,550	0	19,472
VICE PRESIDENT, ENROLLMENT MGMT	0.00									
HELEN MARIE NUGENT	37.50									
THE ELIVERY TO BE						×		171,677	0	31,315
DEAN OF DESIGN	0.00							·		,
GEORGE SEDANO	37.50									
000000 000/110						×		175,400	0	27,195
VICE PRESIDENT STUDENT AFFAIRS	l		1			'				1

43,622

DEAN OF DESIGN	0.00				·		
GEORGE SEDANO	37.50						
	••••••			X	175,400	0	
VICE PRESIDENT, STUDENT AFFAIRS	0.00						
JENNIFER STEIN	37.50						
SERVICE STEEM				×	184,699	0	
VP CAMPLIS DI ANNING (THPLE 8/1/10)					· '		

				Χ	175,400	0	
VICE PRESIDENT, STUDENT AFFAIRS	0.00				,		
JENNIFER STEIN	37.50						
				X	184,699	o	
VP, CAMPUS PLANNING (THRU 8/1/19)	0.00				20 1,000		

VICE PRESIDENT, STUDENT AFFAIRS	0.00			^	1/3,400	0	
JENNIFER STEIN	37.50			Х	184.699	0	
VP, CAMPUS PLANNING (THRU 8/1/19)	0.00			,	10 1,033	,	
	27.50						

JENNIFER STEIN	37.50				184.699	0	
VP, CAMPUS PLANNING (THRU 8/1/19)	0.00			^	164,099	0	
LESLIE GRAY	37.50						

VP, CAMPUS PLANNING (THRU 8/1/19)	0.00			Х	184,699	0	13,607
LESLIE GRAY	37.50			.,	4.64.600		
				Х	161,609	0	32,072

VF, CAMPOS FLANNING (TIRO 6/1/19)	0.00						
ESLIE GRAY	37.50						
				Χ	161,609	0	
VICE PRESIDENT, HUMAN RESOURCES	0.00				, i		

<sup>37.50</sup> ALLISON SMITH 147,754

0.00

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -						
SCI	HFD	ULE A	- Dublic #	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019		
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	<del>nie Service</del> <b>he organiza</b> COLLEGE OF T					Employer identific	ation number		
CALII	ORNIA	COLLEGE OF T	IL AKTS				94-1156485			
	rt I		for Public Charity State				See instructions.			
1 ne c	organiz		a private foundation because	•	•		(A)(:)			
		,	onvention of churches, or as							
2	<b>✓</b>		scribed in section 170(b)(		,					
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>		
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).			
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in		
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. So					ege or university or a		
10		from activit investment	ation that normally receives: dies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a			
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo						
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar						
С			unctionally integrated. A s proganization(s) (see instructi					ted with, its		
d		supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter				-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(	т'					
	(i) N	Name of supported organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	, , , , , , , , , , , , , , , , , , , ,		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9			

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

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.

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. 4a 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 4b supervised by or in connection with its supported organizations. 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

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Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c 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 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

9a 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.

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

9b 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. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		Yes	No
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 <b>Part VI</b> 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.			
	Did the supprise time and the bounds of any supprised arraying the start base the supprised arraying that	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
L	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?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
2				
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
â	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	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? <i>Provide details in Part VI</i> .	3a		
i	Did the organizations? Provide details in Part VI.  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.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
<b>9</b> Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

#### **Additional Data**

#### Software ID:

**Software Version: EIN:** 94-1156485

Name CALIFORNI

Name: CALIFORNIA COLLEGE OF THE ARTS

Schedule A (	(Form 990 or 990-EZ) 2019 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

SCHEDULE D

DLN: 93493137065941

OMB No. 1545-0047 2010

### **Supplemental Financial Statements**

(Form 990)

		Complete if the org						4	UI
Dena	rtment of the Treasury	Part IV, line 6, 7, 8, 9, 1 ▶	O, 11a, 11b, 11c, • Attach to Form		11e, 11t, 12a, oi	r 12b.		Ope	n to Public
	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>990</u> for instruction	ons a	nd the latest info	rmatio	on.		spection
	me of the organ					Em	oloyer ide	ntificatior	number
CAI	LIFORNIA COLLEGE O	F THE ARTS				94-:	1156485		
Pa	art I Organi:	zations Maintaining Donor Advis	sed Funds or O	ther	Similar Funds	or Acc	counts.		
	Complet	te if the organization answered "Yes	·			_			
			(a) Dono	r advi	sed funds		(b) Funds	and other	accounts
1		end of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5		ition inform all donors and donor advisor roperty, subject to the organization's exc					funds are t	_	Yes 🗌 No
6	charitable purpo	tion inform all grantees, donors, and do ses and not for the benefit of the donor	or donor advisor, o	or for	any other purpose			nissible _	] Yes □ No
Pa		vation Easements.							
		te if the organization answered "Yes							
1		nservation easements held by the organ	•	hat ap	oply).				
	☐ Preservation	on of land for public use (e.g., recreation	or education)	Ш	Preservation of ar	n histor	ically impo	rtant land	area
	Protection	of natural habitat			Preservation of a	certifie	d historic s	structure	
	☐ Preservation	on of open space							
2	Complete lines 2 easement on the	2a through 2d if the organization held a c e last day of the tax year.	qualified conservat	ion co	ntribution in the fo	rm of a			of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
С	Number of conse	ervation easements on a certified historic	structure included	d in (a	)	2c			
d		ervation easements included in (c) acquir n the National Register	red after 7/25/06,	and n	ot on a historic	2d			
3	Number of consetax year ▶	ervation easements modified, transferred	d, released, exting	uished	l, or terminated by	the or	ganization	during the	
4	Number of state	s where property subject to conservation	n easement is loca'	ted 🕨					
5		zation have a written policy regarding th				of viol	— ations,	_	
6		t of the conservation easements it holds eer hours devoted to monitoring, inspect				onserv	ation ease	☐ Yes ments duri	<b>∐ No</b> ng the vear
0	<u> </u>		<b>g</b> ,		,				, , , , , , , , , , , , , , , , , , , ,
7	Amount of expe  ▶ \$	nses incurred in monitoring, inspecting, l	handling of violatio	ons, ar	nd enforcing conse	rvation	easement	s during the	e year
8	Does each conse	ervation easement reported on line 2(d)	above satisfy the r	require	ements of section 1	L70(h)(	4)(B)(i)		
	and section 170	(h)(4)(B)(ii)?						☐ Yes	□ No
9	balance sheet, a	cribe how the organization reports conse and include, if applicable, the text of the 's accounting for conservation easement	footnote to the org						
Pa		zations Maintaining Collections of the organization answered "Yes				ner Si	milar As	sets.	
<b>1</b> a	art, historical tre	on elected, as permitted under SFAS 116 easures, or other similar assets held for p XIII, the text of the footnote to its financ	public exhibition, e	ducat	ion, or research in	further			
b	historical treasu	on elected, as permitted under SFAS 116 res, or other similar assets held for publi its relating to these items:							
	(i) Revenue includ	ed on Form 990, Part VIII, line 1					<b>▶</b> \$		
		in Form 990, Part X							
2	If the organizati	on received or held works of art, historic	al treasures, or otl	her sir	milar assets for fina			le the	
а	Revenue include	ed on Form 990, Part VIII, line 1					. ▶\$		

**1a** Land . . . . .

**e** Other .

 ${f b}$  Buildings . . . .

 ${f c}$  Leasehold improvements f d Equipment . . . .

Sche	edule D (Form 990) 2019							Page <b>2</b>
Par	t IIII Organizations Ma	intaining Collections	of Art, Histor	ical Treas	ures, or Other	Similar A	ssets (cor	ntinued)
3	Using the organization's acquitems (check all that apply):	uisition, accession, and othe	r records, check	any of the f	ollowing that are a	a significant (	use of its co	ollection
а	<b>☑</b> Public exhibition		d	☐ Loai	n or exchange pro	grams		
b	Scholarly research		е	☐ Oth	er			
c	✓ Preservation for future	generations						
4	Provide a description of the c Part XIII.	organization's collections and	d explain how th	ey further th	ne organization's e	exempt purpo	se in	
5	During the year, did the orga assets to be sold to raise fun						☐ Yes	☑ No
Pa		odial Arrangements.						
	Complete if the org X, line 21.	ganization answered "Yes	s" on Form 990	O, Part IV,	line 9, or report	ed an amou	unt on For	m 990, Part
1a	Is the organization an agent, included on Form 990, Part X						☐ Yes	□ No
b	If "Yes," explain the arrange	ment in Part XIII and compl	ete the following	ı table:		A	mount	
c	Beginning balance		·	, 	1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include	an amount on Form 990, Pa	rt X, line 21, for	escrow or c	ustodial account li	ability?	☐ Yes	
b	-	,				•	_	
	rt V Endowment Fund							
		janization answered "Yes	s" on Form 990	O, Part IV,	line 10.			
		(a) Curre		Prior year	(c) Two years back	+		) Four years back
	Beginning of year balance .		5,150,000	34,883,000	33,048,00	<u> </u>	759,000	32,570,000
	Contributions		1,295,000 1,438,000	743,000 2,464,000	1,098,00 2,258,00		491,000 291,000	-1,282,000
	Net investment earnings, gain	3, 4114 103363	1,438,000	2,404,000	2,238,00	3,	.291,000	-1,282,000
	Grants or scholarships					-		
е	Other expenditures for facilitie and programs	es	1,553,000	1,940,000	1,521,00	0 1,	493,000	1,355,000
	Administrative expenses .							
g	End of year balance		7,330,000	36,150,000	34,883,00	33,	.048,000	30,759,000
2	Provide the estimated percer	- '	d balance (line 1	.g, column (a	a)) held as:			
а	Board designated or quasi-er							
b	Permanent endowment	66.950 %						
c	Temporarily restricted endow	***************************************						
_	The percentages on lines 2a,							
3а	Are there endowment funds organization by:	not in the possession of the	organization tha	at are held a	nd administered fo	or the		Yes No
	(i) unrelated organizations						3a(i	) No
b	(ii) related organizations .  If "Yes" on 3a(ii), are the rela						3a(ii 3b	
4	Describe in Part XIII the inte	2						
Pa	rt VI Land, Buildings,					000 5		10
	Complete if the org	ganization answered "Yes (a) Cost or other basis	S" on Form 990					10. Book value
	Description of property	(investment)	(2) 3331 01 01116	. 545.5 (06.161)	(5) / iccamalaced	p, co.ddoi1	(4)	2231. 74140

16,669,693

69,007,186

1,191,059

22,088,226

13,334,725

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

24,271,697

20,561,495

370,951

16,669,693

44,735,489

820,108

1,526,731

13,334,725

Complete if the organization answered "Yes" on Form 990, I  (a) Description of security or category (including name of security)	(b) Book	(c) Method	'art X, line 12. d of valuation: year market value
	value	2030 of end-of-	, sai market value
(1) Financial derivatives			
<b>3)</b> OtherA)			
В)			
C)			
D)			
E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on Form 990, I	Part IV, lin		
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
5)			
(6)			
7)			
8)			
9)			
Part IX Other Assets.		•	
Complete if the organization answered 'Yes' on Form 990, P  (a) Description	art IV, line	e 11d. See Form 990, Par	t X, line 15. (b) Book value
1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			<b>•</b>
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 15.)			990, Part X, line 25.
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes  (2) REFUNDABLE LOAN PROGRAM		e 11e or 11f.See Form	990, Part X, line 25.  (b) Book value  101,812
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE LOAN PROGRAM (3) OTHER LONG-TERM LIABILITIES		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes 2) REFUNDABLE LOAN PROGRAM 3) OTHER LONG-TERM LIABILITIES 4) ACCRUED RENT 5) DEPOSITS		e 11e or 11f.See Form	990, Part X, line 25.  (b) Book value  101,812
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE LOAN PROGRAM (3) OTHER LONG-TERM LIABILITIES (4) ACCRUED RENT (5) DEPOSITS (6)		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248 1,512,098
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE LOAN PROGRAM (3) OTHER LONG-TERM LIABILITIES (4) ACCRUED RENT (5) DEPOSITS (6)		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248 1,512,098
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE LOAN PROGRAM (3) OTHER LONG-TERM LIABILITIES (4) ACCRUED RENT (5) DEPOSITS (6)  (7)		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248 1,512,098
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 15.)  (a) Description of liability  (b) Federal income taxes  2) REFUNDABLE LOAN PROGRAM  3) OTHER LONG-TERM LIABILITIES  4) ACCRUED RENT  5) DEPOSITS  6)  (7)  (8)		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248 1,512,098
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X.  (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE LOAN PROGRAM (3) OTHER LONG-TERM LIABILITIES (4) ACCRUED RENT (5) DEPOSITS (6)		e 11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  101,812 1,008,248 1,512,098

Part XI

2

4

а

b

C 5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

-31,370,646

118,623,989

118,675,549

76,946,747

76,946,747

31,917,557

108.864.304

Schedule D (Form 990) 2019

51,560

Add lines 4a and 4b .

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
C	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Supplemental Information

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

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

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

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

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

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

495.351

-31,865,997

51,560

2e 3

4c

5

1

2e

3

4c

5

51,560 31.865.997

chedule D (Form 990) 2019		
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

#### Additional Data

Software Version:

EIN: 94-1156485

Software ID:

Name: CALIFORNIA COLLEGE OF THE ARTS

**Supplemental Information** 

ion Explanation

# PART III, LINE 1A:

Return Reference

THE COLLEGE OWNS A COLLECTION OF ARTWORK, ANTIQUE TEXTILES, AND PRINTS ALL OF WHICH WERE C ONTRIBUTED TO THE COLLEGE. THE ART COLLECTION, WHICH IS MADE UP OF SEVERAL WORKS OF ARTIST IC SIGNIFICANCE, IS ON DISPLAY IN CERTAIN COLLEGE BUILDINGS AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. THE OTHER COLLECTIONS, W HICH ARE OF UNKNOWN VALUE, BUT ARE NOT ESTIMATED TO BE SIGNIFICANT, ARE IN SAFEKEEPING. CO NTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DE ACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. NO SIGNIFICANT DEACCESSIONS OCCURRED DURING THE CURRENT YEAR.

Supplemental Information Return Reference Explanation PART V, LINE 4: THE VAST MAJORITY OF CCA'S ENDOWMENT IS USED TO SUPPORT ITS ROBUST FINANCIAL AID PROGRAM. A VERY SMALL PORTION OF THE ENDOWMENT IS USED FOR DEBT SERVICE.

Supplemental imormation	Appreniental Enformación		
Return Reference	Explanation		
PART X, LINE 2:	THE PRINCIPAL ACTIVITIES OF THE COLLEGE ARE EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF T HE U.S. INTERNAL REVENUE CODE, SECTION 501(C)(3) AND THE CALIFORNIA TAX CODE. MANAGEMENT E VALUATED THE COLLEGE'S TAX POSITIONS AND CONCLUDED THAT THE COLLEGE HAD MAINTAINED ITS TAX -EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE F INANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUD ED IN THE FINANCIAL STATEMENTS.		

Supplemental Information

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CAMPUS UNIFICATION COSTS RECLASSIFIED TO EXPENSES -2,543,365. COLLEGE FUNDED SCHOLARSHIPS ADJUSTMENTS: RECLASSIFIED TO EXPENSES -28,081,062, BOND DEFEASANCE COST RECLASSIFIED TO EXPENSES -1,241 .570.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CAMPUS UNIFICATION COSTS RECLASSIFIED TO EXPENSES 2,543,365. COLLEGE FUNDED SCHOLARSHIPS R ECLASSIFIED TO EXPENSES 28,081,062. BOND DEFEASANCE COST RECLASSIFIED TO EXPENSES 1,241,57

Consider a sector I To Consider and a sec-

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137065941 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** CALIFORNIA COLLEGE OF THE ARTS 94-1156485 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," 3 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	CALIFORNIA COLLEGE OF THE ARTS' NON-DISCRIMINATION POLICY IS PUBLISHED IN BOTH THE CATALOG & STUDENT HANDBOOK, CATALOGS ARE TYPICALLY MAILED TO INDIVIDUALS UPON REQUEST. STUDENTS RECEIVE ELECTRONIC NOTIFICATION AT THE START OF EACH ACADEMIC YEAR REMINDING THEM OF THEIR RESPONSIBILITY TO ADHERE TO ALL COLLEGE POLICIES AS OUTLINED IN THE STUDENT HANDBOOK, WHICH THEY CAN ACCESS THROUGH THE COLLEGE'S WEBSITE, HTTPS://PORTAL.CCA.EDU/THRIVING/STUDENT-HANDBOOK/.
SCHEDULE E, PART I, LINE 6	THE CALIFORNIA COLLEGE OF THE ARTS MANAGES AN EXTENSIVE FINANCIAL ASSISTANCE PROGRAM TO ENSURE THAT A HIGHLY QUALIFIED AND DIVERSE POPULATION IS ABLE TO MATRICULATE AND CONTINUE TO GRADUATION. THE COLLEGE RECEIVES FUNDS FROM SEVERAL FEDERAL AND STATE GOVERNMENT PROGRAMS. THE FUNDS ARE USED FOR STUDENT FINANCIAL AID OR STUDENT LOANS. THE COLLEGE ACTS AS AN INTERMEDIARY BETWEEN THE STUDENTS RECEIVING THE ASSISTANCE AND THE GOVERNMENT AGENCY PROVIDING THE ASSISTANCE. UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, ONLY A PORTION OF THESE FUNDS ARE REPORTED ON THE FORM 990.

Schedule E (Form 990 or 990-EZ) (2019)

SCHEDULE F	State	ement of	Activities (	Outside the Un	ited St	tates	OMB No. 1545-0047
(Form 990)  ► Comp Department of the Treasury		ement of Activities Outside the United S  lete if the organization answered "Yes" to Form 990, Part IV, line 14b, :  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information				5, or 16.	2019 Open to Public Inspection
Internal Revenue Service  Name of the organization						Employer iden	tification number
CALIFORNIA COLLEGE OF	THE ARTS					94-1156485	
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
other assistance, to award the gran	the grantees' ts or assistan	eligibility for th	ne grants or assis	substantiate the amoun stance, and the selection	criteria (	used 	☐ <b>Yes</b> ☐ <b>No</b> her assistance
outside the United	States.						
3 Activites per Region	n. (The followin	ng Part I, line 3 t	table can be dupli	cated if additional space is	needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuat Part I	ion sheets to	0					466,826
Parti							466,826

Cat. No. 50082W Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

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)	Page <b>4</b>		
Par	t IV Foreign Forms		
1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see	<b>✓</b> Yes	□No
2	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		
	•	☐ Yes	<b>✓</b> No
3	organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	•	<b>✓</b> Yes	□No
4	fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a	<b>✓</b> Yes	□No
5	organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 6005)	☐Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	<b>☑</b> No
	3/13, don't me with 10m 330)	☐ res	- INO

Schedule F	(Form 990) 2019	Page <b>5</b>
Part V 990 Sche	ne 3, column (f) (accounting method; method); Part III (accounting e. Also complete this part to provide	
	Return Reference	Explanation
PART III AC	CCOUNTING METHOD:	

#### **Additional Data**

CENTRAL AMERICA AND THE

CARIBBEAN

# Software ID: Software Version:

**EIN:** 94-1156485

Name: CALIFORNIA COLLEGE OF THE ARTS

445,978

Form 990 Schedule F Part I - Activ	vities Outside The United States
------------------------------------	----------------------------------

(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) lotal expenditures for region
EAST ASIA AND THE PACIFIC	0	0		STUDY ABROAD PROGRAMS FOR ART STUDENTS	20,848

0 INVESTMENTS

**SCHEDULE G** 

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

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

CALIFORNIA COLLEGE OF THE ARTS

Internal Revenue Service

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

DLN: 93493137065941 OMB No. 1545-0047

**Open to Public Inspection** 

**Employer identification number** 

94-1156485

Pa	Form 990-EZ filers	•	_			orm 990, Part IV, line 1	.7.
1	Indicate whether the organiza	ation raised funds th	rough any	of the fo	ollowing activities. Check	all that apply.	
а	Mail solicitations			е	✓ Solicitation of non-	government grants	
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment grants	
С	Phone solicitations			g	✓ Special fundraising	g events	
d	✓ In-person solicitations						
2a	Did the organization have a wor key employees listed in Fo					· · · · · · · · · · · · · · · · · · ·	es 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$	aid individuals or ent 5,000 by the organiz	ities (fund ation.	draisers)	pursuant to agreements (		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		ELINID DATETNIC	Yes	No			
	MARTS & LUNDY 1200 WALL ST WEST	FUNDRAISING CONSULTING		No	0	40,441	-40,44
	LYNDHURST, NJ 07071						
Tota	al			<b>.</b>		40,441	-40,44
	List all states in which the orga licensing.	nization is registered	or licens	ed to soli	cit contributions or has b	een notified it is exempt f	rom registration or

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  t line 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)  through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activating activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	
a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>					
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио						
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes							
13	Indicate the percentage of gam	ning activity conducted in:										
а	The organization's facility .			13a			%					
b	An outside facility			13b			%					
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:								
	Name •											
	Address >											
15a			m the organization receives gaming		·   Yes	Пио						
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the								
c	If "Yes," enter name and addre	ss of the third party:										
	Name •											
	Address ▶											
16	Gaming manager information:											
	Name 🟲											
	Gaming manager compensation ► \$											
	Description of services provided	d ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions:											
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио						
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3							
		pt activities during the tax year										
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.					
	Return Reference		Explanation									

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

DLN: 93493137065941

Open to Public Inspection

Internal Revenue Service							
Name of the organization CALIFORNIA COLLEGE OF THE A	RTS					Employer identific	ation number
						94-1156485	
		and Assistance					
Does the organization mai the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance? .   .   .	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	☑ Yes ☐ No
2 Describe in Part IV the org							▼ res □ No
Part II Grants and Other	Assistance to Don	nestic Organizations a	nd Domestic Governme	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government	(B) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect 3 Enter total number of othe		<del>-</del>					
3 Enter total number of other			<u> </u>	Cat. No. 5005			edule I (Form 990) 2019
. o aparwork Reduction Act Noti	oo, ooc inc misi util	,,,,, , <del>,,</del> , ,,,,,,,,,,,,,,,,,,,,,,,,,		Cat. NO. 3003.	~ i	SCII	

(3) (4)

(5) (6)

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

(7)

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

Explanation

Return Reference PART I, LINE 2: CCA MERIT SCHOLARSHIPS ARE AWARDED TO STUDENTS THAT COMPLETE ADMISSION APPLICATION REQUIREMENTS BY THE PUBLISHED DEADLINE AND ARE BASED ION ACADEMIC ACHIEVEMENT AND PORTFOLIO REVIEW, NEED-BASED SCHOLARSHIPS ARE AWARDED TO STUDENTS WITH DEMONSTRATED FINANCIAL NEED AND ACADEMIC ACHIEVEMENT. RECIPIENTS OF NEED-BASED SCHOLARSHIPS AND SEOG FUNDS MUST COMPLETE A FAFSA APPLICATION, BE US CITIZENS OR ELIGIBLE

Page **2** 

Schedule I (Form 990) 2019

Part III

(2)

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	37065	941	
Sch	nedule J	Co	mpensati	ion Information	01	ИВ No.	1545-0	0047	
(For	m 990)	For certain Officer							
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	2019			
D		-	▶ Attach	to Form 990. instructions and the latest inform		) Dpen i			
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	77 07111990 101	mistractions and the latest mion	nation.		ectio		
	me of the organiza IFORNIA COLLEGE C				Employer identifica	tion nu	ımber		
					94-1156485				
Pa	rt I Questi	ons Regarding Compensat	ion				T		
<b>1</b> a				the following to or for a person liste y relevant information regarding thes			Yes	No_	
		or charter travel	. П	Housing allowance or residence for					
		companions		Payments for business use of person	•				
	☐ Tax idemr	nification and gross-up payments		Health or social club dues or initiation	on fees				
	☐ Discretion	ary spending account	$\checkmark$	Personal services (e.g., maid, chauf	feur, chef)				
b	If any of the box	xes on Line 1a are checked, did t	he organization	follow a written policy regarding pay	ment or				
				ve? If "No," complete Part III to expl		<b>1</b> b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2	Yes		
	anectors, truste	es, officers, frictioning the CEO/E/	Ceculive Director	, regarding the items cheeked on Lir	ic ia:				
3		if any, of the following the filing of EO/Executive Director. Check all		d to establish the compensation of the	ne				
	_	•		CEO/Executive Director, but explain i	n Part III.				
	✓ Compensa	ation committee		Written employment contract					
	_ '	ent compensation consultant	$\checkmark$	Compensation survey or study					
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee				
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a	Yes		
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b		No	
С				nsation arrangement?		4c		No	
	ir res to any c	or lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	I 111.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a		No	
b		anization?				5b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any					
а	The organization	1?				6a		No	
b	, -					6b		No	
_	•	6a or 6b, describe in Part III.							
7	For persons liste payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,	A, line 1a, did l " describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes		
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No	
9	If "Yes" on line 8	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		110	
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 9901	2019	

Schedule J (Form 990) 2019

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

(A) Name and Title	(A) Name and Title		kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	( <b>F</b> ) Compensation i
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	Page <b>3</b>							
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation							
PART I, LINE 1A	CCA REIMBURSED THE PRESIDENT, STEPHEN BEAL, FOR FINANCIAL AND TAX PLANNING SERVICES. THESE BENEFITS WERE REPORTED ON HIS FORM W-2.							
PART I, LINE 4A	JENNIFER STEIN, VICE PRESIDENT, CAMPUS PLANNING, RECEIVED \$50,000 IN TOTAL SEVERANCE.							
· · · · · · · · · · · · · · · · · · ·	THE COLLEGE PAID AN ANNUAL BONUS TO THE PRESIDENT. THE AMOUNT OF THE BONUS WAS DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.							

Schedule 1 (Form 990) 2019

#### **Additional Data**

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(i)

(ii)

Software ID:

541,679

256,479

194,469

257,207

279,593

168,833

171,677

174,200

133,999

157,409

140,004

**Software Version:** 

compensation

**EIN:** 94-1156485

compensation

Name: CALIFORNIA COLLEGE OF THE ARTS

20,000

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in				
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on				

18,545

1,200

3,750

1,200

600

2,717

1,200

50,700

4,200

7,750

35,749

15,969

18,294

13,987

8,810

8,925

9,164

5,663

8,118

18,031

68,749

13,049

25,008

18,031

10,662

22,390

18,031

7,944

23,954

25,591

prior Form 990

684,722

270,728

239,196

294,732

294,180

191,022

202,992

202,595

198,306

193,681

191,376

Form 990, Schedule 3	∍ J,

1STEPHEN BEAL

1SUSAN AVILA

2TERRY AGUIAR

CHIEF INFO

**PROVOST** 

5SCOTT CLINE

VICE PRESIDENT, ENROLLMENT MGMT

DEAN OF DESIGN

**7**GEORGE SEDANO

8JENNIFER STEIN

VP, CAMPUS PLANNING (THRU 8/1/19) **9**LESLIE GRAY

VICE PRESIDENT, HUMAN

DEAN, FINE ARTS DIVISION

AFFAIRS

RESOURCES

10ALLISON SMITH

SENIOR VP, ADVANCEMENT

CFO, SVP, FIN & ADMIN (THRU 8/15/19) **3**MARA HANCOCK

OFFICER/SENIOR VP, OPS

4TAMMY RAE CARLAND

**6**HELEN MARIE NUGENT

VICE PRESIDENT, STUDENT

PRESIDENT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137065941 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** CALIFORNIA COLLEGE OF THE ARTS 94-1156485 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (i) Pool (a) Issuer name (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No 24,607,375 REFUNDING OF PRIOR BOND CSCDA 2014 68-0164610 12-11-2014 Χ Χ Χ ISSUES CSCDA 2016 68-0164610 07-27-2016 15,940,000 CAMPUS CONSTRUCTION PROJECTS Part II **Proceeds** C Α 3 24,607,375 15,940,000 5 6 24,189,918 7 317,457 4,000 8 9 10 100,000 15,936,000 11 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Χ **Private Business Use** Part 🎹 Α В C D Yes Yes No No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Are there any management or service contracts that may result in private business use of 

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed В

No

Х

Χ

0 %

0 %

0 %

C

No

Χ

Х

Yes

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

Χ

4.270 %

В

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Yes

Х

Χ

Χ

Νo

Χ

Χ

Χ

Х

Α

Yes

Х

Χ

C

No

Yes

Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Yes	No	Yes	No	Yes
	Х		Х	

Χ

В

No

Page 3

No

D

D

Nο

Yes

Yes

Nο

Yes No Yes No Yes Has the organization established written procedures to ensure that violations of federal tax

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

requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

	efile GRAPHIC print - DO NOT PROCESS As				As Filed Data - DLN:							93493137065941			
Schedule L Transac				with In	terestec	Persons	<del></del>			ОМ	B No.	1545-	0047		
(Form 990 or 990-E	Z) ► Complete	if the organiz	ation ansv	vered "Yes'	on Form 99	0, Part IV, lin	es 25	a, 25	5b, 26,		<b>20</b>	1	0		
		27, 28a, 28l	o, or 28c, o ▶ Attach to	or Form 990 o Form 990	)-EZ, Part V, or Form 990	line 38a or 40 1-F7.	b.				<b>4</b> U	1	7		
Department of the Treasu Internal Revenue Service	-7					the latest info	rmati	on.		0	pen t Insp				
Name of the organ							Em	ploye	er ider	tifica	tion n	umbe	r		
CALIFORNIA COLLEGE	E OF THE ARTS						94-	1156	485						
Part I Excess	Benefit Transa	actions (secti	on 501(c)(	3), section 50	01(c)(4), and	section 501(c)(				only).					
	e if the organizatio		es" on Form	990, Part I\	/, line 25a or	25b, or Form 9	90-EZ								
1 (a)	Name of disqualified	d person	(b) Rela			fied person and	(	•	scription		<u>``</u>		ected?		
				or	ganization			trai	nsactio	n	Ye	es	No		
							-								
												-			
2 Enter the amo	ount of tax incurred	by the organi	zation mana	aners or disa	ualified person	ns during the ve	ar un	der s	ection						
4958				·					<b>▶</b> \$						
3 Enter the amo	ount of tax, if any, o	on line 2, abov	e, reimburs	sed by the or	ganization .				<b>&gt;</b> \$						
Part II Loan	s to and/or Fro	m Interest	od Perco	ne											
	lete if the organiza							<b>-</b> > ( )		: E L	ha ara	!			
Comp	iete ii tile olgaliiza	tion answered	"Yes" on Fo	rm 990-EZ,	Part V, line 38	3a, or Form 990	, Part	IV, II	ne 26;	OF IF U	ne orga	anızat	ion		
	ed an amount on F				Part V, line 38	3a, or Form 990	, Part	10, 11	ne 26;	OF IF t	ne org	anızat	ion		
report  (a) Name of	ted an amount on F (b) Relationship	orm 990, Part (c) Purpose	X, line 5, 6 (d) Loan t	, or 22 o or from the	(e)	(f) Balance	(g)	In	(ŀ	1)	- (i	) Writ	ten		
report	ed an amount on F	orm 990, Part (c) Purpose	X, line 5, 6 (d) Loan t	, or 22	(e) Original		(g)	In	(h Approv	n) /ed by	- (i		ten		
report  (a) Name of	ted an amount on F (b) Relationship	orm 990, Part (c) Purpose	X, line 5, 6 (d) Loan t	, or 22 o or from the	(e)	(f) Balance	(g)	In	(ŀ	r) /ed by d or	- (i	) Writ	ten		
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report  (a) Name of interested person  (1) SUBSTANTIAL	(b) Relationship with organization SUBSTANTIAL CONTRIBUTOR IS	(c) Purpose of loan	X, line 5, 6 (d) Loan t organ	, or 22 o or from the nization?	e (e) Original principal amount	<b>(f)</b> Balance due	(g) defa	In ult?	(h Approv boar comm <b>Yes</b>	ed by d or ittee?	(i ag	) Writ	ten ent?		
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report  (a) Name of interested person  (1)  SUBSTANTIAL	ced an amount on F (b) Relationship with organization  SUBSTANTIAL CONTRIBUTOR IS A FINANCIAL	(c) Purpose of loan	X, line 5, 6 (d) Loan t organ	, or 22 o or from the nization?	e (e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm <b>Yes</b>	ed by d or ittee?	(i ag	<b>)</b> Writ	iten ent?		
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	113,004	ARCHITECTURAL SERVICES		No	
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	179,194	LEGAL SERVICES		No	

	CONTRIBUTOR			
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	179,194	LEGAL SERVICES	No

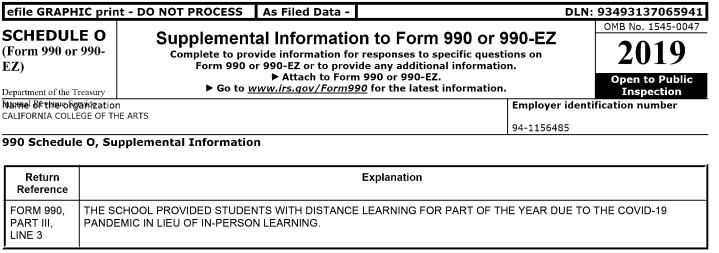
Part V **Supplemental Information** 

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

**Return Reference** Explanation

DLN: 93493137065941 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** CALIFORNIA COLLEGE OF THE ARTS 94-1156485 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 5,099,994 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>							
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.								
Return Reference	Explanation							
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.							
	Schedule M (Form 990) (2019)							



990 Schedule O, Supplemental Information

Return Explanation

Reference

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

THE COLLEGE'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE CHIEF FINANCIAL OFFICER AND THE ASSOCIATE VICE PRESIDENT, CONTROLLER FOR THEIR REVIEW. THEY THEN FORWARDED THE FORM 990

TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING THE RETURN. BOARD MEMBERS WERE ENCOU
RAGED TO REVIEW THE FORM 990 AND FORWARD THEIR QUESTIONS TO THE CHIEF FINANCIAL OFFICER AND
D THE ASSOCIATE VICE PRESIDENT, CONTROLLER. THE CHIEF FINANCIAL OFFICER AND THE ASSOCIATE
VICE PRESIDENT, CONTROLLER ADDRESSED THE QUESTIONS FROM THE BOARD.

## 990 Schedule O, Supplemental Information

Return Reference	<b>Explanation</b>
PART VI, SECTION B,	OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE ANNUALLY AND TO DISCLOSE AND SEEK APPROVAL FROM THE BOARD FOR ANY TRANSACTION WHICH COULD CREATE A CON FLICT OF INTEREST. EMPLOYEES ARE NOT REQUIRED TO DISCLOSE POTENTIAL CONFLICTS; HOWEVER, THE COLLEGE'S FACULTY & STAFF HANDBOOKS CONTAIN LANGUAGE THAT PROHIBITS SITUATIONS WHICH COULD RESULT IN A CONFLICT OF INTEREST.

### 990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 15A  THE PRESIDENT'S COMPENSATION IS DETERMINED BASED ON PERFORMANCE REVIEWS CONDUCTED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE CHAIR OF THE COMMITTEE PERIOD ICALLY CONDUCTS A SURVEY TO ENSURE THAT THE PRESIDENT'S COMPENSATION IS COMPARABLE TO THAT PAID BY PEER INSTITUTIONS. COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 15B: THE CFO'S COMPENSATION IS DETER MINED FOLLOWING THE SAME PROCESS FOR THE PRESIDENT. IN REVIEWING THE CFO'S COMPENSATION, THE PROVOST'S COMPENSATION IS ALSO DISCUSSED. AS THE PROVOST'S IMMEDIATE SUPERVISOR, THE PRESIDENT IS RESPONSIBLE FOR CONDUCTING HER ANNUAL PERFORMANCE REVIEW, WHICH IN TURN IS USED TO SET HER COMPENSATION.	Return Reference	Explanation
	PART VI, SECTION B,	BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE CHAIR OF THE COMMITTEE PERIOD ICALLY CONDUCTS A SURVEY TO ENSURE THAT THE PRESIDENT'S COMPENSATION IS COMPARABLE TO THAT PAID BY PEER INSTITUTIONS. COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 15B: THE CFO'S COMPENSATION IS DETER MINED FOLLOWING THE SAME PROCESS FOR THE PRESIDENT. IN REVIEWING THE CFO'S COMPENSATION, THE PROVOST'S COMPENSATION IS ALSO DISCUSSED. AS THE PROVOST'S IMMEDIATE SUPERVISOR, THE PRESIDENT IS RESPONSIBLE FOR CONDUCTING HER ANNUAL PERFORMANCE REVIEW, WHICH IN TURN IS USED

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION C,
LINE 19

THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE MADE AV
AILABLE TO THE PUBLIC, EITHER IN ELECTRONIC OR PAPER FORM, UPON REQUEST FOR THE SAME PERIO
D OF TIME SET FORTH IN SEC. 6104(D).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## **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 2019

**Employer identification number** 

DLN: 93493137065941

Open to Public Inspection

CALIFORNIA COLLEGE OF THE ARTS							94-1	156485				
Part I Identification of Disregarded Entities. Complete	e if the organizati	on answe	red "Yes	" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary acti <sup>,</sup>	vity	(c Legal domi or foreign	cile (state country)	(d) Total ind	come	(e) End-of-year a	assets	<b>(f)</b> Direct con entit	trolling :y	
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		the orga	nization	answered	"Yes" on F	orm 990	, Part I	V, line 34 b	ecause it h	ad one or	more	
(a) Name, address, and EIN of related organization	(b) Primary acti	(b) (c) ary activity Legal domicile (state or foreign country)		(d) Exempt Cod	(d) ot Code section Pu (if		(e) narity status n 501(c)(3))	(f) Direct controlling entity		(g) Section 512 (13) control entity?		
(1)MAKE TO MANUFACTURE BY CALIFORNIA COLLEGE OF THE ARTS 1111 8TH STREET  SAN FRANCISCO, CA 941072247 81-1308809	TO SUPPORT CALI COLLEGE OF THE		1	CA	501(C)(3)		LINE 12A	, I	CALIFORNIA ( THE ARTS	COLLEGE OF	Yes Yes	No
												_
For Paperwork Reduction Act Notice, see the Instructions for Forn	m 990.		Ca	t. No. 5013	5Y				Schedul	e R (Form 9	90) 20	119

<b>(a)</b> Name, address, and related organizati	EIN of ion	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominincome(relate excluded f tax unde sections 5	ated, total inco d, rom er		Disprop	ations?	e Code amour 2 Scheo	unt in box 20 of edule K-1	ode V-UBI	(j) General or managing partner?		General o managing		Gener mana partr	Gener mana	Genera manag	Genera manag	Genera manag	Genera manag	Genera manag	Genera manag	Gener mana	ral or iging ner?	(k) Percent owners
					<u> </u>			Yes	No	+		Yes	No														
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		-	+				_	_	_																		
Valentification of Poloted Co	itiTbla			t Complete	- :6 the			!!!	F	000 5	2	1:	24														
V Identification of Related Or because it had one or more re (a) Name, address, and EIN of related organization		a corporatio	on or tru (c) .egal micile	st during th		(e) Type of entity (C corp, S cor	(f) Share of to		(g) re of end year assets		Part IV, (h Percer owner	) ntage	_	ection 5 3) con													
(a) Name, address, and EIN of related organization	lated organizations treated as  (b)  Primary activity	a corporatio	(c) (e) Legal micile or foreign untry)	st during th	(d) ct controlling entity	(e) Type of entity	(f) Share of to		(g) re of end year		(h Percer	) ntage	Se (1	(i) ection 5 3) cont entity Yes													
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Page **3** 

Part V Transactions With Related Organization	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			

р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered	relationships and trai	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	mount involv	ed
				_		

Schedule R (Form 990) 2019

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019				
Part VII Supplemental Information				
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		