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PUBLIC DISCLOSURE COPY

UNIVERSITY CORPORATION AT MONTEREY BAY
100 CAMPUS CTR BLDG 201, NO. 111A
SEASIDE, CA 93955

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990

UNIVERSITY CORPORATION AT MONTEREY BAY
100 CAMPUS CTR BLDG 201, NO. 111A
SEASIDE, CA 93955

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990-T

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | | D Employer identification number 77-0387459 |
| | Doing business as | | E Telephone number 831-582-3395 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 100 CAMPUS CTR BLDG 201 | | 111A |
| City or town, state or province, country, and ZIP or foreign postal code SEASIDE, CA 93955 | | G Gross receipts \$ 57,553,468. | |
| F Name and address of principal officer: KEVIN SAUNDERS SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: WWW.CSUMB.EDU | | If "No," attach a list. (see instructions) | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(c) Group exemption number ▶ | |
| L Year of formation: 1994 | | M State of legal domicile: CA | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO FURTHER THE PROGRAMS OF THE CALIFORNIA STATE UNIVERSITY, MONTEREY BAY AND SUPPORT THE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 2 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 894 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 850 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -67,842. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -67,842. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 13,645,653. | 17,150,389. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 32,169,078. | 37,338,286. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,483,726. | 794,258. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 81,422. | -190,589. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 47,379,879. | 55,092,344. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 2,335,486. | 4,261,973. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 14,163,018. | 16,004,455. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 568,769. | 16,919. | 19,683. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 23,376,639. | 29,814,763. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 39,892,062. | 50,100,874. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 7,487,817. | 4,991,470. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 119,284,257. | 122,021,096. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 67,385,663. | 65,397,790. |
| | | 51,898,594. | 56,623,306. |

Part II Signature Block

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

| | | | |
|--|---|--------------------------------|---|
| Sign Here | Signature of officer | | Date |
| | SHERRY BAGGETT, CONTROLLER Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | MICAL W. BOVEE, CPA | | |
| | Firm's name ▶ GLENN BURDETTE | Firm's EIN ▶ 95-2772601 | Check if self-employed <input type="checkbox"/> PTIN P01023187 |
| Firm's address ▶ 1150 PALM STREET SAN LUIS OBISPO, CA 93401 | | Phone no. 805-544-1441 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO USE FISCAL FLEXIBILITY TO PROVIDE RESOURCES AND SERVICES NOT SUPPORTED BY THE STATE, OPERATIONAL EXPERTISE TO IMPLEMENT AND MANAGE COMMERCIAL ACTIVITIES AND ENTREPRENEURIAL ACUMEN TO GENERATE REVENUE IN SUPPORT OF THE UNIVERSITY'S STRATEGIC INITIATIVES. THE CORPORATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,252,315. including grants of \$ 154,895.) (Revenue \$ 36,143,989.) HOUSING, DINING AND RESIDENTIAL LIFE PROGRAM FOR STUDENTS, FACULTY AND STAFF OF THE UNIVERSITY.

4b (Code:) (Expenses \$ 13,055,571. including grants of \$ 1,944,332.) (Revenue \$) GRANTS & CONTRACTS: EXTERNALLY SPONSORED PROJECTS ADMINISTERED BY THE CORPORATION FOR THE UNIVERSITY.

4c (Code:) (Expenses \$ 2,852,337. including grants of \$ 922,630.) (Revenue \$) CAMPUS SUPPORT, DEVELOPMENT AND INFRASTRUCTURE: VARIOUS BUILDING AND OTHER PROJECTS FOR THE BENEFIT OF THE UNIVERSITY AND ITS AUXILIARIES

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,861,724. including grants of \$ 1,240,117.) (Revenue \$ 1,378,650.)

4e Total program service expenses 45,021,947.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes rows 1a-14b with numerical inputs and checkboxes.

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

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | 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 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | X | |
| | 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? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **SHERRY BAGGETT - 831-582-3395**
100 CAMPUS CENTER, BLDG 201 #111A, SEASIDE, CA 93955-8001

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) EDUARDO OCHOA, PHD PRESIDENT | 1.00 40.00 | X | | X | | | | 0. | 284,123. | 98,732. |
| (2) BONNIE D. IRWIN SECRETARY/TREASURER | 1.00 40.00 | X | | X | | | | 0. | 216,794. | 62,022. |
| (3) KEVIN SAUNDERS EXECUTIVE DIRECTOR | 1.00 40.00 | X | | X | | | | 0. | 197,059. | 64,912. |
| (4) CHRIS CARPENTER STAFF DIRECTOR | 1.00 40.00 | X | | | | | | 0. | 77,593. | 37,592. |
| (5) RONNIE HIGGS, PHD DIRECTOR | 1.00 40.00 | X | | | | | | 0. | 186,407. | 62,302. |
| (6) LAUREN MCCLAIN STUDENT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) PAT TINSLEY MCGILL, PHD FACULTY DIRECTOR | 1.00 40.00 | X | | | | | | 0. | 116,734. | 35,278. |
| (8) ROBERT TAYLOR, ESQ. COMMUNITY MEMBER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BARBARA ZAPPAS DIRECTOR | 1.00 40.00 | X | | | | | | 0. | 167,881. | 57,090. |
| (10) PETR VOTAVA SR. SCIENTIST | 40.00 | | | | | X | | 130,043. | 0. | 21,752. |
| (11) FORREST MELTON SR. SCIENTIST | 40.00 | | | | | X | | 128,007. | 0. | 33,978. |
| (12) MARIA GARCIA DIRECTOR OF OPERATIONS | 40.00 | | | | | X | | 126,976. | 0. | 20,309. |
| (13) LEE JOHNSON SR. SCIENTIST | 40.00 | | | | | X | | 120,098. | 0. | 27,448. |
| (14) SHERRY BAGGETT CONTROLLER | 40.00 | | | | | X | | 119,717. | 0. | 33,274. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 624,841. | 1,246,591. | 554,689. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 624,841. | 1,246,591. | 554,689. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| TOMBLESON INCORPORATED 651 SOUTH SANBORN PLACE, SALINAS, CA 93901 | CONSTRUCTION | 2,930,912. |
| ALLIANCE RESIDENTIAL COMPANY, 2415 E CAMELBACK RD STE 600, PHOENIX, AZ 85016 | PROPERTY MANAGEMENT | 565,569. |
| SNOW WHITE CUSTODIAL SERVICES 1773 LONDONDERRY WAY, SALINAS, CA 93906 | CUSTODIAL SERVICES | 373,610. |
| ZERO WASTE SOLUTIONS, INC, 1850 GATEWAY BLVD STE 1030, CONCORD, CA 94520 | JANITORIAL | 226,580. |
| PROPERTY RESTORATION SERVICES 2110-A DEL MONTE AVE, MONTEREY, CA 93940 | CONSTRUCTION | 222,989. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|---|--|--------------------------------|---|---|--|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 235,894. | | | | |
| | d Related organizations | 1d | 896,727. | | | | |
| | e Government grants (contributions) | 1e | 13,155,412. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,862,356. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 207,757. | | | | |
| | h Total. Add lines 1a-1f | | 17,150,389. | | | | |
| | Program Service Revenue | 2 a HOUSING, DINING & RESIDENTIAL LIF | Business Code 624200 | 34,557,170. | 34,557,170. | | |
| b COMMISSIONS AND SERVICE FEES | | 611710 | 1,397,431. | 1,397,431. | | | |
| c RADIO STATION FUNDING | | 515100 | 1,013,328. | 1,013,328. | | | |
| d CONFERENCES & WORKSHOPS | | 611710 | 370,357. | 370,357. | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 37,338,286. | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 755,807. | | | 755,807. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 159,941. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | 512,687. | | | |
| | | c Rental income or (loss) | | -352,746. | | | |
| | d Net rental income or (loss) | | | -352,746. | -5,035. | -67,842. | -279,869. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 548,632. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 510,181. | | | |
| | | c Gain or (loss) | | 38,451. | | | |
| | d Net gain or (loss) | | | 38,451. | | | 38,451. |
| | 8 a Gross income from fundraising events (not including \$ 235,894. of contributions reported on line 1c). See Part IV, line 18 | a | 105,494. | | | | |
| | | b Less: direct expenses | b | 132,725. | | | |
| c Net income or (loss) from fundraising events | | | | -27,231. | | | -27,231. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 1,449,423. | | | | | |
| | b Less: cost of goods sold | b | 1,305,531. | | | | |
| | c Net income or (loss) from sales of inventory | | | 143,892. | 143,892. | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a OTHER INCOME | | 900099 | 45,496. | 45,496. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 45,496. | | | |
| 12 Total revenue. See instructions. | | | 55,092,344. | 37,522,639. | -67,842. | 487,158. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) 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 | 3,651,675. | 3,651,675. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 609,850. | 609,850. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 448. | 448. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | 12,593,014. | 9,955,743. | 2,369,838. | 267,433. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 608,111. | 457,241. | 126,830. | 24,040. |
| 9 Other employee benefits | 1,963,174. | 1,503,412. | 413,401. | 46,361. |
| 10 Payroll taxes | 840,156. | 707,658. | 110,097. | 22,401. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 592,136. | 592,136. | | |
| b Legal | 69,966. | 54,305. | 15,661. | |
| c Accounting | 122,247. | | 122,247. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 19,683. | | | 19,683. |
| f Investment management fees | 52,593. | | 52,593. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 3,368,782. | 3,083,562. | 276,400. | 8,820. |
| 12 Advertising and promotion | 156,626. | 104,891. | 31,273. | 20,462. |
| 13 Office expenses | 1,718,832. | 1,508,748. | 121,327. | 88,757. |
| 14 Information technology | 248,987. | 197,313. | 31,031. | 20,643. |
| 15 Royalties | | | | |
| 16 Occupancy | 8,797,395. | 8,739,377. | 58,018. | |
| 17 Travel | 891,970. | 881,705. | 10,118. | 147. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 679,664. | 629,560. | 8,586. | 41,518. |
| 20 Interest | 2,662,964. | 2,662,655. | 309. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,531,729. | 4,207,745. | 323,984. | |
| 23 Insurance | 126,007. | 50,365. | 75,642. | |
| 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 MAINTENANCE | 4,479,661. | 3,954,929. | 524,665. | 67. |
| b STUDENT SERVICES | 1,077,349. | 1,077,349. | | |
| c ALLOCATION OF INDIRECT | 237,855. | 391,280. | -161,862. | 8,437. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 50,100,874. | 45,021,947. | 4,510,158. | 568,769. |
| 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)

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------------|--------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 8,388,005. | 1 | 3,895,620. |
| | 2 Savings and temporary cash investments | 1,657,022. | 2 | 6,866,411. |
| | 3 Pledges and grants receivable, net | 3,857,164. | 3 | 3,275,300. |
| | 4 Accounts receivable, net | 2,612,745. | 4 | 2,527,891. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 291,284. | 9 | 736,004. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 115,106,871. | | |
| | b Less: accumulated depreciation | 10b 47,624,484. | 64,770,982. | 10c 67,482,387. |
| | 11 Investments - publicly traded securities | 36,094,145. | 11 | 36,566,700. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | 25,639. |
| | 15 Other assets. See Part IV, line 11 | 1,612,910. | 15 | 645,144. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 119,284,257. | 16 | 122,021,096. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,986,949. | 17 | 3,205,164. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,732,177. | 19 | 1,583,407. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 62,666,537. | 25 | 60,609,219. |
| | 26 Total liabilities. Add lines 17 through 25 | 67,385,663. | 26 | 65,397,790. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 51,898,594. | 32 | 56,623,306. |
| 33 Total net assets or fund balances | 51,898,594. | 33 | 56,623,306. | |
| 34 Total liabilities and net assets/fund balances | 119,284,257. | 34 | 122,021,096. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 55,092,344. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 50,100,874. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,991,470. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 51,898,594. |
| 5 | Net unrealized gains (losses) on investments | 5 | -266,758. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 56,623,306. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | 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 | X | |

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **UNIVERSITY CORPORATION AT MONTEREY BAY** Employer identification number **77-0387459**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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 received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15758741. | 14760261. | 13133940. | 13645653. | 17150389. | 74448984. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 15758741. | 14760261. | 13133940. | 13645653. | 17150389. | 74448984. |
| 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) | | | | | | 1723767. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 72725217. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 15758741. | 14760261. | 13133940. | 13645653. | 17150389. | 74448984. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 848,905. | 1104087. | 776,747. | 857,556. | 915,749. | 4503044. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 78952028. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 161,316,974. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.11 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 91.82 | % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 | | | | | | |
| c 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 (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 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 Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 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-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

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.)

Lined area for supplemental information, consisting of 28 horizontal lines.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

UNIVERSITY CORPORATION AT MONTEREY BAY

Employer identification number

77-0387459

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| | |
|---|---|
| Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>6,319,029.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>2,484,274.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>786,080.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>673,315.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>422,110.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>420,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> <hr/> | \$ 412,992. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|---|---|

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

| | |
|---|---|
| Name of organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|---|---|

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

INDIVIDUALS, INCLUDING VOLUNTEERS AND DIRECTORS, MAY PERIODICALLY MAKE CONTACT WITH LEGISLATORS TO ENCOURAGE FUNDING AND SUPPORT FOR CALIFORNIA STATE UNIVERSITY AND UNIVERSITY OF CALIFORNIA CAMPUSES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNIVERSITY CORPORATION AT MONTEREY BAY **Employer identification number** 77-0387459

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2015

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11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 100,734. | | | 100,734. |
| b Buildings | 64,375,879. | | 21,448,938. | 42,926,941. |
| c Leasehold improvements | 45,112,789. | | 21,876,466. | 23,236,323. |
| d Equipment | 5,517,469. | | 4,299,080. | 1,218,389. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 67,482,387. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (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, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| 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 IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEPOSITS | 1,276,712. |
| (3) DUE TO UNIVERSITY | 1,251,437. |
| (4) OTHER LIABILITIES | 27,709. |
| (5) CAPITAL LEASE OBLIGATIONS | 59,908,683. |
| (6) GASB CAPITAL LEASE OBLIGATION | |
| (7) ADJUSTMENT | -1,897,056. |
| (8) DUE TO FOUNDATION | 41,734. |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 60,609,219. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 56,643,805. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -266,758. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -266,758. |
| 3 | Subtract line 2e from line 1 | 3 | 56,910,563. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -1,818,219. |
| c | Add lines 4a and 4b | 4c | -1,818,219. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 55,092,344. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 51,919,093. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,818,219. |
| e | Add lines 2a through 2d | 2e | 1,818,219. |
| 3 | Subtract line 2e from line 1 | 3 | 50,100,874. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 50,100,874. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE UNIVERSITY CORPORATION AT MONTEREY BAY IS NOT SUBJECT TO FIN 48

DISCLOSURE REQUIREMENTS UNDER GASB.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|-------------|
| COST OF GOODS SOLD | -1,305,531. |
| RENTAL EXPENSES LINE 6B | -512,688. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -1,818,219. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-------------------------|------------|
| COST OF GOODS SOLD | 1,305,531. |
| RENTAL EXPENSES LINE 6B | 512,688. |

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,818,219.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **UNIVERSITY CORPORATION AT MONTEREY BAY** Employer identification number **77-0387459**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| PUBLIC MEDIA PARTNERSHIP - 1012 LINCOLN AVENUE, SAN | PLEDGE DRIVES | | X | 233,000. | 19,683. | 210,317. |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | 233,000. | 19,683. | 210,317. |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

532081 09-14-15

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|--------------|------------------|--|----------|
| | | HAVE A HEART AUCTION | WLC LUNCHEON | 1 | | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 321,883. | 10,900. | 8,605. | 341,388. |
| | 2 | Less: Contributions | 224,166. | 6,965. | 4,763. | 235,894. |
| | 3 | Gross income (line 1 minus line 2) | 97,717. | 3,935. | 3,842. | 105,494. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 1,345. | 4,135. | | 5,480. |
| | 6 | Rent/facility costs | 24,345. | | | 24,345. |
| | 7 | Food and beverages | 18,692. | 3,775. | | 22,467. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 71,958. | 2,346. | 6,129. | 80,433. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 132,725. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -27,231. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PUBLIC MEDIA PARTNERSHIP

(I) ADDRESS OF FUNDRAISER: 1012 LINCOLN AVENUE, SAN DIEGO, CA 92103

PART I, LINE 2B, COLUMN (V):

AMOUNT PAID TO FUNDRAISER IS GROSS AMOUNT AND INCLUDES CONSULTING FEES, TRAVEL REIMBURSEMENT, SOFTWARE COSTS, AND OTHER MISCELLANEOUS COSTS.

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **UNIVERSITY CORPORATION AT MONTEREY BAY** Employer identification number **77-0387459**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CALIFORNIA STATE UNIVERSITY, MONTEREY BAY - 100 CAMPUS CENTER - SEASIDE, CA 93955 | 91-1785970 | 115 | 2,684,006. | 0. | | | UNIVERSITY SUPPORT AND SCHOLARSHIPS |
| HARTNELL COLLEGE 411 CENTRAL AVE SALINAS, CA 93901 | 94-2850573 | 501(C)(3) | 97,058. | 0. | | | SUBAWARD |
| FOUNDATION OF CALIFORNIA STATE UNIVERSITY, MONTEREY BAY - 100 CAMPUS CENTER BLDG 201 - SEASIDE, CA 93955 | 80-0494808 | 501(C)(3) | 409,864. | 0. | | | UNIVERSITY SUPPORT |
| CSU FRESNO FOUNDATION 4910 N. CHESTNUT AVE FRESNO, CA 93726 | 94-6003272 | 501(C)(3) | 6,514. | 0. | | | SUBAWARD |
| HABITAT SEVEN INC. 2315 WHIRLPOOL ST, STE 377 NIAGARA FALLS, CA 14305 | 42-1777048 | PRIVATE | 22,000. | 0. | | | SUBAWARD |
| COLUMBIA UNIVERSITY 615 W 131ST ROOM 254, MAIL CODE 872 NEW YORK, NY 10027 | 13-5598093 | 501(C)(3) | 30,287. | 0. | | | SUBAWARD |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CSU CHICO BUILDING 25 CHICO, CA 95929 | 68-0386518 | 115 | 8,599. | 0. | | | SUBAWARD |
| CAL POLY CORPORATION ONE GRAND AVE BLDG 38 RM 102 SAN LUIS OBISPO, CA 93407 | 95-1648180 | 501(C)(3) | 385,629. | 0. | | | SUBAWARD |
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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| CAMP SEA LAB - ASSISTANCE TO INDIVIDUALS PARTICIPATING IN MARINE ORIENTED PROGRAMS THAT PROMOTE SCIENCE, EDUCATION, AND ADVENTURE | 2311 | 231,933. | 0. | | |
| GEAR UP & TRIO - OUTREACH PROGRAM SERVICES FOR LOW-INCOME STUDENTS TO PREPARE THEM FOR POSTSECONDARY EDUCATION | 4752 | 221,115. | 0. | | |
| RESEARCH EXPERIENCES FOR UNDERGRADS (REU) - ASSISTANCE TO INDIVIDUALS PARTICIPATING IN RESEARCH-BASED PROJECTS WITH THIRD PARTY RESEARCH HOSTS | 12 | 59,563. | 0. | | |
| RECRUITMENT IN SCIENCE & ENGINEERING (RISE) - OUTREACH SERVICES TO LOW-INCOME AND FIRST GENERATION COLLEGE-BOUND HIGH SCHOOL STUDENTS | 52 | 29,336. | 0. | | |
| SERVICE LEARNING (AMERICORPS) - GRANTS TO INDIVIDUALS PARTICIPATING IN AMERICORPS COMMUNITY SERVICE OUTREACH | 14 | 14,110. | 0. | | |

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

PART I, LINE 2:

ALL GRANT FUNDS AND ASSISTANCE PAID BY THE CORPORATION ARE MADE THROUGH, OR ON BEHALF OF, CALIFORNIA STATE UNIVERSITY, MONTEREY BAY. THE EVALUATIONS, QUALIFICATIONS AND MONITORING PROCESSES ARE DETERMINED BY THE UNIVERSITY.

PART III, COLUMN (B)

THE ORGANIZATION TRACKS THE NUMBER OF RECIPIENTS ASSISTED IN EACH PROGRAM AND/OR ESTIMATES THE NUMBER OF RECIPIENTS BASED ON THE TOTAL AMOUNT GIVEN AND THE TYPE OF PROGRAM INVOLVED.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| NSF GRADUATE RESEARCH FELLOWSHIP PROGRAM (NSF GRFP) - GRANT TO GRADUATE STUDENT PURSUING SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICAL MASTER'S AND DOCTORAL DEGREES | 1. | 10,166. | 0. | | |
| VARIOUS PROGRAMS & SERVICES FOR COLLEGE AND HIGH SCHOOL STUDENTS | 56. | 43,627. | 0. | | |
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNIVERSITY CORPORATION AT MONTEREY BAY

Employer identification number

77-0387459

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) EDUARDO OCHOA, PHD PRESIDENT | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 284,123. | 0. | 0. | 70,014. | 28,718. | 382,855. | 0. |
| (2) BONNIE D. IRWIN SECRETARY/TREASURER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 216,794. | 0. | 0. | 53,433. | 8,589. | 278,816. | 0. |
| (3) KEVIN SAUNDERS EXECUTIVE DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 197,059. | 0. | 0. | 48,560. | 16,352. | 261,971. | 0. |
| (4) RONNIE HIGGS, PHD DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 186,407. | 0. | 0. | 45,950. | 16,352. | 248,709. | 0. |
| (5) PAT TINSLEY MCGILL, PHD FACULTY DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 116,734. | 0. | 0. | 26,625. | 8,653. | 152,012. | 0. |
| (6) BARBARA ZAPPAS DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 167,881. | 0. | 0. | 41,385. | 15,705. | 224,971. | 0. |
| (7) PETR VOTAVA SR. SCIENTIST | (i) | 130,043. | 0. | 0. | 13,066. | 8,686. | 151,795. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) FORREST MELTON SR. SCIENTIST | (i) | 128,007. | 0. | 0. | 13,066. | 20,912. | 161,985. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SHERRY BAGGETT CONTROLLER | (i) | 119,717. | 0. | 0. | 12,370. | 20,904. | 152,991. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

THE CORPORATION PAYS THE RENT ON A PORTION OF THE UNIVERSITY PRESIDENT'S
RESIDENCE THAT IS USED FOR BUSINESS PURPOSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **UNIVERSITY CORPORATION AT MONTEREY BAY**
Employer identification number: **77-0387459**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 1 | 57,180. | ESTIMATED FMV |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | X | 1 | 11,500. | ESTIMATED FMV |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3 | 56,077. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (DONATED AUCTION) | X | 229 | 68,496. | ESTIMATED FMV |
| 26 Other (CLASSROOM FURNITURE) | X | 1 | 14,504. | ESTIMATED FMV |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A PROFESSIONAL FUNDRAISER FOR VEHICLE DONATIONS,
IF ANY.

Horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNIVERSITY CORPORATION AT MONTEREY BAY

Employer identification number

77-0387459

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

UNIVERSITY'S SCIENTIFIC, LITERARY, EDUCATIONAL AND CHARITABLE PURPOSES.

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

IS COMMITTED TO SUPPORTING THE UNIVERSITY IN BUILDING A MULTICULTURAL
LEARNING COMMUNITY WHOSE PARTNERS ARE PREPARED TO CONTRIBUTE
PRODUCTIVELY, RESPONSIBLY AND ETHICALLY TO CALIFORNIA AND THE GLOBAL
COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OPERATION OF UNIVERSITY RADIO STATION, KAZU, WHICH PROVIDES NEWS
BROADCASTING SERVICES FOR FACULTY, STAFF AND THE LOCAL COMMUNITY.

EXPENSES \$ 545,116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,013,328.

EDUCATIONAL CONFERENCES, WORKSHOPS AND OTHER SERVICES AND SUPPORT
PROVIDED BY THE CORPORATION IN SUPPORT OF THE UNIVERSITY AND ITS
STUDENTS.

EXPENSES \$ 881,980. INCLUDING GRANTS OF \$ 242,083. REVENUE \$ 365,322.

STUDENT SUPPORT AND SCHOLARSHIPS

EXPENSES \$ 1,434,628. INCLUDING GRANTS OF \$ 998,034. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

THE UNIVERSITY PRESIDENT MAY APPOINT EX OFFICIO DIRECTORS BY VIRTUE OF
OFFICE HELD WITH THE UNIVERSITY AND MUST APPROVE ALL DIRECTORS. THE
UNIVERSITY PRESIDENT IS THE EX OFFICIO PRESIDENT OF THE CORPORATION.

Name of the organization

UNIVERSITY CORPORATION AT MONTEREY BAY

Employer identification number

77-0387459

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN DECISIONS, INCLUDING CHANGES TO THE GOVERNING BODY AND ORGANIZATIONAL DOCUMENTS, ARE SUBJECT TO REVIEW AND APPROVAL OF THE UNIVERSITY PRESIDENT, WHO ALSO SERVES AS THE EX OFFICIO PRESIDENT OF THE CORPORATION.

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

THE AUDIT COMMITTEE, AS AUTHORIZED BY THE BOARD, WILL REVIEW AND APPROVE THE 990 BEFORE IT IS FILED.

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

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE POTENTIAL CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

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

COMPENSATION IS REVIEWED AGAINST UNIVERSITY PAY SCHEDULES FOR COMPARABILITY AND THE AOA ANNUAL SALARY SURVEY.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIALS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND VIA THE WEBSITE.

FORM 990, PART VII, SECTION A

BOARD DIRECTORS RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS FOR JOB DUTIES UNRELATED TO BOARD RESPONSIBILITIES.

| | |
|--|--|
| Name of the organization UNIVERSITY CORPORATION AT MONTEREY BAY | Employer identification number 77-0387459 |
|--|--|

FORM 990, PART XII, LINE 2C (NO CHANGE):

THE AUDIT COMMITTEE HAS OVERSIGHT OF THE AUDIT AND RECOMMENDS AUDITOR SELECTION TO THE BOARD.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **UNIVERSITY CORPORATION AT MONTEREY BAY** Employer identification number **77-0387459**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CALIFORNIA STATE UNIVERSITY, MONTEREY BAY - 91-1785970, 100 CAMPUS CENTER, SEASIDE, CA 93955 | EDUCATION - THE CORPORATION IS AN AUXILIARY ORGANIZATION | CALIFORNIA | 115 | | | | X |
| FOUNDATION OF CALIFORNIA STATE UNIVERSITY, MONTEREY BAY - 80-0494808, 100 CAMPUS CENTER BLDG 201, SEASIDE, CA 93955 | SUPPORT OF CALIFORNIA STATE UNIVERSITY, MONTEREY BAY AS AN AUXILIARY | CALIFORNIA | 501(C)(3) | 170(B)(1) (A)(VI) | | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | B | 2,670,558. | |
| (2) CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | K | 4,605,941. | |
| (3) CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | M | 1,397,239. | |
| (4) CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | P | 3,343,134. | |
| (5) CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | C | 223,412. | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | | |
|--|---|----------------------|---|---|
| A <input type="checkbox"/> Check box if address changed | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY CORPORATION AT MONTEREY BAY Number, street, and room or suite no. If a P.O. box, see instructions. 100 CAMPUS CTR BLDG 201, NO. 111A City or town, state or province, country, and ZIP or foreign postal code SEASIDE, CA 93955 | D Employer identification number (Employees' trust, see instructions.) 77-0387459 E Unrelated business activity codes (See instructions.) 531120 |
|--|---|----------------------|---|---|

| | | |
|---|---|--|
| C Book value of all assets at end of year 122021096. | F Group exemption number (See instructions.) | G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|---|---|--|

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

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

J The books are in care of ▶ **SHERRY BAGGETT** Telephone number ▶ **831-582-3395**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|-------------|--------------|---------|
| 1 a | Gross receipts or sales <u>45,102.</u> | | | |
| b | Less returns and allowances | | | |
| | | c Balance ▶ | 1c | |
| | | 45,102. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 45,102. | 45,102. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 45,102. | 45,102. |

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

| | | | | |
|----|---|-----|----------|-------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | |
| 15 | Salaries and wages | 15 | 22,982. | |
| 16 | Repairs and maintenance | 16 | 3,583. | |
| 17 | Bad debts | 17 | | |
| 18 | Interest (attach schedule) | 18 | | |
| 19 | Taxes and licenses | 19 | | |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 | Depreciation (attach Form 4562) | 21 | 24,145. | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b 24,145. |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | 6,366. | |
| 26 | Excess exempt expenses (Schedule I) | 26 | | |
| 27 | Excess readership costs (Schedule J) | 27 | | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 2 | 28 | 55,868. | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 112,944. | |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -67,842. | |
| 31 | Net operating loss deduction (limited to the amount on line 30) | 31 | | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | -67,842. | |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. | |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | -67,842. | |

Part III Tax Computation

| | | | |
|---|--|------------|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | \$ _____ | | |
| (2) Additional 3% tax (not more than \$100,000) | \$ _____ | | |
| c Income tax on the amount on line 34 | | 35c | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | | |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | | 36 | |
| 37 Proxy tax. See instructions | | 37 | |
| 38 Alternative minimum tax | | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | | 39 | 0. |

Part IV Tax and Payments

| | | | |
|--|------------|------------|----|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| b Other credits (see instructions) | 40b | | |
| c General business credit. Attach Form 3800 | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e Total credits. Add lines 40a through 40d | | 40e | |
| 41 Subtract line 40e from line 39 | | 41 | 0. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | | 42 | |
| 43 Total tax. Add lines 41 and 42 | | 43 | 0. |
| 44a Payments: A 2014 overpayment credited to 2015 | 44a | | |
| b 2015 estimated tax payments | 44b | | |
| c Tax deposited with Form 8868 | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| e Backup withholding (see instructions) | 44e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 44g | | |
| 45 Total payments. Add lines 44a through 44g | | 45 | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | | 46 | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | | 47 | 0. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | | 48 | 0. |
| 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | | 49 | |

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

| | | |
|---|-----|----|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | \$ |

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

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

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

| | | | | | |
|-------------------------------|---|--|-------------------------------|---|---|
| Sign Here | Signature of officer _____ | Date _____ | CONTROLLER | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Title _____ | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MICAL W. BOVEE, CPA | | | | P01023187 |
| | Firm's name GLENN BURDETTE | Firm's address 1150 PALM STREET | | Firm's EIN 95-2772601 | |
| | Firm's address SAN LUIS OBISPO, CA 93401 | | Phone no. 805-544-1441 | | |

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

1. Description of property

| | | |
|---|---|---|
| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0. |

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

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

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

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

Nonexempt Controlled Organizations

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

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

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

SALINAS CITY CENTER RENTAL INCOME FOR ACTIVITIES NOT SUBSTANTIALLY RELATED TO ORGANIZATION'S EXEMPT PURPOSE AND SUBSTANTIAL SERVICES PROVIDED.

TO FORM 990-T, PAGE 1

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 2 |
|------------|------------------|-----------|---|
|------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------|
| UTILITIES | 17,408. |
| CONTRACT SERVICES | 33,846. |
| OTHER OPERATING EXPENSES | 4,614. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 55,868. |

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STATE COPY

UNIVERSITY CORPORATION AT MONTEREY BAY
100 CAMPUS CTR BLDG 201, NO. 111A
SEASIDE, CA 93955

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

FORM 199

UNIVERSITY CORPORATION AT MONTEREY BAY
100 CAMPUS CTR BLDG 201, NO. 111A
SEASIDE, CA 93955

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

FORM 109

UNIVERSITY CORPORATION AT MONTEREY BAY
100 CAMPUS CTR BLDG 201, NO. 111A
SEASIDE, CA 93955

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

FORM RRF-1

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

| | | |
|--|--------------------------------|---|
| Corporation/Organization name UNIVERSITY CORPORATION AT MONTEREY BAY | | California corporation number 1749396 |
| Additional information. See instructions. | | FEIN 77-0387459 |
| Street address (suite or room) 100 CAMPUS CTR BLDG 201, NO. 111A | | PMB no. |
| City SEASIDE | State CA | ZIP code 93955 |
| Foreign country name | Foreign province/state/country | Foreign postal code |

| | |
|--|---|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|--|---|

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|------------------------------|----|--|----|---------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 40,403,079.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 17,150,389.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4 | 57,553,468.00 |
| | 5 | Cost of goods sold STMT 2 | 5 | 1,305,531.00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 510,181.00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 1,815,712.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 55,737,756.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 50,746,286.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 4,991,470.00 |
| Filing Fee | 11 | Total payments | 11 | 00 |
| | 12 | Use tax. See General Instruction K | 12 | 00 |
| | 13 | Payment balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | 00 |
| | 15 | Filing fee \$10 or \$25. See General Instruction F | 15 | N/A 00 |
| | 16 | Penalties and Interest. See General Instruction J | 16 | 00 |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | 00 |

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

| | | | |
|---------------------------------|--|------|------------------------------------|
| Sign Here | Signature of officer CONTROLLER | Date | • Telephone |
| Paid Preparer's Use Only | Preparer's signature | Date | • PTIN P01023187 |
| | Firm's name (or yours, if self-employed) and address GLENN BURDETTE 1150 PALM STREET SAN LUIS OBISPO, CA 93401 | | • FEIN 95-2772601 |
| | | | • Telephone 805-544-1441 |

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

| | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|---------------|---------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 1,554,917.00 | |
| | 2 | Interest | • | 2 | 00 | |
| | 3 | Dividends | • | 3 | 755,807.00 | |
| | 4 | Gross rents | • | 4 | 159,941.00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) STATEMENT 3 | • | 6 | 548,632.00 | |
| | 7 | Other income SEE STATEMENT 4 | • | 7 | 37,383,782.00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 40,403,079.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 11 | • | 9 | 4,261,973.00 | |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 5 | • | 11 | 0.00 | |
| | 12 | Other salaries and wages | • | 12 | 12,593,014.00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 2,662,964.00 |
| | | 14 | Taxes | • | 14 | 840,156.00 |
| | | 15 | Rents | • | 15 | 8,797,395.00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 4,531,729.00 |
| | | 17 | Other Expenses and Disbursements SEE STATEMENT 6 | • | 17 | 17,059,055.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 50,746,286.00 |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|--------------|---------------------|---------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 10,045,027. | | • 10,762,031. |
| 2 Net accounts receivable | | 2,612,745. | | • 2,527,891. |
| 3 Net notes receivable | | | | • |
| 4 Inventories | | | | • |
| 5 Federal and state government obligations | | | | • |
| 6 Investments in other bonds | | | | • |
| 7 Investments in stock | | | | • |
| 8 Mortgage loans | | | | • |
| 9 Other investments STMT 7 | | 36,094,145. | | • 36,566,700. |
| 10 a Depreciable assets | 109,974,751. | | 115,006,137. | |
| b Less accumulated depreciation | (45,203,769.) | 64,770,982. | (47,624,484.) | 67,381,653. |
| 11 Land | | | | • 100,734. |
| 12 Other assets STMT 8 | | 5,761,358. | | • 4,682,087. |
| 13 Total assets | | 119,284,257. | | 122,021,096. |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 2,986,949. | | • 3,205,164. |
| 15 Contributions, gifts, or grants payable | | | | • |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities STMT 9 | | 64,398,714. | | 62,192,626. |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 51,898,594. | | • 56,623,306. |
| 22 Total liabilities and net worth | | 119,284,257. | | 122,021,096. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|--------------|--|-------------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 Net income per books | • 4,724,712. | 7 Income recorded on books this year not included in this return. STMT 10 | • -266,758. |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year | • |
| 3 Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | -266,758. |
| 4 Income not recorded on books this year | • | 10 Net income per return. | |
| 5 Expenses recorded on books this year not deducted in this return | • | Subtract line 9 from line 6 | 4,991,470. |
| 6 Total. Add line 1 through line 5 | 4,724,712. | | |

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | <u>DATE OF GIFT</u> | <u>AMOUNT</u> |
|---|--|---------------------|--------------------|
| U.S. DEPT. OF EDUCATION | 400 MARYLAND AVE SW WASHINGTON, DC 20202 | 06/30/16 | 6,319,029. |
| NASA | GRANT OFFICE, MAIL STOP 241-1 MOFFETT FIELD, CA 94035 | 06/30/16 | 2,484,274. |
| NATIONAL SCIENCE FOUNDATION | 4201 WILSON BLVD ARLINGTON, VA 22230 | 06/30/16 | 786,080. |
| FOUNDATION OF CALIFORNIA STATE UNIVERSITY, MONTEREY BAY | 100 CAMPUS CENTER, BLDG 201 SEASIDE, CA 93955 | 06/30/16 | 673,315. |
| MONTEREY PENINSULA FOUNDATION | 1 LOWER RAGSDALE DRIVE STE 3100 MONTEREY, CA 93940 | 06/30/16 | 422,110. |
| BERKSHIRE FOUNDATION | PO BOX 221432 CARMEL, CA 93922 | 06/30/16 | 420,000. |
| CALIFORNIA OCEAN PROTECTION COUNCIL | 1416 NINTH STREET, SUITE 1311 SACRAMENTO, CA 95814 | 06/30/16 | 412,992. |
| TOTAL INCLUDED ON LINE 3 | | | <u>11,517,800.</u> |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | |
|--|-----------|-----------|
| 1. INVENTORY AT BEGINNING OF YEAR | | |
| 2. MERCHANDISE PURCHASED. | | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | 1,305,531 | |
| 5. OTHER COSTS. | | |
| 6. ADD LINES 1 THROUGH 5 | | 1,305,531 |
| 7. INVENTORY AT END OF YEAR | | |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 1,305,531 |

| | | | |
|----------|----------------------------------|-----------|---|
| FORM 199 | GROSS AMOUNT FROM SALE OF ASSETS | STATEMENT | 3 |
|----------|----------------------------------|-----------|---|

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|--------------------|------------------|--------------|--------------------|
| SALE OF SECURITIES | 06/30/15 | 06/30/16 | PURCHASED |

| COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|------------------------|---------|--------------------|----------------------|
| 510,181. | 0. | 0. | 548,632. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|-----------------------|------------------|--------------|--------------------|
| SCRAPPED FIXED ASSETS | 06/30/15 | 06/30/16 | PURCHASED |

| COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|------------------------|------------|--------------------|----------------------|
| 2,131,191. | 2,131,191. | 0. | 0. |

| | | | | |
|---------------------------------|------------|------------|----|----------|
| TOTAL TO FORM 199, PAGE 2, LN 6 | 2,641,372. | 2,131,191. | 0. | 548,632. |
|---------------------------------|------------|------------|----|----------|

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER INCOME | STATEMENT | 4 |
|----------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|---|-------------|
| OTHER INCOME | 45,496. |
| HOUSING, DINING & RESIDENTIAL LIFE PROGRAMS | 34,557,170. |
| COMMISSIONS AND SERVICE FEES | 1,397,431. |
| CONFERENCES & WORKSHOPS | 370,357. |
| RADIO STATION FUNDING | 1,013,328. |
| TOTAL TO FORM 199, PART II, LINE 7 | 37,383,782. |

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| EDUARDO OCHOA, PHD 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | PRESIDENT 1.00 | 0. |
| BONNIE D. IRWIN 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | SECRETARY/TREASURER 1.00 | 0. |
| KEVIN SAUNDERS 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | EXECUTIVE DIRECTOR 1.00 | 0. |
| CHRIS CARPENTER 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | STAFF DIRECTOR 1.00 | 0. |
| RONNIE HIGGS, PHD 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | DIRECTOR 1.00 | 0. |
| LAUREN MCCLAIN 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | STUDENT DIRECTOR 1.00 | 0. |
| PAT TINSLEY MCGILL, PHD 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | FACULTY DIRECTOR 1.00 | 0. |
| ROBERT TAYLOR, ESQ. 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | COMMUNITY MEMBER DIRECTOR 1.00 | 0. |
| BARBARA ZAPPAS 100 CAMPUS CTR BLDG 201, NO. 111A SEASIDE, CA 93955 | DIRECTOR 1.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 0. |

| FORM 199 | OTHER EXPENSES | STATEMENT | 6 |
|---------------------------------------|----------------|-------------|---|
| DESCRIPTION | | AMOUNT | |
| MAINTENANCE | | 4,479,661. | |
| STUDENT SERVICES | | 1,077,349. | |
| ALLOCATION OF INDIRECT | | 237,855. | |
| SALARIES & BENEFITS | | 59,812. | |
| OPERATING EXPENSES | | 281,502. | |
| DEPRECIATION | | 49,209. | |
| SALARIES & BENEFITS | | 2,396. | |
| OPERATING EXPENSES | | 4,853. | |
| DEPRECIATION | | 1,971. | |
| SALARIES & BENEFITS | | 29,348. | |
| OPERATING EXPENSES | | 59,451. | |
| DEPRECIATION | | 24,145. | |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | 132,725. | |
| PENSION PLAN CONTRIBUTIONS | | 608,111. | |
| OTHER EMPLOYEE BENEFITS | | 1,963,174. | |
| MANAGEMENT FEES | | 592,136. | |
| LEGAL FEES | | 69,966. | |
| ACCOUNTING FEES | | 122,247. | |
| PROFESSIONAL FUNDRAISING FEES | | 19,683. | |
| INVESTMENT MANAGEMENT FEES | | 52,593. | |
| OTHER PROFESSIONAL FEES | | 3,368,782. | |
| ADVERTISING AND PROMOTION | | 156,626. | |
| OFFICE EXPENSES | | 1,718,832. | |
| INFORMATION TECHNOLOGY | | 248,987. | |
| TRAVEL | | 891,970. | |
| CONFERENCES AND CONVENTIONS | | 679,664. | |
| INSURANCE | | 126,007. | |
| TOTAL TO FORM 199, PART II, LINE 17 | | 17,059,055. | |

| FORM 199 | OTHER INVESTMENTS | STATEMENT | 7 |
|--|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| INVESTMENTS-PUBLICLY TRADED SECURITIES | 36,094,145. | 36,566,700. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 36,094,145. | 36,566,700. | |

| FORM 199 | OTHER ASSETS | STATEMENT | 8 |
|---|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PLEDGES AND GRANTS RECEIVABLE | 3,857,164. | 3,275,300. | |
| PREPAID EXPENSES AND DEFERRED CHARGES | 291,284. | 736,004. | |
| INTANGIBLE ASSETS | 0. | 25,639. | |
| FCC LICENSE | 148,349. | 148,349. | |
| OTHER ASSETS | 744,037. | 57,665. | |
| DUE FROM CALIFORNIA STATE UNIVERSITY FOUNDATION | 54,048. | 48,171. | |
| REAL ESTATE HELD FOR SALE | 666,476. | 390,959. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 5,761,358. | 4,682,087. | |

| FORM 199 | OTHER LIABILITIES | STATEMENT | 9 |
|--|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| DEPOSITS | 1,289,811. | 1,276,712. | |
| DUE TO UNIVERSITY | 1,416,582. | 1,251,437. | |
| OTHER LIABILITIES | 48,195. | 27,709. | |
| CAPITAL LEASE OBLIGATIONS | 62,993,376. | 59,908,683. | |
| GASB CAPITAL LEASE OBLIGATION ADJUSTMENT | -3,085,121. | -1,897,056. | |
| DUE TO FOUNDATION | 3,694. | 41,734. | |
| DEFERRED REVENUE | 1,732,177. | 1,583,407. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 64,398,714. | 62,192,626. | |

| FORM 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT | 10 |
|----------|---|-----------|----|
|----------|---|-----------|----|

| DESCRIPTION | AMOUNT |
|---|-----------|
| UNREALIZED GAIN/LOSS ON INVESTMENTS | -266,758. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | -266,758. |

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 11

ACTIVITY CLASSIFICATION

STUDENT SCHOLARSHIPS AND OTHER UNIVERSITY SUPPORT

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---|---------------|
| CALIFORNIA STATE UNIVERSITY, MONTEREY BA | 100 CAMPUS CENTER - SEASIDE, CA 93955 | CORP IS AN AUXILIARY ORGANIZATION | 2,684,006. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|----------------------------------|---------------|
| FOUNDATION FOR CALIFORNIA STATE UNIVERSI | 100 CAMPUS CENTER, BLDG #201 - SEASIDE, CA 93955 | ANOTHER AUXILIARY OF CSUMB | 409,864. |

TOTAL FOR THIS ACTIVITY 3,093,870.

ACTIVITY CLASSIFICATION

SUBAWARDS

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-----------------------------|---------------------|---------------|
| VARIOUS | VARIOUS - VARIOUS, CA 93955 | NONE | 558,253. |

TOTAL FOR THIS ACTIVITY 558,253.

ACTIVITY CLASSIFICATION

VARIOUS GRANT AND OUTREACH PROGRAMS DESIGNED TO PROVIDE SERVICES TO STUDENTS

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-----------------------------|---------------------|---------------|
| VARIOUS | VARIOUS - VARIOUS, CA 93955 | VARIOUS | 609,850. |

TOTAL FOR THIS ACTIVITY

609,850.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

4,261,973.

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|---|--------------------|
| Exempt Organization name | Identifying number |
| UNIVERSITY CORPORATION AT MONTEREY BAY | 77-0387459 |

Part I Electronic Return Information (whole dollars only)

| | |
|--|------------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 57,553,468.00 |
| 2 Total gross income (Form 199, line 8) | 2 55,737,756.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 50,746,286.00 |

Part II Settle Your Account Electronically for Taxable Year 2015

| | | |
|---|------------------|--|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------------|--|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|-------------------|
| Sign Here | | | |
| | Signature of officer | Date | CONTROLLER |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|------------------|---|--|---|---|-----------------------------|
| ERO | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01023187 |
| Must Sign | Firm's name (or yours if self-employed) and address | GLENN BURDETTE 1150 PALM STREET SAN LUIS OBISPO, CA | | | FEIN 95-2772601 |
| | | | | | ZIP code 93401 |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|----------------------|---|----------|---|----------------------|
| Paid Preparer | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address | FEIN | | |
| | | ZIP code | | |

2015

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name UNIVERSITY CORPORATION AT MONTEREY BAY California corporation number C1749396

Additional information. See instructions. FEIN 77-0387459

Street address (suite/room no.) 100 CAMPUS CTR BLDG 201, NO. 111A PMB no.

City (If the corporation has a foreign address, see instructions.) SEASIDE State CA ZIP code 93955

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business SEE STATEMENT 12
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code 531120
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

| | | | | |
|-----------------------------|---|--|-----|------------|
| Taxable Corporation | 1 | Unrelated business taxable income from Side 2, Part II, line 30 | 1 | -67,842.00 |
| | 2 | Mult. In 1 by the avg. apport. pctg % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr. | 2 | 00 |
| | 3 | Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1 | 3 | -67,842.00 |
| Taxable Trust | 4 | Unrelated business taxable income from Side 2, Part II, line 30 | 4 | 00 |
| Tax Computation | 5 | Unrelated business taxable income from line 3 or line 4 | 5 | -67,842.00 |
| | 6 | Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction | 6 | 00 |
| | 7 | Net Operating Loss deduction. See General Information N | 7 | 00 |
| | 8 | Add line 6 and line 7 | 8 | 00 |
| | 9 | Net unrelated business taxable income. Subtract line 8 from line 5 | 9 | -67,842.00 |
| | 10 | Tax 8.84 % x line 9. See General Information J | 10 | 00 |
| | 11 | a New employment credit, amount generated. • a) 11 b) Amount claimed | 11b | 00 |
| | c Tax credits from Schedule B. See instructions | 11c | 00 | |
| | d Total Credits. Add line 11b and 11c | 11d | 00 | |
| Total Tax | 12 | Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0- | 12 | 00 |
| | 13 | Alternative minimum tax. See General Information O | 13 | 00 |
| | 14 | Total tax. Add line 12 and line 13 | 14 | 0.00 |
| Payments | 15 | Overpayment from a prior year allowed as a credit | 15 | 00 |
| | 16 | 2015 estimated tax payments. See instructions | 16 | 00 |
| | 17 | Withholding (Form 592-B and/or 593.) See instructions | 17 | 00 |
| | 18 | Amount paid with extension (form FTB 3539) | 18 | 00 |
| | 19 | Total payments and credits. Add line 15 through line 18 | 19 | 00 |
| Use Tax/Tax Due/Overpayment | 20 | Use tax. See instructions | 20 | 00 |
| | 21 | Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 | 21 | 00 |
| | 22 | Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 | 22 | 00 |
| | 23 | Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions | 23 | 00 |
| | 24 | Overpayment. Subtract line 14 from line 21. See instructions | 24 | 00 |
| | 25 | Enter amount of line 24 to be applied to 2016 estimated tax | 25 | 00 |

| | | | |
|----------------------|--|-----|----|
| Refund or Amount Due | 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 | 26 | 00 |
| | a Fill in the account information to have the refund directly deposited. Routing number b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number | 26a | |
| | 27 Penalties and interest. See General Information M | 27 | 00 |
| | 28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806. | | |
| | 29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 | 29 | 00 |

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | | |
|---|---------|-------------------------------|--|-----------|----|-----------|
| 1 a Gross receipts or gross sales | 45,102. | b Less returns and allowances | | c Balance | 1c | 45,102.00 |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) | | | | | 2 | 00 |
| 3 Gross profit. Subtract line 2 from line 1c | | | | | 3 | 45,102.00 |
| 4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) | | | | | 4a | 00 |
| b Net gain (loss) from Part II, Schedule D-1 | | | | | 4b | 00 |
| c Capital loss deduction for trusts | | | | | 4c | 00 |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | | | | 5 | 00 |
| 6 Rental income (Schedule C) | | | | | 6 | 00 |
| 7 Unrelated debt-financed income (Schedule D) | | | | | 7 | 00 |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | | | 8 | 00 |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | | | 9 | 00 |
| 10 Exploited exempt activity income (Schedule G) | | | | | 10 | 00 |
| 11 Advertising income (Schedule H, Part III, Column A) | | | | | 11 | 00 |
| 12 Other income. Attach schedule | | | | | 12 | 00 |
| 13 Total unrelated trade or business income. Add line 3 through line 12 | | | | | 13 | 45,102.00 |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | | |
|---|------------------|----|--|--|-----|------------|
| 14 Compensation of officers, directors, and trustees from Schedule I | | | | | 14 | 00 |
| 15 Salaries and wages | | | | | 15 | 22,982.00 |
| 16 Repairs | | | | | 16 | 3,583.00 |
| 17 Bad debts | | | | | 17 | 00 |
| 18 Interest | | | | | 18 | 00 |
| 19 Taxes | | | | | 19 | 00 |
| 20 Contributions | | | | | 20 | 00 |
| 21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) | 24,145.00 | | | | 21a | |
| b Less: depreciation claimed on Schedule A | | 00 | | | 21b | |
| | | | | | 21 | 24,145.00 |
| 22 Depletion | | | | | 22 | 00 |
| 23 a Contributions to deferred compensation plans | | | | | 23a | 00 |
| b Employee benefit programs | | | | | 23b | 6,366.00 |
| 24 Other deductions | SEE STATEMENT 13 | | | | 24 | 55,868.00 |
| 25 Total deductions. Add line 14 through line 24 | | | | | 25 | 112,944.00 |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | | | | | 26 | -67,842.00 |
| 27 Excess advertising costs (Schedule H, Part III, Column B) | | | | | 27 | 00 |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | | | | | 28 | -67,842.00 |
| 29 Specific deduction | | | | | 29 | 1,000.00 |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | | | | | 30 | -67,842.00 |

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.

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

| | | | | |
|--------------------------|---|------------|---|---|
| Sign Here | Signature of officer | Title | Date | Telephone |
| | | CONTROLLER | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name (or yours, if self-employed) and address | | | P01023187 |
| | | | | FEIN |
| | | | | 95-2772601 |
| | | | | Telephone |
| | | | | 805-544-1441 |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A. Columns include line numbers (1-7) and amounts (00). Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

Table for Schedule B with 4 rows. Columns include line numbers (1-4) and amounts (00).

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows. Columns include line numbers (1-5) and amounts (00).

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A of Schedule R with 2 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B of Schedule R with 5 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with multiple rows and columns. Columns include Description of property, Rent received or accrued, Percentage of rent attributable to personal property, and various calculation columns (a-e).

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

| | | | | | |
|---|---|---|---|--|--|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | | (a) Straight-line depreciation | (b) Other deductions |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property | 5 Average adjusted basis of or allocable to debt-financed property | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6 | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includible, column 7 less column 8 |
| | | % | | | |
| | | % | | | |
| | | % | | | |

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

| | | | | | |
|----------------------|-----------------|--|--|---------------------|---|
| 1 Description | 2 Amount | 3 Deductions directly connected | 4 Net investment income, column 2 less column 3 | 5 Set-asides | 6 Balance of investment income, column 4 less column 5 |
| | | | | | |
| | | | | | |

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

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

Nonexempt Controlled Organizations

| | | | | |
|-------------------------|--------------------------------------|---|--|--|
| 7 Taxable Income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

4 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| | | | | | | | |
|---|---|---|--|---|--|---|---|
| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includible, column 4 less column 7 but not less than zero |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Total. Enter here and on Side 2, Part I, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

| | | |
|----------|-----------------------------|--------------|
| FORM 109 | NATURE OF TRADE OR BUSINESS | STATEMENT 12 |
|----------|-----------------------------|--------------|

SALINAS CITY CENTER RENTAL INCOME FOR ACTIVITIES NOT SUBSTANTIALLY RELATED TO ORGANIZATION'S EXEMPT PURPOSE AND SUBSTANTIAL SERVICES PROVIDED.

TO FORM 109, PAGE 1

| | | |
|----------|------------------|--------------|
| FORM 109 | OTHER DEDUCTIONS | STATEMENT 13 |
|----------|------------------|--------------|

| DESCRIPTION | AMOUNT |
|------------------------------------|---------|
| UTILITIES | 17,408. |
| CONTRACT SERVICES | 33,846. |
| OTHER OPERATING EXPENSES | 4,614. |
| TOTAL TO FORM 109, PAGE 2, LINE 24 | 55,868. |

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| | |
|---|---|
| State Charity Registration Number: CT 95381 UNIVERSITY CORPORATION AT MONTEREY BAY <small>Name of Organization</small> 100 CAMPUS CTR BLDG 201, NO. 111A <small>Address (Number and Street)</small> SEASIDE, CA 93955 <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. C1749396 Federal Employer I.D. No. 77-0387459 |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:
 Gross annual revenue \$ 55,092,344. Total assets \$ 122,021,096.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 14 | X | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 15 | X | |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 16 | X | |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 17 | X | |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 18 | X | |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | X | |

Organization's area code and telephone number **831-582-3395**

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

SHERRY BAGGETT

CONTROLLER

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 14

SEVERAL EMPLOYEES AND DIRECTORS OF THE CORPORATION LEASE UNIVERSITY
RELATED HOUSING FROM THE CORPORATION AT FAIR MARKET VALUES.

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 15

PLEDGE DRIVES - MIKE WALLACE, PUBLIC MEDIA PARTNERSHIPS - 619.723.1900
VEHICLE DONATION PROGRAM:
INDEPENDENT CHARITIES OF AMERICA - 1.800.876.0413

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 16

THE CORPORATION RECEIVED \$13,155,412 OF FUNDING FROM FEDERAL, STATE AND LOCAL GOVERNMENTAL AGENCIES UNDER NUMEROUS INDIVIDUAL GRANTS. SEE ATTACHED SCHEDULE FOR DETAIL ON THE TEN LARGEST SOURCES OF GOVERNMENT FUNDING, FOLLOWING GUIDANCE FROM THE OFFICE OF THE ATTORNEY GENERAL.

FORM RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 17

TWO RAFFLES THROUGH FUNDRAISERS ON OCTOBER 2, 2015 AND FEBRUARY 20,
2016.

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 18

THE CORPORATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO CONDUCT THE
VEHICLE DONATION PROGRAM.