EXTENDED TO MAY 17, 2021

Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

A I	For the	2019 calendar year, or tax year beginning J	UL 1, 2019 and	dending	JUN 30, 2020						
	Check if applicable	C Name of organization			D Employer	identific	cation number				
	Address change	SOKA UNIVERSITY OF AMERICA									
	Name change	Doing business as	~		95-39	09672					
	Initial return	number	,								
	Final return/	480-40									
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s \$	247,611,700.				
	Amende return	ALISO VIEJO, CA 92656			H(a) Is this a	H(a) Is this a group return					
	Applica- tion	Finame and address of principal officer Edital	RD FEASEL		for subo	rdinates	? Yes 🗓 No				
	pending	SAME AS C ABOVE			H(b) Are all subs	ordinates in	cluded? Yes No				
		mpt status X 501(c)(3) 501(c) ()		or () 5	<u>77</u> If "No," ≀	attach a	list (see instructions)				
		E WWW.SOKA.EDU			H(c) Group e		number 🕨				
			ssociation Other	L Ye	ar of formation: 19	84 N	State of legal domicile: CA				
Pa	art I	Summary									
به	1 8	Briefly describe the organization's mission or most			TEADY STREAM	OF					
anc	-	LOBAL CITIZENS COMMITTED TO LIVING A									
Governance	2 (ntinued its operations or dispo	sed of mo	te than 25% of its	9 1					
ઠ્ઠ	3 1	lumber of voting members of the governing body	` '	KEC	EIVED	$\frac{3}{4}$	15				
প্	1 ' '	lumber of independent voting members of the go					675				
Activities &	1	otal number of individuals employed in calendar y	/ear 2019 (Part V, line 2a)	MAY	2 4 2021	Ö 5 S 6	172				
<u>`</u>	1	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, co	lumn (C) line 12	י ר <i>ו</i> נעו		<u>2</u> 7a	-393,291.				
¥	1	let unrelated business taxable income from Form	· · · ·	005	DEN, UT	7b	0.				
_	<u> </u>	net difference business taxable income from Form	550 1, 11110 05		Prior Year		Current Year				
	8 0	contributions and grants (Part VIII, line 1h)				,023.	7,646,045.				
an e	9 F	rogram service revenue (Part VIII, line 2g)			20,845		19,633,534.				
Revenue	10 lr	evestment income (Part VIII, column (A), lines 3, 4,	and 7d)		18,310	711.	9,335,483.				
æ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		2,251	,171.	613,300.					
		otal revenue - add lines 8 through 11 (must equal	•		48,746	,196.	37,228,362.				
	13 0	irants and similar amounts paid (Part IX, column (A), lines 1-3)		15,290	,592.	15,453,329.				
	14 B	enefits paid to or for members (Part IX, column (A	A), line 4)			0.	0.				
Ś	15 S	alaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		26,579	,573.	29,073,499.				
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), l	ine 11e)			0.	0.				
x x	b⊺	otal fundraising expenses (Part IX, column (D), line	e 25) 1,141,	973.							
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	L	37,723		38,314,635.				
	18 T	otal expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)	<u>_</u>	79,593		82,841,463.				
		evenue less expenses Subtract line 18 from line	12		-30,847		-45,613,101.				
S OF				<u> [</u>	Beginning of Curre		End of Year				
Assets Baland	20 T	otal assets (Part X, line 16)		<u> </u>	1,676,808		1,614,559,012.				
Net A	21 T	otal liabilities (Part X, line 26)	1 00	-	1,666,926	,113.	7,928,241.				
	22 N	et assets or fund balances Subtract line 21 from Signature Block	line 20		1,000,920	,556.]	1,000,030,771.				
		es of perjury, I declare that I have examined this return,	including accompanying echodule	c and etator	nente, and to the h	act of my	knowledge and helief it is				
		and complete. Declaration of preparation of the				_	knowledge and bellet, it is				
ii ue,	COITECL	and complete. Declar Horr of preparations of that office	1) 13 based on air information of wi	men prepare	I has any knowled	5/17	121				
Sigr	,	Signature of officer			Date						
Her		ARCHIBALD E. ASAWA, VP FIN & ADM/	CFO/CIO								
1101	٠ _.	Type or print name and title									
	<u> </u>	Print/Type preparer's name	Preparer's signature Lucy S Page		Date	Check	PTIN				
Paid		RACY S. PAGLIA	Tury S Fal	ra	5/17/2021	ıf <u>sel</u> f-employer	d ₽00366884				
Prep	- F	irm's name MOSS ADAMS LLP	Firm's EIN 91-0189318								
Use	—	irm's address 4747 EXECUTIVE DR SUITE									
		SAN DIEGO, CA 92121			Phone	no.858-	627-1400				
Mav	the IRS	discuss this return with the preparer shown above	ve? (see instructions)				X Yes No				

Form 990 (2019)

Form	1990 (2019) SOKA UNIVERSITY OF AMERICA	95-3909672	Page 2
	rt III Statement of Program Service Accomplishments	· ·	
ţ	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission		
-	THE MISSION OF SOKA UNIVERSITY OF AMERICA IS TO FOSTER A STEADY STREAM		
	OF GLOBAL CITIZENS COMMITTED TO LIVING A CONTRIBUTIVE LIFE. CONTINUED		
	IN SCHEDULE O.	_	·
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		res110
_	·		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		YesNo
	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 me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 51,806,255. Including grants of \$ 15,008,199. (Revenue to the content of the content	s18	<u>,448,017.</u>)
	BACHELOR OF ARTS DEGREE IN LIBERAL ARTS WITH CONCENTRATIONS IN		
	ENVIRONMENTAL STUDIES, HUMANITIES, INTERNATIONAL STUDIES, AND SOCIAL		
	AND BEHAVIORAL SCIENCES (407 STUDENTS). SEE ADDITIONAL INFORMATION IN		
	SCHEDULE O.		_
			
			
	4 400 000	<u> </u>	582,922.)
4b		\$	362,922.
	PACIFIC BASIN RESEARCH CENTER AND ENGLISH AS A SECOND LANGUAGE (ESL)		
	PROGRAM SERVICES (13 STUDENTS). SEE ADDITIONAL INFORMATION IN SCHEDULE		
	<u>0.</u>		
			
	(Code) (Expenses \$2,174,718. including grants of \$445,130.) (Revenue \$		602,595.)
4c	(Code) (Expenses \$2,1/4,/18. including grants of \$445,130.) (Revenue \$ MASTERS OF ARTS: GRADUATE PROGRAM IN EDUCATIONAL LEADERSHIP AND	5	002,333.
	SOCIETAL CHANGE (13 STUDENTS). SEE ADDITIONAL INFORMATION IN SCHEDULE	 	
	0.		
		<u> </u>	
			. <u></u>
	Other was a Cabadala O		
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 55,457,865.		
		For	m 990 (2019)

95-3909672

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Form 990 (2019) SOKA UNIVERSITY OF 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)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	l ,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		,,	
_	Schedule D, Part III	8_	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			ì
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	-115		
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		- 1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ŀ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		,	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ـ ـ ا		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	ŀ	x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		 -
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	 +	
13	complete Schedule G, Part III	19	1	x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	<u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\neg \uparrow$	
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? /f "Yes." complete Schedule I, Parts I and II	21		x
22002	01.20.20		990 /	

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	990 (2019) SOKA UNIVERSITY OF AMERICA 95-39096	72	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		↓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		Ì	ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	-		İ
	Schedule L, Part I	25b	<u> </u>	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ļ	
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Í
	"Yes," complete Schedule L, Part IV	28a		х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	١	
	contributions? If "Yes," complete Schedule M	30	X	<u>, , , , , , , , , , , , , , , , , , , </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l "
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054	x	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	• • • • • • • • • • • • • • • • • • • •	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36_		┢╨
37	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	Ë
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		1 30		1
	Check if Schedule O contains a response or note to any line in this Part V			
	Chief and the Community of the Control of the Contr		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 205		162	INO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b.	4		
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ü	(gambling) winnings to prize winners?	1c	- <u>x</u>	

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Form **990** (2019)

Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	_							
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				!						
	filed for the calendar year ending with or within the year covered by this return	2a 675									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	$oxed{oxed}$						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			<u> </u>						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		_3a_	Х	Ь						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	ļ						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Ь—	X						
b	If "Yes," enter the name of the foreign country]	.						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		x						
b	, , , ,										
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>	 -							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	١.		,						
	any contributions that were not tax deductible as charitable contributions?		6a	\vdash	X						
Ð	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or giπs	۱								
7	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	succe provided to the payor?	7a	<u>x</u>							
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor?	7a 7b	x							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	- 10								
·	to file Form 8282?	10 required	7c	x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 8	<u> </u>								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		x						
f											
g											
h											
8											
	sponsoring organization have excess business holdings at any time during the year?										
9											
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		L						
10	Section 501(c)(7) organizations. Enter	1 1									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter	1 1									
	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l l			i						
40-	amounts due or received from them)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417 12b	12a	\vdash							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]		ıJ							
	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u>'</u>						
a	Note: See the instructions for additional information the organization must report on Schedule O		102								
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c		l	.						
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei										
	excess parachute payment(s) during the year?		15		х						
	If "Yes," see instructions and file Form 4720, Schedule N										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncome?	16		х						
	If "Yes," complete Form 4720, Schedule O										
			Form	990 ((2019)						

95-3909672

Pai	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re	espon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			<u> </u>						
500	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management		\ <u>\</u>							
4	Enter the number of voting members of the governing body at the end of the tax year 15	ſ	Yes	No						
18	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1s, above, who are independent.									
	Enter the number of voting members included on line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ						
2	officer, director, trustee, or key employee?	2	~~ ~~							
_		 								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6_	Х	\vdash						
/ a	more members of the governing body?	7a	х							
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> 1 a</u>								
U	persons other than the governing body?	7b	х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0	-							
_	The governing body?	8a	X	- -						
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		 						
,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	mis Section & requests information about policies not required by the internal nevertice code.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	, 00	x						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	х							
14	Did the organization have a written document retention and destruction policy?	14	х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	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?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılal	ole						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal							
	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									
	ARCHIBALD ASAWA - 949-480-4000									
	1 UNIVERSITY DRIVE, ALISO VIEJO, CA 92656-8081									
	5 01 20 20	Form	990	20191						

Form 990 (2019) 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 See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week	рох	not c , unle cer ar	Pos heck ss pe	more rson i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) YOSHINOBU HABUKI	40.00									
PRESIDENT/PROF OF ECONOMICS		_		х	_		Ļ	468,000.	0.	56,702.
(2) ARCHIBALD E. ASAWA	40.00	1					ĺ			
VP FIN & ADM/CFO/CIO	ļ			Х		L	_	307,970.	0.	54,952.
(3) EDWARD FEASEL	40.00									
VP ACAD AFFRS/CAO/PROF OF ECONOMICS				Х			L	288,900.	0.	45,640.
(4) TOMOKO TAKAHASHI	40.00			1						
VP INST'L RES & ASSMT/DEAN GRADUATE				х				270,300.	0.	35,934.
(5) BRYAN PENPRASE	40.00			l						
DEAN OF FACULTY		L			L	х	L	249,433.	0.	42,030.
(6) ROSEMARY PAPA	40.00									
PROFESSOR OF COMPARATIVE & INTL EDU		<u>L</u>			L	х	L	203,779.	0.	65,128.
(7) JOHN HEFFRON	40.00									
PROFESSOR OF EDUCATIONAL HISTORY AND						Х	<u>L</u>	191,720.	0.	46,405.
(8) ROBERT ALLINSON	40.00	ĺ					ĺ			
PROFESSOR OF PHILOSOPHY		L	$ldsymbol{ld}}}}}}$			х	L	183,066.	0.	54,790.
(9) JAMES MEROD	40.00									
PROFESSOR OF AMERICANLITERATURE						х		187,583.	0.	32,844.
(10) KATHERINE STAPCHUK	40.00							1		
VP HUMAN RESOURCES/RISK MGMT				X				180,250.	0.	28,843.
(11) DAVID M. NAKABAYASHI	40.00					l				
CONTROLLER & ASST TREASURER				X				155,823.	0.	25,702.
(12) HIROKI SAKAI	40.00									
CORP SECRETARY				x				131,721.	0.	22,294.
(13) YOSHIKI TANIGAWA	1.00									
TRUSTEE, SOKA GAKKAI	40.00	х						0.	111,132.	0.
(14) CLOTHILDE V. HEWLETT J.D.	1.00								_	
TRUSTEE		х						0.	0.	0.
(15) DANIEL NAGASHIMA M.B.A.	1.00									
TRUSTEE		х						0.	0.	0.
(16) GENE O'CONNELL R.N., M.S.	1.00									
TRUSTEE		х						0.	0.	0.
(17) JASON GOULAH PH.D.	1.00									
TRUSTEE		Х						0.	0.	0.

932007 01-20-20

Form 990 (2019)

Page 7

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)	,		
(A)	(B)	(B) (C) (D) (E)								(F)		
Name and title	Average hours per week	box	Position (do not check more than or box, unless person is both a officer and a director/truste			than is both	n an	Reportable compensation from	Reportable compensation from related	_	stımat mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу ет рюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from th ganiza nd rela janizat	ation ne tion ted
(18) KAREN K. LEWIS PH.D.	1.00]										
TRUSTEE		Х						0.	0.			0.
(19) KRIS D. KNUDSEN J.D.	1.00]										
TRUSTEE		х						0.	0.			٥.
(20) LARRY A. HICKMAN PH.D.	1.00									[
TRUSTEE		х	<u> </u>					0.	0.			٥.
(21) LAWRENCE E CARTER SR. PH.D.	1.00											
TRUSTEE		х				L.	L	0.	0.			0.
(22) MARIA GUAJARDO PH.D.	1.00											
TRUSTEE		x						0.	0.			٥.
(23) MATILDA BUCK	1.00											
TRUSTEE		х						0.	0.			0.
(24) SHUNICHI YAMADA M.B.A.	1.00											
TRUSTEE		x						0.	0.			٥.
(25) STEPHEN S. DUNHAM J.D.	1.00											
TRUSTEE-CHAIR		х		х				0.	0.			٥.
(26) TARIQ HASAN PH.D.	1.00										-	
TRUSTEE-VICE CHAIR		х		х				0.	0.			٥.
1b Subtotal							>	2,818,545.	111,132.		511,	264.
c Total from continuation sheets to Part \	/II, Section A						▶	0.	0.			0.
d Total (add lines 1b and 1c)							•	2,818,545.	111,132.		511,	264.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		•	60
compensation nom the organization								<u>-</u>	-		Yes	No
3 Did the organization list any former office	r director truste	ee k	AV A	mnl	OVE	n ∩r	hial	hest compensated empl	ovee on			1
line 1a? If "Yes," complete Schedule J for		JO, N	.cy c		Jyu	٥, ٥،	9	nest compensated empl	Oyeo on	3		
4 For any individual listed on line 1a, is the s		e co	mpe	กระ	tion	and	oth	er compensation from th	ne organization			<u> </u>
and related organizations greater than \$15									organization	4	x	J
and related organizations greater than \$10	o,ooo ii yes,	CO	πριε	te S	crie	ouie	JIC	or such individual		4		

rendered to the organization? If "Yes." complete Schedule J for such person 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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A) Name and business address	(B) Description of services	(C) Compensation
FACILITY SERVICE PARTNERS LLC, 19201		
WILLOW BROOK LANE, TRABUCO CANYON, CA	CAMPUS MAINTENANCE	5,192,575.
CAMBRIDGE ASSOCIATES LLC		
100 SUMMER STREET, BOSTON, MA 02110-2112	INVESTMENT MANAGEMENT	1,495,410.
RND DEVELOPMENT COMPANY/ROGER O'NEAL, 7059		
VISTA DEL MAR LANE, PLAYA DEL REY, CA	CONSULTANT	300,000.
MOSS ADAMS LLP		
PO BOX 101822, PASADENA, CA 91189-1822	ACCOUNTING SERVICES	176,206.
MUSIC PEELER GARRETT LLP, 1 WILSHIRE BLVD		
STE 2000, LOS ANGELES, CA 90017-3886	LEGAL SERVICES	136,380.
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	6	
CEP DARW UIT CECHTON & COMMINGRATION CURRENC		- 000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

	ITY OF AMER								95-3909	572	
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
(27) YOSHIHISA BABA PH.D.	week (list any hours for related	week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) YOSHIHISA BABA PH.D. PRUSTEE	1.00	x						0.	0.	(
	-										
			H								
		Ш								_	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 656,952. 1c c Fundraising events 542,142. 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 6,446,951 similar amounts not included above 31,686. Noncash contributions included in lines 1a-1f | 1g|\$ 7,646,045. Total. Add lines 1a-1f **Business Code** TUITION & FEES 611710 14,636,285 14,636,285 Program Service HOUSING & FOOD 721000 4,489,536 4,489,536. OTHER AUXILLARY 721000 507,713. 507,713. All other program service revenue 19,633,534. Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,461,155. -678,275. 10,139,430. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 330,593 6 a Gross rents 6a 6,190 b Less rental expenses 6b 324,403. c Rental income or (loss) 324,403. 324,403. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 210,022,000. assets other than inventory b Less cost or other basis 7b\$10,147,672 and sales expenses Other Revenue -125,672. c Gain or (loss) -125,672. -125,672. d Net gain or (loss) 8 a Gross income from fundraising events (not 656,952. of contributions reported on line 1c) See 78,460. Part IV, line 18 229,476. b Less direct expenses -151,016. c Net income or (loss) from fundraising events -151,016. 9 a Gross income from gaming activities See Part IV, line 19 9ь b Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 106 b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous 711130 284,984. 284,984. PERFORMING ARTS CENTER 900099 154,929. d All other revenue 154,929 439,913. Total. Add lines 11a-11d 37,228,362. 19,633,534. Total revenue. See instructions -393,291. 10,342,074. 12

95-3909672

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 (D) Fundraising (A) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 15,453,329. 15,453,329 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,160,626. 379,545. 1,781,081 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,873,736. 13,495,342. 4,854,988. 523,406. Other salaries and wages Pension plan accruals and contributions (include 1,930,699. 1,208,271 section 401(k) and 403(b) employer contributions) 677,236. 45,192. 4,626,521. 2,847,770. 1,669,308. 109,443. Other employee benefits 1,481,917. 973,358. 471,391. 37,168. 10 Payroll taxes Fees for services (nonemployees) Management 105,420. 105,420. Legal 159,741. 159,741. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 5,993,720. 5,993,720. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 2,164,413. 359,776 column (A) amount, list line 11g expenses on Sch O.) 1,706,009. 98,628. 1,440,088. 34,383 1,403,610 2,095. 12 Advertising and promotion 3,339,108 889,707 2,195,248 254,153. 13 Office expenses 658,698. 6,308. 652,390. Information technology 14 Royalties 15 9,078,448. 6,647,602. 2,387,958. 42,888. 16 Occupancy 500,939. 174,325. 316.310. 10,304. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 147,183. 65,047. 80,489. 1,647. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 9,872,375 8,071,479 1,788,687 12,209. 22 Depreciation, depletion, and amortization 1,270,116. 149,933. 1,120,183. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) INTERNSHIP PROGRAM EXPE 1,773,238, 1,773,238, FOOD SERVICES 1,595,768. 1,583,516 8,546 3,706. EVENTS EXPENSE 33,766. 5,740. 28,026. c 33,655. 181,614 146,825 1,134. All other expenses 82,841,463. 55,457,865. 26,241,625. 1,141,973. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 2,916. 1,200. 1 Cash - non-interest-bearing 1 20,201,605. 30,480,603. 2_ 2 Savings and temporary cash investments 786,000. 1,306,648. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 2,786,480. 3,656,682. 7 Notes and loans receivable, net Inventories for sale or use 8 608,905. 616,435. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 541,732,036. basis Complete Part VI of Schedule D 10a 177,979,128. 354,832,629. 363,752,908. b Less accumulated depreciation 10b 10c 341,906,199. 126,768,176. Investments - publicly traded securities 11 11 1,078,658,151. Investments - other securities See Part IV, line 11 946,469,158. 12 12 4,512,176. 4,612,176. investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 4,704,317. 4,704,317. 15 15 Other assets See Part IV line 11 1,676,808,669. 1,614,559,012. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,101,279. 7,818,871. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 106 161. 64,414. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 44,956. 674,673. 25 of Schedule D 9,882,113, 7,928,241. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 458,256,556. 439,743,771. 27 Net assets without donor restrictions 1,208,670,000. 28 1,166,887,000. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,666,926,556. 1,606,630,771. 32 32 Total net assets or fund balances

1,614,559,012. Form **990** (2019)

1,676,808,669

33

Total liabilities and net assets/fund balances

Form	1990 (2019) SOKA UNIVERSITY OF AMERICA	95-	95-3909672		ge 12					
	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI				X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37	,228,	362.					
2	P. Total expenses (must equal Part IX, column (A), line 25)									
3	Revenue less expenses Subtract line 2 from line 1	3	-45	,613,	101.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,666							
5	Net unrealized gains (losses) on investments	5	-15	,360,	960.					
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 on Schedule O)	9		678,	275.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B)) 10 1,									
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				ullet					
1	Accounting method used to prepare the Form 990 CashX Accrual Other			Yes	No					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)	_	l	نـــا					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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			1						
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,								
	consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ļ					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?		3a	Х						
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

SOKA UNIVERSITY OF AMERICA 95-3909672 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 📖 2 X 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 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) 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 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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) (III) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (ii) EIN (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	8,942,479.	8,780,570.	90,460,571.	7,339,023.	7,646,046.	123,168,689.
2	Tax revenues levied for the organ-						
	ızatıon'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	8,942,479.	8,780,570.	90,460,571.	7,339,023.	7,646,046.	123,168,689.
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,		λ				
	column (f)		/ /		1		335,782.
6	Public support. Subtract line 5 from line 4			1			122,832,907.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	8,942,479.	8,780,570.	90,460,571.	7,339,023.	7,646,046.	123,168,689.
8	Gross income from interest,			\			
	dividends, payments received on						i
	securities loans, rents, royalties,			\			
	and income from similar sources	10,224,199.	9,297,572.	15,731,588.	12,239,348.	10,470,023.	57,962,730.
9	Net income from unrelated business			1			
	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)	109,301.	138,644.	146,272.	1,530,340.	154,929.	2,079,486.
11	Total support. Add lines 7 through 10	-	_		\		183,210,905.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	98,730,965.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
	organization, check this box and stor				\		▶ □
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	67.04 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	65.33 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				\mathbf{x}
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ınd line 14 is 10% d	or more,
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check the	s box and stop h	ere. Explain in Pai	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test 1	he organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	▶ □
					Sche	dule A (Form 990	or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olovi, plades somp	note / u.t.ii /				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 bus- iness under section 513		\				
4	Tax revenues levied for the organ-	İ		\			
	ızatıon's benefit and either paid to			\			
	or expended on its behalf						
5	The value of services or facilities			V			
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and		/	γ			
	3 received from disqualified persons						
t	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 : Add lines 7a and 7b				Τ,		
					\		
	Public support. (Subtract line 7c from line 6)			l	\		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2010	(6) 2010	(6) 2017	\\	(e) 2013	(i) iotai
	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				l \	l	
	acquired after June 30, 1975				<u> </u>		
	Add lines 10a and 10b 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	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	tion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (ine 8, column (f), di	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	119 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2018 Schedule A, I	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	tion	ightharpoons
b	33 1/3% support tests - 2018. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	ı, or 19b, check th	is box and see inst	tructions	 ▶□
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Part IV | Supporting Organizations

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

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

	Yes	No_
1		
2		
3a		
3c		
4a		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c	· - -	
10a	_	
10b	0-EZ)	2019

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Sche	edule A (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	į ·		
u	below, the governing body of a supported organization?	11a		
			 	\vdash
	A family member of a person described in (a) above?	11b	 	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	L	L
Sec	tion B. Type I Supporting Organizations		r —	т
			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			
		1	_	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	- '-	-	\vdash
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,		 	ļ
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
		1		
500	the supported organization(s). tion D. All Type III Supporting Organizations		L	L
360	tion D. All Type in Supporting Organizations		Γ.,	Г
		<u></u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ł
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	•			
	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.	3		
Sec	tion 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 inst	ructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)	ı	
2	Activities Test Answer (a) and (b) below.	(55554.554.57.10)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			i
а			—	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		-
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.	3b		
932025	5 09-25-19 Schedule A	(Form 990 or 99	O-EZ)	2019

Sche	dule A (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA			95-3909672	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instr	uctions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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	Į Į			
	maintenance of property held for production of income (see instructions)	6		l	
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see	-		1	
	instructions for short tax year or assets held for part of year)			İ	
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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		İ	
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			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		7	
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	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	anization (see	
	<u>-</u>	-	• • •	•	

Schedule A (Form 990 or 990-EZ) 2019

,Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
_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	e organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019	*****		
a	From 2014			-
<u>b</u>	From 2015]
c	From 2016			
<u>d</u>	From 2017			
е	From 2018			
<u>f</u>	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	<u> </u>		ļ
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c			
8	Breakdown of line 7			-
a	Excess from 2015			
	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17	a 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, 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, Pa	es 1 and 2, Part IV, Section	
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add		u ,
(See instructions)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
REFUNDS & REBATES		
2015 AMOUNT: \$ 84,213.		
auth Amount. V 04,210.		 -
2016 AMOUNT: \$ 124,813.		
2018 AMOUNT: \$ 986,838.		
VENDING REVENUE		
2015 AMOUNT: \$ 1,777.		
2020 0220002.		
2016 AMOUNT: \$ 1,406.		
001E 3V0FPVF 4 1 630		
2017 AMOUNT: \$ 1,639.		
2018 AMOUNT: \$ 1,077.		
ALL OTHER REVENUE		
2015 AMOUNT: \$ 13,420.		
2016 AMOTTAIN. 6 A 946		
2016 AMOUNT: \$ 4,846.		
2017 AMOUNT. \$ 144,633.		
2018 AMOUNT \$ 542,425.		
2019 AMOUNT: \$ 154,929.		
FEES & FINES		
2015 AMOUNT \$ 9,891.		
ANAC AMOVEM A T. FEO.		
2016 AMOUNT: \$ 7,579.		
		
SUPPORT SCHEDULE:		
MODEL OUG COURDING & DARW IT COUR INTERPRETARY TO A COURSE PROGRAMMED TO		
FORM 990, SCHEDULE A, PART II SOKA UNIVERSITY IS A SCHOOL DESCRIBED IN		2

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Schedule A (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	1 and 2, Part IV, Section V, Section B, line 1e, Pa	ı С,
SECTION 170(B)(1)(A)(II). HOWEVER, IT IS COMPLETING PART II TO		
DEMONSTRATE THAT IT QUALIFIES FOR THE SPECIAL RULES ALLOWED ON SCHEDULE		
B AND MEETS THE 33 1/3% SUPPORT TEST OF THE REGULATIONS UNDER SECTIONS		
509(A)(1) ON 170(B)(1)(A)(VI). THUS SOKA UNIVERSITY IS CONSIDERED TO BE		
NORMALLY 33 1/3% PUBLICLY SUPPORTED UNDER REGULATION SECTION		
1.170A(F)(4)(I).		
	<u>-</u> -	
,		
		
		<u> </u>
		_

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** SOKA UNIVERSITY OF AMERICA 95-3909672 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? 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? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2<u>a</u> b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 **▶** \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items 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.

Sche	dule D (Form 990) 2019 SOKA UNIVE	RSITY OF AMERIC.	A					95-390	9672	Page 2
Par	†IIII Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	t make si	gnificant i	use of its		
	collection items (check all that apply)									
а	X Public exhibition	C	ו 🗓 נ	Loan or excl	hange progra	am				
b	X Scholarly research	•	, 🗀 (Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ie organizatio	on's exem	pt purpo	se ın Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ızatıon's col	llection?			Х	Yes	No
Par	t∛IVI Escrow and Custodial Arran	gements. Compl	ete if the	organization	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for c	ontributions	s or other as:	sets not 11	ncluded	_	_	_
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	_		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabili	ty?	L,	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	Endowment Funds. Complete	f the organization ar			rm 990, Part	: IV, line 1	0		1	
		(a) Current year		rior year	(c) Two yea			years back		years back
1a	Beginning of year balance	1,270,123,421.						67,272.		135,031.
b	Contributions	6,435,238.		212,118.	<u> </u>	9,450.		03,228.		967,786.
С	Net investment earnings, gains, and losses	27,892,668.		296,457.	83,809			91,982.		986,035.
d	Grants or scholarships	6,100,000.	6,	000,000.	5,900	0,000.	5,8	00,000.	5,3	300,000.
е	Other expenditures for facilities		_							
	and programs	60,400,000.	 	400,000.	45,700			00,000.		200,000.
f	Administrative expenses	5,993,720.		795,992.		1,308.		09,306.		549,510.
g	End of year balance	1,231,957,607.			•	0,838.	1,239,0	53,176.	1,161,2	267,272.
2	Provide the estimated percentage of the curr			, column (a)) held as					
а	Board designated or quasi-endowment	10.64	%							
b	Permanent endowment ► 65.77	%								
С	Term endowment ► 23.59	,								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held an	id administer	red for the	organiza	ation	Г.	
	by									Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Dor	Describe in Part XIII the intended uses of the tiVIII Land, Buildings, and Equipm		wment fu	ınds						
[Fai) David IV	l		. n v 1	10			
	Complete if the organization answere								4 D D1-	
	Description of property	(a) Cost or o		(b) Cost basis (cumulate reciation		(d) Book	value
	I d	Dasis (IIIVesti	nent)		,634,547.	deh	- GOIATIOI I		44 6	34,547.
	Land				,946,510.	1	54,716,	308		230,202.
	Buildings			309	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	·=, ·=·,		44,2	
	Leasehold improvements			1.9	,403,727.		17,354,	102	1 (149,625.
	Equipment		 †		747,252.		5,908,			38,534.
	Other		V ******	<i>_</i>	·		-,,			752,908.
rotal	. Add lines 1a through 1e. (Column (d) must e	<u>uuai roim 990. Pan</u> t	<u> A. COIUM</u>	<u>п (в). IINE 10</u>	/C.1					,

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) U.S. EQUITY SEC. FUNDS	174,665,968.	END-OF-YEAR MARKET VALUE	
(B) GLOBAL EQUITY FUNDS	124,547,637.	END-OF-YEAR MARKET VALUE	
(C) EMERGING MARKET FUNDS	132,230,430.	END-OF-YEAR MARKET VALUE	
(D) BOND FUNDS	173,552,510.	END-OF-YEAR MARKET VALUE	
(E) HEDGE FUNDS	431,108,269.	END-OF-YEAR MARKET VALUE	
(F) INFLATION PROTECTION FUNDS	42,553,337.	END-OF-YEAR MARKET VALUE	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,078,658,151.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	l-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 1	1d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			<u> </u>
(9)			<u>.</u>
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PURCHASING CARD AND SELF INSURANCE ACC	CRUALS		44,956.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		44,956.
2 Liability for uncertain tax positions. In Part XIII, provide	•	the organization's financial statements th	at reports the

10260501 146892 652884

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII X.

Schedule D (Form 990) 2019

SOKA UNIVERSITY OF AMERICA Schedule D (Form 990) 2019 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 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 -15,360,960. 2a a Net unrealized gains (losses) on investments 28,295. Donated services and use of facilities 2b Recoveries of prior year grants 2c 235,667. d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 5,993,720 Investment expenses not included on Form 990, Part VIII, line 7b 14,775,644. b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 28, 295, a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 235,667 d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 5,993,720 a Investment expenses not included on Form 990, Part VIII, line 7b 15,453,705. 4h b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 III, LINE 4: A VARIETY OF PAINTING, SCULPTURES AND RARE BOOKS ARE AVAILABLE FOR RESEARCH AND LOANING AS A PUBLIC BENEFIT. PART V, LINE 4: THE ENDOWMENT PROCEEDS FUND SCHOLARSHIPS, UNIVERSITY OPERATIONS, CAPITAL RENEWAL, ACADEMIC RESEARCH AND SUPPORT FOR CLASSROOMS. PART X LINE 2:

THE UNIVERSITY IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND

TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL AND STATE INCOME

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SOKA UNIVERSITY OF	7 AMERICA	95-3909672	Page 5
Part XIII Supplemental Information (continued)			
TAXES. HOWEVER, THE UNIVERSITY IS SUBJECT TO INC	COME TAXES ON ANY NET		
INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS	REGULARLY CARRIED ON, AND		_
NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT	WAS GRANTED EXEMPTION. NO		
INCOME TAX PROVISION HAS BEEN RECORDED AS THE NE	ET INCOME, IF ANY, FROM ANY		
UNRELATED TRADE OR BUSINESS, IN THE OPINION OF M	MANAGEMENT, IS NOT MATERIAL		
TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. TH	HE UNIVERSITY FOLLOWS THE		
ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUA	ATING UNCERTAIN TAX		
POSITIONS; NO UNCERTAIN TAX POSITIONS WERE IDENT	FIFIED AS OF JUNE 30, 2020		
AND 2019.			
			·
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSE	6,190.		
SPECIAL EVENT EXPENSES			
	235,667.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
STUDENT FINANCIAL AID	15,453,329.		
K-1 PASSTHROUGH	-678,275.		
ROUNDING	590.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	14,775,644.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			··
RENTAL EXPENSE	6,190.		
SPECIAL EVENT EXPENSE	229,477.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	235,667.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
STUDENT FINANCIAL AID	15,453,329.		•
		Schedule D (Form	990) 2019

Schedule D (Form 990) 2019 SOKA UNIVERSITY OF AMERICA Part XIII Supplemental Information (continued)		95-3909672	Page 5
Part XIII Supplemental Information (continued)			
ROUNDING	376.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B 15	5,453,705.		
TOTAL TO SCHEDULE B, FART ATT, BINE 4B	7,433,703.		
			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
		<u></u>	
			•

SCHEDULE E

Internal Revenue Service

(Form 990 or 990-EZ)

(Form 990 or 990-E.Z

Department of the Treasury

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

	SOKA UNIVERSITY OF AMERICA 95-	39096	12	
Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	x	
2			l	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain.	ŀ		
	If you need more space, use Part II	3	x	
	SOKA UNIVERSITY PUBLISHES ITS NONDISCRIMINATORY POLICY IN THE			
	NEWSPAPER IN ORDER TO MAKE THE POLICY KNOWN TO ALL PARTS OF	1		
	THE GENERAL COMMUNITY IT SERVES.			
			İ	
4	Does the organization maintain the following?			1
а		4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	<u> </u>	†	
·	admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	x	
ŭ	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	1	<u> </u>	
	, 900 0000000000000000000000000000000			
		İ		
_	Does the organization discriminate by race in any way with respect to		i	
5	Students' rights or privileges?	<u>-</u>		<u>x</u>
a		5a	 	x
	Admissions policies?	5b	 	x
	Employment of faculty or administrative staff? Scholarshup or other faculty or administrative staff?	5c	 	<u> </u>
	Scholarships or other financial assistance?	5d		x
_	Educational policies? Use of facilities?	5e	 	x
f -		5f		X
_	Athletic programs?	5g		x
n	Other extracurricular activities?	5h		_
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			l .
	-			
		'		
				
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	1,5
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

932061 10-09-19

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ}. \\$

Schedule E (Form 990 or 990-EZ) 2019

Schedule E (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7. as applicable	
Also provide any other additional information	, , as -pp	
- 160 provide any other additional information		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
U.S. DEPARTMENT OF EDUCATION FEDERAL PELL GRANT PROGRAM, FEDERAL		
5.5. DEFAMILIAT OF EDUCATION FEDERAL TELL GRANT FROGRAM, FEDERAL		
SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, AND FEDERAL WORK STUDY.		
		-
	······································	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection '

Name of the organization					Employer identi	fication number
SOKA UNIVERSITY OF AME	PTCA				95-3909672	
		ctivities Out	side the United States. Comple	ete if the organ		Ves" on
Form 990, Part IV			oras and orange status. Compr	ete ii uie organ	ization answered	103 011
		maintain record	ds to substantiate the amount of its gra	ints and other	assistance.	
	-		the selection criteria used to award the			Yes No
,	J	ŕ				-
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
United States						
3 Activities per Region (TI			n be duplicated if additional space is n	I		
(a) Region	(b) Number of	Lemployees	(d) Activities conducted in the region	1 ' '	vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				III the region
EAST ASIA AND THE						
PACIFIC			PROGRAM SERVICES	FACULTY LEI	TRAVEL	25,276.
						†
EUROPE (INCLUDING						
ICELAND AND						
GREENLAND)			PROGRAM SERVICES	FACULTY LEI	TRAVEL	23,552.
						1
SOUTH AMERICA	ļ		PROGRAM SERVICES	FACULTY LEI	TRAVEL	24,429.
SOUTH ASIA			PROGRAM SERVICES	FACULTY LEI	TRAVEL	26,954.
				11100211 222	- 11011100	10,,,,,
	1					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	FACULTY LEI	TRAVEL	32,799.
EUROPE (INCLUDING						
ICELAND AND						
GREENLAND)			PROGRAM SERVICES	STUDY ABROA	ND .	770,296.
73.0m 3.0T3 3370 MVF						
EAST ASIA AND THE			PROGRAM SERVICES	STUDY ABROA	. D	444,027.
PACIFIC			FROGRAM SERVICES	BIODI ABROA	<u> </u>	444,027.
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROA	.D	228,406.
3 a Subtotal	0	0				1,575,739.
b Total from continuation						
sheets to Part I	0	0				07,413,358.
c Totals (add lines 3a				- 	-	
and 3h)	l ol	0				408 989 097.

932071 10-12-19

Schedule F (Form 990) 2019

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

Sabadula E (Earm 990)	SOKA	UNIVERSITY	OF	AMERICA	
Schedule F (Form 990)	JOICA	ONIVERSITI	OI	MILITER	

Schedule F (Form 990)		oner Pegier		95-3909072	Page
			l- (Schedule F (Form 990), Part I, line 3	1	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
	 	region	recipients located in the region)	or service(s) in region	
*					
CENTRAL AMERICA AND					426.00
THE CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	136,98
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	121,856
EUROPE (INCLUDING					
ICELAND & GREENLAND)			INVESTMENTS		495,330
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		406,659,18
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					<u> </u>
			,		
	<u> </u>				
Totals					07,413,358

Calaadid			

SOKA UNIVERSITY OF AMERICA

9	5	-	3	9	0	9	6	7	2
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Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	<u> </u>							
	ļ							
-								<u> </u>
-								
2 Enter total number of	recipient organization	as listed above that ere r	ecognized as chanties by the i	foreign country	recognized as tax-ev-	empt		
	,							

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

3	Enter	total number	of other	organizations	or entities

Schedule F (Form 990) 2019

Schadula	F	/Form	aan\	2019

SORA UNIVERSITY OF AMERICA

95-3909672

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe	
						<u></u>		

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

Schedule F (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Name of the organization Employer identification number SOKA UNIVERSITY OF AMERICA 95-3909672 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 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 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

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	_				
		of fundraising event contributions and gro	ss income on Form 990			ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			PEACE GALA		l None	(add col (a) through
			(event type)	(event type)	(total number)	col. (c))
e Le			(5.5 3) [5.5]	(6.6	(10.10.11.00.1)	
Revenue	1	Gross receipts	735,412.			735,412.
Œ	2	Less Contributions	656,952.			656,952.
			78,460.			78,460.
	3	Gross income (line 1 minus line 2)	70,100.		· · · · · · · · · · · · · · · · · · ·	70,200.
	4	Cash prizes				
, 0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	99,146.			99,146.
ect Ex	7	Food and beverages	85,787.			85,787.
٥	l		06.454			06.454
	8	Entertainment	26,454.			26,454.
	9	Other direct expenses	18,089.	L		18,089. 229,476.
	10	Direct expense summary Add lines 4 through				-151,016.
Pa	<u>11</u> 			990 Part IV line 19 or	reported more than	131,010.
<u></u>		\$15,000 on Form 990-EZ, line 6a	answered res on romi	330, 1 art 14, line 13, or	reported more triain	
				(b) Pull tabs/instant		(d) Total gaming (add
Ë			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
æ	1	Gross revenue				
Š	2	Cash prizes		· · · · · · · · · · · · · · · · · · ·		
Direct Expenses	3	Noncash prizes				
s E						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)			
		er the state(s) in which the organization condu	-			<u> </u>
		he organization licensed to conduct gaming ac				Yes No
b	it "	No," explain				
100	\\/a	re any of the organization's gaming licenses re	voked suspended or te	rminated during the tax i	(par?	Yes No
		Yes, explain	•			
J	•••					
						
				· · · · · · · · · · · · · · · · · · ·	0 1 1 1 2 2	
93208	32 09	-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	Page 3
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 record	is	
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 amo	unt	
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 ▶ \$		
Canning 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	U No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı 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, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		•

Schedule G (Form 990 or 990-EZ) SOKA UNIVERSITY OF AMERICA	95-3909672	Page 4
Part IV Supplemental Information		
Schedule G (Form 990 or 990-EZ) SOKA UNIVERSITY OF AMERICA Part IV Supplemental Information (continued)		
	·	
**		
		
- · · · · · · · · · · · · · · · · · · ·		
	-	
•		
		•

SCHEDULE	ı
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

		GO TO WWW.II	2,804/101/11990 10	ule latest lilloi il	lauon		epesanon
Name of the organization	TY OF AMERICA						Employer identification number 95-3909672
Part I General Information on Grants a	ind Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prediction. Grants and Other Assistance to	stance? ocedures for monit Domestic Organi	onng the use of grant tations and Domestic	funds in the United	l States Complete if the orga			X Yes No
recipient that received more than		r		<u> </u>	(f) Method of	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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				:			
	<u> </u>						
2 Enter total number of section 501(c)(3) a	nd government org	janizations listed in the	line 1 table				
3 Enter total number of other organization	s listed in the line 1	table					<u> </u>

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

Schedule I (Form 990) (2019)

932101 10-26-19

Schedule (Form 990) (2019) SOKA UNIVERSITY OF AME	RICA				95-3909672	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22		
(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 noncash	assistance
INSTITUTIONAL GRANT	366	9,418,727.	0.			
						_
INSTITUTIONAL GRANT - MERIT SCHOLARSHIP	420	4,817,341.	0.			
INSTITUTIONAL GRANT - RESIDENTIAL AWARDS	10	130,320.	0			
PEDERAL WORK STUDY	30	50,729.	0.			
PEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	41	39,500.	0.			
Part IV Supplemental Information Provide the information requ	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information		
PART I, LINE 2		· · · · · · · · · · · · · · · · · · ·	=			
IN THE UNITED STATES SOKA UNIVERSITY OF AMERICA SER	VES AS A CON	DUIT TO				
RECEIVE AND DISBURSE STUDENT AID FUNDS FROM GOVERNM	ENTAL AGENCI	ES SUCH AS				
THE DEPARTMENT OF EDUCATION UNDER THE POLLOWING PRO	GRAMS					
- FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRAN	T					
- FEDERAL PELL AWARD GRANT PROGRAM						
FEDERAL WORK STUDY						
GI BILL						

46

932102 10-28-19

Schedule I (Form 990) (2019)

Schedule I (Form 990) SORA UNIVERSITY OF AME Part III Continuation of Grants and Other Assistance to Individu		d States (Schedul	e I (Form 990). Part II	1)	95-3909672	Page 2
(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-ca	sh assistance
FEDERAL PELL GRANT PROGRAM	85.	395,440.	0.			
FWS & FSEOG (UNIVERSITY MATCHING)	45.	30,716.	0.			
HEERF	212.	343,756.	0.			
Bear	212.	343,730.	0.			
CARES	188.	226,800.	0.			
		-				
					-	

Schedule I (Form 990) SOKA UNIVERSITY OF AMERICA	95-3909672	Page 2
Part IV Supplemental Information		
INSTITUTIONAL GRANTS ARE AWARDED BY SOKA UNIVERSITY OF AMERICA TO ELIGIBLE		
CHINDRING WILL MORE CONCINE ACADEMIC AND ACHININESS COMMEDIA MUE DISDOCEC		
STUDENTS WHO MEET SPECIFIC ACADEMIC AND ACHIEVEMENT CRITERIA. THE PURPOSES		
OF THESE GRANTS ARE CLEARLY COMMUNICATED TO THE RECIPIENTS AND ARE		
INTERNALLY USED FOR EDUCATIONAL PURPOSES.		
MINDED OF DECIDIENTS		
NUMBER OF RECIPIENTS		
FORM 990, SCHEDULE I, PART III, COLUMN (B) THE NUMBER OF RECIPIENTS		
REPORTED IN COLUMN (B) IS DETERMINED BY REVIEWING THE EXACT NUMBER OF	<u> </u>	
STUDENTS WHO RECEIVED THE TYPE OF AID INDICATED.		
		•

SCHEDULE J (Form 990)

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.

Open to Public

95-3909672

Name of the organization

Department of the Treasury

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

SOKA UNIVERSITY OF AMERICA

Inspection
Employer identification number

OMB No 1545-0047

P	art I Questions Regarding Compensation			
			Yes	No
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	ľ	ŀ	1
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence	1		ļ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	'		
				1
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	1b		
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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			l
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract]	
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee		l	
		Ι.,		
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			ĺ
а		4a		x
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	 	х
C		4c		x
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	70	<u> </u>	<u> </u>
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in a art in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5			ľ	İ
3	contingent on the revenues of			
_	The organization?	5a	-	
a	Any related organization?	5b		x
D	If "Yes" on line 5a or 5b, describe in Part III	135	 	
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
6				
_	contingent on the net earnings of	6a		
	The organization?			x
D	Any related organization?	6b	-	 ^-
_	If "Yes" on line 6a or 6b, describe in Part III			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	-	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		 ^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4058-6/c/2	ΙQ		1

932111 10-21-19

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

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019 SORA UNIVERSITY OF AMERICA 95-3909672

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Derients	(6)(1)(0)	reported as deferred on prior Form 990
(1) YOSHINOBU HABUKI	(1)	468,000.	0.	0.	46,800.	9,902.	524,702.	0.
PRESIDENT/PROF OF ECONOMICS	(0)	0.	0.	0,	0,	0.	0.	0.
(2) ARCHIBALD E. ASAWA	(1)	307,970.	0.	0	30,797.	24,155.	362,922.	0.
VP FIN & ADM/CFO/CIO	(u)	0	0,	0,	0,	0.	0.	0,
(3) EDWARD FEASEL	(1)	288,900.	0.	0	28,890.	16,750.	334,540.	0,
VP ACAD AFPRS/CAO/PROF OF ECONOMICS	(II)	0,	0,	0,	0,	0.	0.	0.
(4) TOMORO TAKAHASHI	(1)	270,300.	0.	0.	27,030.	8,904.	306,234.	0.
VP INST'L RES & ASSMT/DEAN GRADUATE	(11)	0,	0.	0.	0.	0.	0,	0.
(5) BRYAN PENPRASE	(1)	249,433.	٥.	0.	24,943.	17,087.	291,463	0.
DEAN OF FACULTY	(n)	0.	0.	0.	0.	0.	0.	0.
(6) ROSEMARY PAPA	(1)	203,779.	0.	0.	20,378.	44,751.	268,908.	0,
PROFESSOR OF COMPARATIVE & INTL EDU	(ii)	0.	0.	0,	0.	0.	0.	0
(7) JOHN HEFFRON	(1)	191,720.	0.	0.	19,172.	27,233	238,125.	0.
PROFESSOR OF EDUCATIONAL HISTORY AND	(0)	0.	0.	0.	0.	0.	0.	0,
(8) ROBERT ALLINSON	(1)	183,066.	0.	0,	18,307.	36,484.	237,857.	0.
PROFESSOR OF PHILOSOPHY	(11)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES MEROD	(i)	187,583.	0.	0.	18,758.	14,085.	220,426.	0.
PROFESSOR OF AMERICANLITERATURE	(n)	0.	0.	0.	0.	0.	0.	0.
(10) KATHERINE STAPCHUK	(1)	180,250.	0.	0.	18,025	10,818.	209,093.	0.
VP HUMAN RESOURCES/RISK MGMT	(0)	0.	0.	0	0.	0.	0.	0,
(11) DAVID M. NAKABAYASHI	(1)	155,823.	0	0	15,582.	10,119.	181,524.	0.
CONTROLLER & ASST TREASURER	(0)	0.	0,	0.	0.	0	0.	0,
(12) HIROKI SAKAI	(1)	131,721.	0.	0.	13,172.	9,122.	154,015.	0.
CORP SECRETARY	(u)	0	0.	0,	0.	0.	0,	0.
	(ı)							
	(11)							
	(1)							
	(11)				· ·			
	(1)						•	
	(0)							
	(1)							
	(11)							-

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	SORA UNIVERSITY OF AMERICA		95-3909672	Page 3
Part III Supplemental Information	on			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4	4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Al	so complete this part for any additional information	
	···		=	
				-
	·			
	<u>-</u>			
		<u></u>		
			Schedule J (Form	990) 2019

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service ➤ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number SOKA UNIVERSITY OF AMERICA 95-3909672 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes Nο 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (c) Purpose (e) Original (i) Written (a) Name of (b) Relationship (f) Balance due (g) In by board or from the agreement? interested person principal amount default? with organization of loan organization? committee? To From Yes Yes Yes No No No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of (a) Name of interested person (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

932131 10-21-19

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganı	aring of zation's nues?
					No
JIMMY KING	FAMILY MEMBER OF KA	89,702.	SALARY AND		х
RUBY NAGASHIMA	FAMILY MEMBER OF DA	68,000.	SALARY AND	<u></u>	х
				ļ	
			ļ	ļ	ļ
			· · · · · · · · · · · · · · · · · · ·	 	
			·	 	
			 	 	
				 	
				 	
Part V Supplemental Information	•	· · · ·			
Provide additional information for i	responses to questions on Schedule L (see in	nstructions)			
SCH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:				
/al ways of pergon times wing					
(A) NAME OF PERSON. JIMMY KING					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FAMILY MEMBER OF KATHERINE STAPCHUK	, OFFICER				
(D) DESCRIPTION OF TRANSACTION: SAL	ARY AND BENEFITS				
(A) NAME OF PERSON: RUBY NAGASHIMA					
(A) NAME OF PERSON: ROBI NAGASHIMA					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
<u></u>					
FAMILY MEMBER OF DANIEL NAGASHIMA,	TRUSTEE				
(D) DESCRIPTION OF TRANSACTION: SAL	ARY AND BENEFITS				
					
					
	· · · · · · · · · · · · · · · · · · ·				
					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	SOKA UNIVERSITY OF	AMERICA			95-3	190967	72	
Pa	rt 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 d noncash contrib	etermır	_	ts
1	Art - Works of art	х	10		MARKET VALUE			
2	Art · Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		7,332.	MARKET VALUE			
6	Cars and other vehicles			_				
7	Boats and planes					-		
8	intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	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 (ELECTRONICS/T)	х	19	7,122.	MARKET VALUE			
26	Other (WINE & BEVERA)	Х	36	4,230.	MARKET VALUE			
27	Other (JEWLERY/ACCES)	Х	11	2,248.	MARKET VALUE			
28	Other ▶ (GIFT CARDS &)	х	29	2,195.	MARKET VALUE			
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, [Oonee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?)				30a	L	х
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	ļ
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				1
	contributions?					32a		х
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II							

932141 09-27-19

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

Schedule M (Form 990) 2019

Schedule M (Form 990).2019

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** 95-3909672 SOKA UNIVERSITY OF AMERICA FORM 990, PART I, LINE 1, CONTINUED ORGANIZATION'S SIGNIFICANT ACTIVITIES SOKA UNIVERSITY OF AMERICA (SOKA) IS A PRIVATE, FOUR-YEAR LIBERAL ARTS COLLEGE AND GRADUATE SCHOOL IN ALISO VIEJO, CALIFORNIA. SOKA IS RANKED IN THE TOP 30 LIBERAL ARTS COLLEGES IN THE NATION BY U.S. NEWS AND WORLD REPORT'S "BEST COLLEGES 2020." FOUNDED UPON THE BUDDHIST PRINCIPLES OF PEACE, HUMAN RIGHTS AND THE SANCTITY OF LIFE, SOKA IS OPEN TO TOP STUDENTS OF ALL NATIONALITIES AND BELIEFS. ABOUT 60% OF SOKA'S STUDENTS COME FROM THE U.S. AND 40% HAVE COME FROM MORE THAN 45 OTHER COUNTRIES TO EXPERIENCE SOKA'S OUTSTANDING NON-SECTARIAN LIBERAL ARTS CURRICULUM. ADMITTED STUDENTS WHOSE ANNUAL FAMILY INCOME IS \$60,000 OR LESS MAY BE ELIGIBLE FOR SOKA OPPORTUNITY GRANT WHICH COVER FULL TUITION. ADDITIONAL SCHOLARSHIP OPPORTUNITIES ARE AVAILABLE FOR HIGHER INCOME LEVELS. A PROUD HERITAGE SOKA EDUCATION HAS ITS ORIGINS IN THE WORK OF TSUNESABURO MAKIGUCHI, A JAPANESE EDUCATOR AND BUDDHIST LEADER. DURING WORLD WAR II, MAKIGUCHI WAS ARRESTED AS A "THOUGHT CRIMINAL" BY JAPANESE MILITARY AUTHORITIES FOR HIS OPPOSITION TO THE WAR AND FOR HIS DEFENSE OF RELIGIOUS AND EDUCATIONAL FREEDOM. HE DIED IN PRISON IN 1944. HIS PROTEGE, JOSEI TODA, WHO WAS ALSO IMPRISONED WITH MAKIGUCHI DURING THE WAR AND WAS LATER RELEASED, CARRIED ON MAKIGUCHI'S DREAM TO PROMOTE EDUCATION FOR THE SAKE OF THE HAPPINESS OF THE LEARNER. AFTER MR. TODA'S PASSING IN 1958, HIS SUCCESSOR, DAISAKU IKEDA, AN EDUCATOR, AUTHOR, AND THE

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

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
COLLEGES AND UNIVERSITIES OF THE WESTERN ASSOCIATION OF SCHOOLS AND	
COLLEGES (WASC.) IN APRIL 2007, THE GRADUATE SCHOOL WAS TRANSFERRED TO	
THE ALISO VIEJO CAMPUS.	
THE SOKA PERFORMING ARTS CENTER	
THE SOKA PERFORMING ARTS CENTER IS A 1,000 SEAT PERFORMANCE HALL WITH	_
ACOUSTICS BY FAMED WALT DISNEY CONCERT HALL ACOUSTICIAN YASUHISA	
TOYOTA. THE SOKA PERFORMING ARTS CENTER AND THE ADJACENT WANGARI	
MAATHAI HALL ARE BOTH LEED GOLD-CERTIFIED BUILDINGS. THE SOKA	
PERFORMING ARTS CENTER DEDICATION TOOK PLACE ON MAY 27, 2011 WITH THE	
COMMENCEMENT OF THE CLASS OF 2011-PART OF SOKA'S 10TH ANNIVERSARY	
CELEBRATION.	
EVERY CONCERT SEASON, THE SOKA PERFORMING ARTS CENTER BRINGS SOME OF	
THE WORLD'S FINEST ARTISTS TO SOKA'S CAMPUS ENRICHING SOKA'S STUDENTS	
AND COMMUNITY WITH CULTURE. FROM CLASSICAL ARTISTS YO-YO MA AND EMANUEL	
AX TO ACADEMY OF ST. MARTIN IN THE FIELDS, TO JAZZ LEGENDS BENNY GOLSON	
AND KENNY BARRON, TO TALENTED LOCAL HIGH SCHOOL ORCHESTRAS AND	
PERFORMING GROUPS, THE VALUES AND COMMITMENT OF SOKA ARE PLAYED, SUNG	
AND DANCED WITH PASSION AT SOKA'S WORLD CLASS PERFORMING ARTS CENTER.	
FORM 990, PART 3. LINE 1, CONTINUED	
ORGANIZATION'S MISSION	······
EMPHASIZING A NON-SECTARIAN AND HUMANISTIC CURRICULUM, THE UNIVERSITY	
STRIVES TO	<u> </u>
- POCKED I PADED OF CHIMIDE IN THE COMMINITY	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
- FOSTER LEADERS OF HUMANISM IN SOCIETY.	
- FOSTER LEADERS OF PACIFISM IN THE WORLD.	
- POSTER LEADERS FOR THE CREATIVE COEXISTENCE OF NATURE AND HUMANITY.	
BASED ON THE SOKA EDUCATIONAL PRINCIPLES, EDUCATION IS VIEWED AS AN	
INTEGRATING PROCESS IN WHICH STUDENTS GAIN AN AWARENESS OF THE	
INTERDEPENDENCE OF THEMSELVES, OTHERS AND THE ENVIRONMENT. WISDOM,	
COURAGE AND COMPASSIONVALUES TREASURED BY THE UNIVERSITY DO NOT	
EXIST IN ISOLATION. THEY EMERGE IN INDIVIDUALS AS THEY LEARN THE	
IMPORTANCE OF SERVICE TO OTHERS, TO THE NATURAL WORLD AROUND THEM, AND	
TO THE GREAT CAUSE OF PEACE AND FREEDOM.	
IN RESPONSE TO THE COVID-19 PANDEMIC, THE UNIVERSITY SHIFTED TO REMOTE	
ONLINE INSTRUCTION IN MARCH 2020 AND SENT ALL STUDENTS HOME TO ENSURE	
THEIR HEALTH AND SAFETY. ALL NON-ESSENTIAL CAMPUS EMPLOYEES WERE	
TRANSITIONED TO A WORK-FROM-HOME SCHEDULE. SAFETY PROTOCOLS AND TESTING	······································
PROCEDURES ARE IN DEVELOPMENT AND THE ADMINISTRATION IS CLOSELY	
MONITORING THE SITUATION TO DETERMINE WHEN IT WILL BE SAFE FOR STUDENTS	
TO RETURN AND RESUME IN-PERSON INSTRUCTION.	
FORM 990, PART 3. LINE 4A, CONTINUED	
THE UNDERGRADUATE PROGRAM OF SOKA UNIVERSITY OF AMERICA OFFERS A BA IN	
LIBERAL ARTS WITH A CONCENTRATION IN ENVIRONMENTAL STUDIES, HUMANITIES,	
INTERNATIONAL STUDIES, OR SOCIAL AND BEHAVIORAL SCIENCES.	
IN ADDITION TO ITS EMPHASIS ON LEADERSHIP AND CONTRIBUTIVE CITIZENSHIP,	
SOKA'S UNDERGRADUATE PROGRAM FEATURES THE FOLLOWING:	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
- WITH A 8:1 STUDENT/FACULTY RATIO (AVERAGE CLASS SIZE OF 13), SOKA'S	
FACULTY CAN WORK INDIVIDUALLY WITH STUDENTS TO SEE HOW FAR THEY CAN GO	
IN EXPLORING NEW CONCEPTS AND LEARNING OPPORTUNITIES.	
- SOKA'S OUTSTANDING FACULTY IS OF THE HIGHEST CALIBER AND ENJOYS	
WORKING CLOSELY WITH STUDENTS.	
	,
- MULTIPLE PERSPECTIVES ARE OFFERED TO DRAW ON DIVERSE CULTURES,	
TRADITIONS, AND POINTS OF VIEW WITH SPECIAL ATTENTION GIVEN TO EASTERN	
AND WESTERN THOUGHT AND PRACTICE, WITH AN EMPHASIS ON THE PACIFIC RIM.	
- A GENERAL EDUCATION PROGRAM THAT INTRODUCES STUDENTS TO	
INTERDISCIPLINARY KNOWLEDGE AND PERSPECTIVES, AS WELL AS TO CRITICAL	
AND CREATIVE THINKING AND TO THE COMMUNICATION SKILLS NECESSARY FOR	
LIFE-LONG LEARNING.	
- A CORE CURRICULUM THAT REFLECTS THE VALUES THAT INSPIRED THE CREATION	
OF SOKA THROUGH THE STUDY OF THE GREAT WORKS OF THE HUMAN MIND.	
or both Indoor Ind broke or Ind order worth or Ind again many.	
	<u>, , ======= . = </u>
- STUDENTS STUDY A NON-NATIVE LANGUAGE, AND EXPERIENCE A SEMESTER OF	
STUDY ABROAD IN A COUNTRY WHERE THAT LANGUAGE IS SPOKEN. THE JUNIOR	
YEAR SEMESTER ABROAD IS A REQUIREMENT FOR GRADUATION AND THE COST IS	
INCLUDED IN TUITION.	
- LEARNING CLUSTERS THAT ORGANIZE SMALL TEAMS OF STUDENTS AND FACULTY	
TO CONDUCT INTERDISCIPLINARY RESEARCH AND DEVELOP PROPOSALS AND	
SOLUTIONS FOR ISSUES OF LOCAL, REGIONAL, OR GLOBAL SIGNIFICANCE FOR 932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
SOKA UNIVERSITY OF AMERICA	95-3909672
THREE-AND-A-HALF WEEK BLOCKS, CALLED CORE AND LEARNING CLUSTER CLASSES.	
RECENT LEARNING CLUSTERS HAVE RECEIVED GRANTS TO VISIT BRAZIL, CHINA,	
SOUTH KOREA AND GHANA.	
- A CAPSTONE EXPERIENCE THAT IS REQUIRED OF ALL CONCENTRATIONS IN THE	
SENIOR YEAR, DRAWING UPON THE RESEARCH AND ACADEMIC SKILLS AND	
EXPERIENCE THAT STUDENTS HAVE DEVELOPED DURING THEIR CAREERS AT SOKA.	
- ALL UNDERGRADUATE STUDENTS RECEIVE A LAPTOP COMPUTER WHICH IS	
INCLUDED IN TUITION.	
OVER 80% OF SOKA'S UNDERGRADUATE STUDENTS GRADUATE IN FOUR YEARS	
(COMPARED TO A NATIONAL AVERAGE OF 61% AT PRIVATE COLLEGES), AND OVER	
30% OF SOKA'S GRADUATES HAVE BEEN ACCEPTED TO GRADUATE SCHOOLS AT MANY	
PRESTIGIOUS UNIVERSITIES INCLUDING HARVARD, YALE, OXFORD, STANFORD,	
USC, UCLA, UC BERKELEY, UCI, GEORGETOWN, COLUMBIA TEACHER'S COLLEGE, UC	
DAVIS LAW, CORNELL, DUKE, BOSTON, NYU, CAMBRIDGE AND LONDON SCHOOL OF	
ECONOMICS	
FORM 990, PART 3. LINE 4B, CONTINUED	
THE PACIFIC BASIN RESEARCH CENTER (PBRC) CONDUCTS RESEARCH ON THE	
HUMANE AND PEACEFUL DEVELOPMENT OF THE ASIA-PACIFIC REGION, INCLUDING	
THE LATIN AMERICAN BORDER-STATES. TOWARD THIS END IT SUPPORTS	
RESEARCHERS STUDYING PUBLIC POLICY INTERACTIONS IN THE PACIFIC RIM IN	
SUCH AREAS AS INTERNATIONAL SECURITY, ECONOMIC AND SOCIAL DEVELOPMENT,	
EDUCATIONAL AND CULTURAL REFORM, ENVIRONMENTAL PROTECTION AND HUMAN	
RIGHTS. IN KEEPING WITH THE EDUCATIONAL MISSION OF SOKA UNIVERSITY OF	
02021 00 06 10	Schedule () (Earm 000 or 000 EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
AMERICA, THE CENTER ALSO SPONSORS CAMPUS CONFERENCES, OCCASIONAL	
LECTURE SERIES, AND STUDENT SEMINARS THAT EXTEND AND SUPPORT ITS	
RESEARCH ACTIVITIES.	
FROM THE OUTSET, PBRC HAS EMBRACED SEVERAL DISTINCT OBJECTIVES: PBRC'S	
WORK IS TO CARRY OUT AN EXTENSIVE RESEARCH PROGRAM, BUT WITHOUT A	
RESIDENT STAFF FOR THAT PURPOSE; IT CONFINES ITS GEOGRAPHICAL SCOPE TO	
ASIA AND THE PACIFIC BASIN, YET THE SUBJECTS STUDIED ARE OF GLOBAL	
SIGNIFICANCE; IT IS A FREE-STANDING AND INDEPENDENT UNIT FOCUSING ON	
DEVELOPING AND DIFFUSING KNOWLEDGE, BUT IT DOES NOT ENGAGE IN DIRECT	
CLASSROOM TEACHING. THE PBRC HOPES TO REAFFIRM SOME OF THE FUNDAMENTAL	
VALUES THAT ARE ESPOUSED BY THE UNIVERSITY, ESPECIALLY IN TERMS OF	
PROVIDING RESEARCH AIMED AT CREATING VALUE.	
FORM 990, PART 3. LINE 4C, CONTINUED	
SOKA OFFERS A GRADUATE PROGRAM IN EDUCATIONAL LEADERSHIP AND SOCIETAL	
CHANGE. THE MASTER OF ARTS (MA) PROGRAM ANSWERS THE NEED FOR GLOBAL	
LEADERS WITH THE PRACTICAL SKILLS AND EXPERIENCE, FOUNDATIONAL	
KNOWLEDGE, AND ETHICAL COMMITMENTS NECESSARY TO ACHIEVE LASTING AND	
EFFECTIVE SOCIETAL CHANGE WITHIN THE FIELD OF EDUCATION, INCLUDING BUT	
NOT LIMITED TO THE CLASSROOM LEARNING ENVIRONMENT, EDUCATION TAKES	
PLACE ACROSS A MULTIPLICITY OF INSTITUTIONS - SOCIAL, CULTURAL,	
POLITICAL, AND ECONOMIC - ALL OF WHICH HAVE A PROFOUND BEARING ON	
SOKA'S SCHOOLS AND THE TYPE OF FUTURE CITIZENS THEY PRODUCE. THE	
PROGRAM TAKES AN ECOLOGICAL APPROACH TO EDUCATION, ONE THAT, AS	
LAWRENCE CREMIN WROTE OVER THIRTY YEARS AGO, "VIEWS EDUCATIONAL	
INSTITUTIONS AND CONFIGURATIONS IN RELATION TO ONE ANOTHER AND TO THE	<u> </u>
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

932212 09-06-19

Name of the organization SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
WITH THE MINUTES OF THE MEETING OR WITH THE BOARD SECRETARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
K-1 PASSTHROUGH 678,275.	
	may -
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOKA UNIVERSITY OF AMERICA

Employer identification number 95-3909672

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Pnmary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-yea	ar assets		controllin ntity	9
	-	;						
							-	
Part II Identification of Related Tax-Exempt Organizations during the tax year	ations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one	or more r	elated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section				g) 512(b)(1: trolled tuty?
	1			501(c)(3))			Yes	No
IS & LINDA NIEVES FAMILY FOUNDATION2054708, 1174 MONTICELLO ROAD, NAPA, CA	-				SOKA UN	IVERSITY		
4558	SUPPORTING	CALIPORNIA	501(C)(3)	LINE 12A, I	OF AMER	RICA	x	
OKA GARKAI								П
2 SHINANO-MACHI, SHINJUKU-KU								
TORYO, JAPAN	RELIGIOUS	JAPAN			N/A			x
	_	i						
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		_						
								_

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

Schedule R (Form 990) 2019

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Page 2

Part III Identification of Related Organizations treated as a part			ership. Complete if	the organization answe	ered "Yes" on Forn	n 990, Part IV, line	34, be	cause	it had one or moi	re relate	3
(a)	(b)	(c)	(d)	(e)	(1)	(g)	(1	h)	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		orbonate bons?	amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
									,		
-											
							1			1	

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

(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	ent	
								Yes	No

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Schedule R (Form 990) 2019

9672 Page 3

Part	Y Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Forn	m 990, Part IV, line 34, 35b,	, or 36			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transaction:	s with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		х
ь	Gift, grant, or capital contribution to related organization(s)				1b		х
С	Gift, grant, or capital contribution from related organization(s)				1c	х	
d	Loans or loan guarantees to or for related organization(s)				1d		х
6	Loans or loan guarantees by related organization(s)				1e		х
f	Dividends from related organization(s)				1f		x
g	Sale of assets to related organization(s)				1g		х
h	Purchase of assets from related organization(s)				1h		х
	Exchange of assets with related organization(s)				11		х
ı	Lease of facilities, equipment, or other assets to related organization(s)				11		x
k	Lease of facilities, equipment, or other assets from related organization(s)			L	1k		х
i	Performance of services or membership or fundraising solicitations for related orga-	nization(s)			11		х
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		х
n	Shanng of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		х
0	Sharing of paid employees with related organization(s)				10		х
Р	Reimbursement paid to related organization(s) for expenses				1p		х
q	Reimbursement paid by related organization(s) for expenses				1g		х
r	Other transfer of cash or property to related organization(s)				tr		х
_ s_	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds			
	(a) Name of related groupston	(b) Transaction	(c)	(d)	und.		

(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved
(1) LUIS & LINDA NIEVES FAMILY FOUNDATION	С	542,142.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			S. L. L. L. D. (5

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Schedule R (Form 990) 2019

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)		(e) Are all partners sec. 501(c)(3) orgs ? You No	(f) Share of total income	(g) Share of end-of year assets	(h) Ossproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			·							
								l		

Schedule R (Form 990) 2019

Schedule F	(Form 990) 2019 SOKA UNIVERSITY OF AMERICA	95-3909672	Page 5
Part VII	(Form 990) 2019 SOKA UNIVERSITY OF AMERICA Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions		
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