

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><p style="text-align: center;"><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b></p> Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><p style="text-align: center;"><b>401 GOLDEN SHORE</b></p> City or town, state or province, country, and ZIP or foreign postal code<br><p style="text-align: center;"><b>LONG BEACH, CA 90802</b></p> <b>F</b> Name and address of principal officer: <b>LORI A. REDFEARN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><p style="text-align: center;">95-6123757</p> <b>E</b> Telephone number<br><p style="text-align: center;">(562) 951-4810</p> <b>G</b> Gross receipts \$ <b>19,346,534.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>J</b> Website: ▶ <b>HTTP://WWW.CALSTATE.EDU/FOUNDATION/</b>   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1962</b> <b>M</b> State of legal domicile: <b>CA</b>  |

**Part I Summary**

| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE CALIFORNIA STATE UNIVERSITY FOUNDATION IS TO ENHANCE THE EDUCATIONAL EXCELLENCE</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>18</b></span><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>17</b></span><br><b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>0</b></span><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>17</b></span><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>132,615.</b></span><br><b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>82,252.</b></span>   |  |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
|--|--|--|---------------------------|--------------|---|-------------|-------------|---|------------|------------|--|--------------------|--------------------|--|----------|----------|--|--------------------|-------------------|---|------------|------------|--|------------|----------|--|
| <b>Revenue</b>   | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">7,526,858.</td> <td style="text-align: right;">5,651,039.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">739.</td> <td style="text-align: right;">2,520.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">3,349,756.</td> <td style="text-align: right;">1,930,539.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">267,290.</td> <td style="text-align: right;">203,549.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;"><b>11,144,643.</b></td> <td style="text-align: right;"><b>7,787,647.</b></td> </tr> </tbody> </table>   |  | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                  | 7,526,858.  | 5,651,039.  | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                       | 739.       | 2,520.     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 3,349,756.         | 1,930,539.         | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... | 267,290. | 203,549. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | <b>11,144,643.</b> | <b>7,787,647.</b> |   |            |            |  |            |          |  |
|  | Prior Year   | Current Year   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                       | 7,526,858.   | 5,651,039.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 739.   | 2,520.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      | 3,349,756.   | 1,930,539.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           | 267,290.   | 203,549.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | <b>11,144,643.</b>   | <b>7,787,647.</b>  |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>Expenses</b>  | <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">5,484,773.</td> <td style="text-align: right;">6,514,598.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>13,115.</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">371,886.</td> <td style="text-align: right;">640,523.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">5,856,659.</td> <td style="text-align: right;">7,155,121.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">5,287,984.</td> <td style="text-align: right;">632,526.</td> </tr> </tbody> </table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 5,484,773.                | 6,514,598.   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... | 0.          | 0.          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | 0.         | 0.         | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... | 0.                 | 0.                 | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>13,115.</b>      |          |          | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 371,886.           | 640,523.          | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 5,856,659. | 7,155,121. | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... | 5,287,984. | 632,526. |  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                   | 5,484,773.   | 6,514,598.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                      | 0.   | 0.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 0.   | 0.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                     | 0.   | 0.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>13,115.</b>                |  |  |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 371,886.   | 640,523.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | 5,856,659.   | 7,155,121.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | 5,287,984.   | 632,526.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>Net Assets or Fund Balances</b>   | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">56,910,001.</td> <td style="text-align: right;">50,863,822.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">9,606,774.</td> <td style="text-align: right;">8,354,480.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;"><b>47,303,227.</b></td> <td style="text-align: right;"><b>42,509,342.</b></td> </tr> </tbody> </table>   |  | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16) .....                                | 56,910,001. | 50,863,822. | <b>21</b> Total liabilities (Part X, line 26) .....   | 9,606,774. | 8,354,480. | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....     | <b>47,303,227.</b> | <b>42,509,342.</b> |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
|  | Beginning of Current Year  | End of Year  |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>20</b> Total assets (Part X, line 16) .....   | 56,910,001.  | 50,863,822.  |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>21</b> Total liabilities (Part X, line 26) .....  | 9,606,774.   | 8,354,480.   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                         | <b>47,303,227.</b>   | <b>42,509,342.</b>   |                           |              |   |             |             |   |            |            |  |                    |                    |  |          |          |  |                    |                   |   |            |            |  |            |          |  |

**Part II Signature Block**

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

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><p style="text-align: center;"><b>AARON J. MOORE, CFO</b></p> Type or print name and title | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DONITA M. JOSEPH</b>  | Preparer's signature<br><b>DONITA M. JOSEPH</b>  |
|                               | Firm's name ▶ <b>WINDES, INC.</b><br>Firm's address ▶ <b>P.O. BOX 87</b><br><b>LONG BEACH, CA 90801-0087</b>       | Date<br><b>12/02/22</b><br>Check if self-employed <input type="checkbox"/><br>PTIN<br><b>P00286656</b><br>Firm's EIN ▶ <b>95-3001179</b><br>Phone no. (562) 435-1191 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ESTABLISHED IN 1962, THE FOUNDATION IS THE CENTRAL FOUNDATION FOR THE CALIFORNIA STATE UNIVERSITY (CSU) SYSTEM AND SERVES THE OFFICE OF THE CHANCELLOR. THE FOUNDATION EXISTS TO SUPPORT EXCELLENCE IN TEACHING AND LEARNING, AND TO SERVE THE NATIONAL, STATE AND REGIONAL INTERESTS

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 3,639,756. including grants of \$ 3,639,756. ) (Revenue \$ ) SUPPORT OF MAJOR CSU INITIATIVES SUCH AS IMPROVING THE GRADUATION RATE AND TEACHER PREPARATION THROUGH COLLABORATION WITH EXTERNAL FUNDERS.

4b (Code: ) (Expenses \$ 840,747. including grants of \$ 355,126. ) (Revenue \$ 2,520. ) THE CSU FOUNDATION SUPPORTED THE EDUCATIONAL AND GOVERNANCE ACTIVITIES OF THE 23 UNIVERSITY CAMPUSES, THROUGH REGULAR MEETINGS OF ITS TRUSTEES, PRESIDENTS, EMPLOYEES, AND ALUMNI LEADERS AS WELL AS PROVIDING EMPLOYEE RECOGNITION.

4c (Code: ) (Expenses \$ 2,519,716. including grants of \$ 2,519,716. ) (Revenue \$ ) THE CSU FOUNDATION PROVIDED SCHOLARSHIPS TO 501 STUDENTS THROUGHOUT THE CSU SYSTEM.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,000,219.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ALICE KIM - (562)951-4627 401 GOLDEN SHORE, LONG BEACH, CA 90802

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) JOSEPH I. CASTRO<br>EX-OFFICIO/CHANCELLOR THRU 2/17/22      | 2.00<br>70.00   | X   |                       |         |              |                              |        | 0.  | 798,591.   | 122,586.  |
| (2) STEVE RELYEA<br>EX-OFFICIO/CHANCELLOR 2/18 - 4/30/22        | 2.00<br>70.00   | X   |                       |         |              |                              |        | 0.  | 372,894.   | 134,814.  |
| (3) LARRY SALINAS<br>PRESIDENT THRU 4/30/22                     | 3.00<br>57.00   |   |                       | X       |              |                              |        | 0.  | 303,516.   | 88,551.   |
| (4) LORI A. REDFEARN<br>V.P. THRU 6/9/22; PRESIDENT 6/10/22     | 6.00<br>34.00   |   |                       | X       |              |                              |        | 0.  | 211,908.   | 85,912.   |
| (5) AARON J. MOORE<br>CHIEF FINANCIAL OFFICER                   | 18.00<br>22.00  |   |                       | X       |              |                              |        | 0.  | 122,510.   | 58,266.   |
| (6) WENDY CHAVIRA GARCIA<br>ASST. SECRETARY; V.P. AS OF 6/10/22 | 18.00<br>22.00  |   |                       | X       |              |                              |        | 0.  | 93,893.  | 53,506.   |
| (7) RONALD R. BARHORST<br>CHAIR                                 | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (8) KRISTIN CRELLIN<br>SECRETARY                                | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (9) MICHAEL A. LUCKI<br>TREASURER                               | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (10) MICHAEL LIZARRAGA<br>VICE CHAIR                            | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (11) PETER BRIGHTBILL<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) RONALD FONG<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) GEORGE M. MARCUS<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) ALI C. RAZI<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) SHARI M. SLATE<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) KERI ASKEW BAILEY<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) GADDI H. VASQUEZ<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) SCOTT WELLS<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) GILLIAN A. WRIGHT<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) HENRY T. PEREA<br>DIRECTOR                                      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) KIMBERLEY GOODE<br>DIRECTOR                                     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) FRED RUIZ<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) LORENE MILLER<br>DIRECTOR AS OF 3/7/22                          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) JOLENE KOESTER<br>EX-OFFICIO/INTERIM CHANCELLOR 5/1/22          | 2.00<br>70.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 0.  | 1,903,312.   | 543,635.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 0.  | 1,903,312.   | 543,635.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**

**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 5,651,039.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$ 1,600.      |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 5,651,039.                         |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> MEETING REGISTRATION FEES  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 2,520.         | 2,520.                             |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b>  |                      |                |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f   |   |                      | 2,520.         |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 521,230.       |                                    | 132,615.                   | 388,615.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities | 12,968,196.                        |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 11,558,887.    |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            | 1,409,309.     |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                      | 1,409,309.     |                                    | 1,409,309.                 |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> ADMINISTRATIVE FEES   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 176,130.       | 176,130.                           |                            |  |  |
|   | <b>b</b> MISCELLANEOUS  | 900099               | 27,419.        | 27,419.                            |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d   |   |                      | 203,549.       |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 7,787,647.     | 206,069.                           | 132,615.                   | 1,797,924.   |  |

**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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 3,784,882.            | 3,784,882.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 2,729,716.            | 2,729,716.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  |                       |                                 |  |                             |
| <b>c</b> Accounting   | 39,400.               |                                 | 39,400.                                |                             |
| <b>d</b> Lobbying   | 13,623.               | 13,623.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | 44,749.               |                                 | 44,749.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion   | 22,604.               | 22,604.                         |  |                             |
| <b>13</b> Office expenses   | 9,685.                | 9,685.                          |  |                             |
| <b>14</b> Information technology  | 948.                  | 948.                            |  |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   |                       |                                 |  |                             |
| <b>17</b> Travel  | 81,759.               | 81,759.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 162,457.              | 158,896.                        | 3,561.                                 |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| <b>23</b> Insurance   | 6,169.                |                                 | 6,169.                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a OTHER EXPENSES</b>   | 246,014.              | 198,106.                        | 47,908.                                |                             |
| <b>b FUNDRAISING</b>  | 13,115.               |                                 |  | 13,115.                     |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 7,155,121.            | 7,000,219.                      | 141,787.                               | 13,115.                     |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                      |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)               |             | (B)         |
|---|--|-------------------|-------------|-------------|
|   |  | Beginning of year |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                   | <b>1</b>    |             |
|   | <b>2</b> Savings and temporary cash investments .....  | 3,008,117.        | <b>2</b>    | 1,747,308.  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 3,398,760.        | <b>3</b>    | 3,742,912.  |
|   | <b>4</b> Accounts receivable, net .....  |                   | <b>4</b>    |             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                   | <b>5</b>    |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                   | <b>6</b>    |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                   | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use .....   |                   | <b>8</b>    |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 20,093.           | <b>9</b>    | 33,210.     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>        |             |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>        | <b>10c</b>  |             |
|   | <b>11</b> Investments - publicly traded securities .....   | 30,976,090.       | <b>11</b>   | 25,172,854. |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 10,039,830.       | <b>12</b>   | 11,959,737. |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                   | <b>13</b>   |             |
|   | <b>14</b> Intangible assets .....  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 9,467,111.        | <b>15</b>   | 8,207,801.  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 56,910,001.  | <b>16</b>         | 50,863,822. |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 7,030.            | <b>17</b>   | 30,578.     |
|   | <b>18</b> Grants payable .....   |                   | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue .....   |                   | <b>19</b>   |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                   | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   | <b>21</b>   |             |
|   | <b>22</b> 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 .....     |                   | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   | <b>23</b>   |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                   | <b>24</b>   |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 9,599,744.        | <b>25</b>   | 8,323,902.  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 9,606,774.        | <b>26</b>   | 8,354,480.  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |             |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 6,903,889.        | <b>27</b>   | 6,466,848.  |
|   | <b>28</b> Net assets with donor restrictions .....   | 40,399,338.       | <b>28</b>   | 36,042,494. |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |             |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                   | <b>29</b>   |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | <b>30</b>   |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   | <b>31</b>   |             |
|   | <b>32</b> Total net assets or fund balances .....  | 47,303,227.       | <b>32</b>   | 42,509,342. |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 56,910,001.       | <b>33</b>   | 50,863,822. |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 7,787,647.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 7,155,121.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 632,526.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 47,303,227. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -5,426,411. |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 42,509,342. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

|   |   |
|---|---|
| <b>Name of the organization</b><br>CALIFORNIA STATE UNIVERSITY FOUNDATION | <b>Employer identification number</b><br>95-6123757 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 7,629,215. | 9,217,533. | 7,087,783. | 7,526,858. | 5,651,039. | 37,112,428. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   | 329,797.   | 357,741.   | 396,516.   | 412,757.   | 417,779.   | 1,914,590.  |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 7,959,012. | 9,575,274. | 7,484,299. | 7,939,615. | 6,068,818. | 39,027,018. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            | 14,354,568. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 24,672,450. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 7,959,012. | 9,575,274. | 7,484,299. | 7,939,615. | 6,068,818. | 39,027,018.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 636,267.   | 724,544.   | 553,716.   | 446,562.   | 388,682.   | 2,749,771.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   | 1,356.     | 38,415.    |            | 1,434.     | 132,548.   | 173,753.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 163,337.   | 155,266.   | 170,755.   | 267,291.   | 203,549.   | 960,198.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 42,910,740.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |            |            |            |            | 12         | 54,567.                  |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b> | 57.50 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 56.43 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

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

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

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

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**ADMINISTRATIVE FEES**

2017 AMOUNT: \$ 147,784.

2018 AMOUNT: \$ 141,484.

2019 AMOUNT: \$ 161,653.

2020 AMOUNT: \$ 190,370.

2021 AMOUNT: \$ 176,130.

**MISCELLANEOUS**

2017 AMOUNT: \$ 15,553.

2018 AMOUNT: \$ 13,782.

2019 AMOUNT: \$ 9,102.

2020 AMOUNT: \$ 76,921.

2021 AMOUNT: \$ 27,419.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**CALIFORNIA STATE UNIVERSITY FOUNDATION**

Employer identification number

**95-6123757**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>95-6123757</b> |
|---|---|

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

| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-----------------------------|-----------------------------------|----------------------------|---|
| <u>1</u>                    | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,666,500.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>                    | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,625,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>                    | <br><hr/><br><hr/><br><hr/>       | \$ <u>600,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>                    | <br><hr/><br><hr/><br><hr/>       | \$ <u>656,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <br><hr/><br><hr/><br><hr/> | <br><hr/><br><hr/><br><hr/>       | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <br><hr/><br><hr/><br><hr/> | <br><hr/><br><hr/><br><hr/>       | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>95-6123757</b> |
|---|---|

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>95-6123757</b> |
|---|---|

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>95-6123757</b> |
|---|---|

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_ **0.**
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_ **0.**
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

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

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers?  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |         |
| <b>c</b> Media advertisements?  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   | X   |    | 10,000. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | X   |    | 3,623.  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |         |
| <b>i</b> Other activities?  |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 13,623. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LINE 1F: CA COALITION FOR PUBLIC HIGHER EDUCATION - ISSUES COMMITTEE.

LINE 1G: CSU BUDGET ADVOCACY BIG SPLASH - SAFETY VESTS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **CALIFORNIA STATE UNIVERSITY FOUNDATION** Employer identification number **95-6123757**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 35,285,110.      | 27,828,185.    | 25,106,297.        | 25,070,216.          | 23,614,906.         |
| b Contributions                                  | 199,905.         | 420,770.       | 2,736,359.         | 321,271.             | 349,777.            |
| c Net investment earnings, gains, and losses     | -2,970,584.      | 8,187,396.     | 1,044,268.         | 781,457.             | 1,970,775.          |
| d Grants or scholarships                         | 1,023,389.       | 945,027.       | 895,065.           | 891,499.             | 714,169.            |
| e Other expenditures for facilities and programs |                  |                | 4,143.             | 20,019.              | 26,021.             |
| f Administrative expenses                        | 190,193.         | 206,214.       | 159,531.           | 155,129.             | 125,052.            |
| g End of year balance                            | 31,300,849.      | 35,285,110.    | 27,828,185.        | 25,106,297.          | 25,070,216.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  1.0000 %
  - b Permanent endowment  51.0000 %
  - c Term endowment  48.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>0.</b>      |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value     | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives   |                    |   |
| (2) Closely held equity interests                                       |                    |   |
| (3) Other   |                    |   |
| (A) VENTURE CAPITAL AND   |                    |   |
| (B) PARTNERSHIPS  | 17,212.            | END-OF-YEAR MARKET VALUE                                  |
| (C) ALTERNATIVE INVESTMENTS   | 11,942,525.        | END-OF-YEAR MARKET VALUE                                  |
| (D)   |                    |   |
| (E)   |                    |   |
| (F)   |                    |   |
| (G)   |                    |   |
| (H)   |                    |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | <b>11,959,737.</b> |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value    |
|---|-------------------|
| (1) CRUT RECEIVABLES  | 124,286.          |
| (2) OTHER CURRENT ASSETS  | 69,186.           |
| (3) CHARITABLE GIFT ANNUITY   | 8,014,329.        |
| (4)   |                   |
| (5)   |                   |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>8,207,801.</b> |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value    |
|---|-------------------|
| (1) Federal income taxes  |                   |
| (2) CRUT PAYABLES   | 124,286.          |
| (3) ALUMNI COUNCIL LIABILITY  | 185,167.          |
| (4) CHARITABLE GIFT ANNUITY   | 8,014,329.        |
| (5) UNCLEARED COLLECTION  | 120.              |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>8,323,902.</b> |

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

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

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

|          |  |           |             |             |
|----------|--|-----------|-------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>    | 2,734,266.  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |             |
|          | <b>a</b> Net unrealized gains (losses) on investments  | <b>2a</b> | -5,426,411. |             |
|          | <b>b</b> Donated services and use of facilities  | <b>2b</b> | 417,779.    |             |
|          | <b>c</b> Recoveries of prior year grants   | <b>2c</b> |             |             |
|          | <b>d</b> Other (Describe in Part XIII.)  | <b>2d</b> |             |             |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b>   | -5,008,632. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>    | 7,742,898.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |             |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                      | <b>4a</b> | 44,749.     |             |
|          | <b>b</b> Other (Describe in Part XIII.)  | <b>4b</b> |             |             |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b>   | 44,749.     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>    | 7,787,647.  |

**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.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 7,528,151. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
|          | <b>a</b> Donated services and use of facilities   | <b>2a</b> | 417,779.  |            |
|          | <b>b</b> Prior year adjustments   | <b>2b</b> |           |            |
|          | <b>c</b> Other losses   | <b>2c</b> |           |            |
|          | <b>d</b> Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 417,779.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 7,110,372. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                       | <b>4a</b> | 44,749.   |            |
|          | <b>b</b> Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 44,749.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 7,155,121. |

**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 V, LINE 4:**

EACH OF THE FOUNDATION'S ENDOWMENTS HAS BEEN ESTABLISHED TO SUPPORT A SCHOLARSHIP OR PROGRAM FUND RECORDED IN TEMPORARILY RESTRICTED NET ASSETS.

**PART V, LINE 1F:**

FOR 2017-18, THE CSU FOUNDATION CHANGED WHAT ITEMS ARE INCLUDED IN ADMINISTRATIVE EXPENSES FOR ENDOWMENTS. IN PRIOR YEARS, ONLY INVESTMENT MANAGEMENT FEES WERE INCLUDED. BEGINNING IN 2017-18, WE ALSO INCLUDED OUR INTERNAL ENDOWMENT MANAGEMENT FEE OF 0.50% CHARGED TO EACH ENDOWMENT ANNUALLY TO FUND THE ADMINISTRATIVE COSTS INCURRED BY THE FOUNDATION FOR MANAGING THE ENDOWMENT.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

FIN 48:

THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **CALIFORNIA STATE UNIVERSITY FOUNDATION** Employer identification number **95-6123757**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|---|----------------|--|---------------------------------|---|--|--|---|
| TRUSTEES OF THE CSU<br>401 GOLDEN SHORE<br>LONG BEACH, CA 90802                                       | 91-2155587     | GOVERNMENT                             | 3,382,705.                      | 0.                                      |  |  | \$930,000 - TRANSFER FIRST PAYMENT OF COLLEGE FUTURES FOUNDATION TO SPA \$775,000 - TRANSFER OF |
| TELACU EDUCATION FOUNDATION<br>5400 E. OLYMPIC BLVD, STE 300<br>COMMERCE, CA 90022                    | 95-4384333     | 501(C)(3)                              | 15,000.                         | 0.                                      |  |  | SPONSORSHIP OF THE 38TH ANNUAL TELACU BUILDING THE DREAM VIRTUAL GALA                           |
| CALIFORNIA COALITION FOR PUBLIC HIGHER EDUCATION - 777 S FIGUEROA ST STE 4050 - LOS ANGELES, CA 90017 | 45-2426122     | 501(C)(4)                              | 10,000.                         | 0.                                      |  |  | SPONSORSHIP OF CA COALITION FOR PUBLIC HIGHER ED EVENT  |
| CHICANO LATINO YOUTH LEADERSHIP PROJECT - PO BOX 161566 - SACRAMENTO, CA 95816                        | 94-3069819     | 501(C)(3)                              | 40,000.                         | 0.                                      |  |  | SPONSORSHIP OF THE CLYLP DIGITAL 2021 AND 2022 STATEWIDE LEADERSHIP CONFERENCE                  |
| GREAT MINDS IN STEM<br>2465 W. WHITTIER BLVD., STE 202<br>MONTEBELLO, CA 90640                        | 95-4577359     | 501(C)(3)                              | 20,000.                         | 0.                                      |  |  | SPONSORSHIP OF ANNUAL GREAT MINDS IN STEM VIRTUAL CONFERENCE 2021 AND 2022                      |
| COMMUNITY PARTNERS<br>1000 N. ALAMEDA ST. SUITE 240<br>LOS ANGELES, CA 90012                          | 95-4302067     | 501(C)(3)                              | 10,000.                         | 0.                                      |  |  | SPONSORSHIP OF CA COMPETES 10TH ANNIVERSARY EVENT   |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **29.**

**3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| A2MEND<br>P.O. BOX 151<br>ELK GROVE, CA 95759  | 71-1037144 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | SPONSORSHIP OF THE VIRTUAL ANNUAL AFRICAN AMERICAN MALE SUMMIT MARCH 2022               |
| HISPANIC ASSOCIATION OF COLLEGES AND UNIVERSITIES - 8415 DATAPOINT DR STE 400 - SAN ANTONIO, TX 78229          | 74-2466103 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | SPONSORSHIP FOR GREAT MINDS IN STEM 2022 NATIONAL CONFERENCE OCTOBER 2022               |
| THE UNIVERSITY CORPORATION<br>1600 HOLLOWAY AVENUE<br>SAN FRANCISCO, CA 94132                                  | 94-1384645 | 501(C)(3)                     | 84,000.                  | 0.                               |   |  | TRANSFER TO CSUN SPA FOR EDISON MATH CURRICULUM AND PD GRANT                            |
| CSU NORTHRIDGE<br>18111 NORDHOFF ST<br>NORTHRIDGE, CA 91330  | 95-4358677 | GOVERNMENT                    | 26,400.                  | 0.                               |   |  | RELUI OPERATING EXPENSES  |
| CSUSB PHILANTHROPIC FOUNDATION<br>5500 UNIVERSITY PARKWAY<br>SAN BERNARDINO, CA 92407                          | 45-2255077 | 501(C)(3)                     | 40,500.                  | 0.                               |   |  | TRANSFER OF GRANT FUNDS FROM ACLS FOR THE MELLON MAYS UNDERGRADUATE FELLOWSHIPS (MMUF)  |
| CSU STANISLAUS<br>1 UNIVERSITY CIRCLE<br>TURLOCK, CA 95382   | 77-0207337 | GOVERNMENT                    | 16,700.                  | 0.                               |   |  | SCHUSTERMAN EMERGENCY GRANT   |
| CSU BAKERSFIELD<br>9001 STOCKDALE HIGHWAY<br>BAKERSFIELD, CA 93311   | 77-0314545 | GOVERNMENT                    | 16,700.                  | 0.                               |   |  | SCHUSTERMAN EMERGENCY GRANT   |
| CSU FRESNO<br>5241 N MAPLE AVE<br>FRESNO, CA 93740   | 77-0217681 | GOVERNMENT                    | 41,076.                  | 0.                               |   |  | SCHUSTERMAN EMERGENCY GRANT; 2021-22 INNOVATION MINIGRANTS AWARDS                       |
| CAL STATE L.A. UNIVERSITY<br>AUXILIARY SERVICES, INC. - 5151<br>STATE UNIVERSITY DRIVE - LOS ANGELES, CA 90032 | 95-4016653 | 501(C)(3)                     | 5,135.                   | 0.                               |   |  | 2021-22 REAL ESTATE PROGRAM IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| UNIVERSITY ENTERPRISES INC<br>6000 J STREET SUITE 3800 HORNET<br>BOOKSTORE BUILDING 3RD FLOOR -<br>SACRAMENTO, C              | 94-1337638 | 501(C)(3)                     | 5,874.                   | 0.                               |   |  | 2021-22 REAL ESTATE<br>PROGRAM IMPROVEMENT GRANT<br>FROM THE REAL ESTATE &<br>LAND USE INSTITUTE |
| CALIFORNIA POLYTECHNIC STATE<br>UNIVERSITY FOUNDATION - ONE GRAND<br>AVE HERON HALL 117 RM 215 - SAN<br>LUIS OBISPO, CA 93407 | 20-4927897 | 501(C)(3)                     | 12,909.                  | 0.                               |   |  | 2021-22 REAL ESTATE<br>PROGRAM IMPROVEMENT GRANT<br>FROM THE REAL ESTATE &<br>LAND USE INSTITUTE |
| CSUN FOUNDATION<br>18111 NORDHOFF ST, UNIVERSITY HALL<br>NORTHRIDGE, CA 91330   | 95-6196006 | 501(C)(3)                     | 17,203.                  | 0.                               |   |  | 2021-22 REAL ESTATE<br>PROGRAM IMPROVEMENT GRANT<br>FROM THE REAL ESTATE &<br>LAND USE INSTITUTE |
| CSU CHANNEL ISLANDS<br>ONE UNIVERSITY DRIVE<br>CAMARILLO, CA 93012  | 91-2153805 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |
| HUMBOLDT STATE<br>ONE HARPST ST.<br>ARCATA, CA 95521  | 68-0282413 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |
| CAL POLY POMONA<br>3801 W TEMPLE AVE<br>POMONA, CA 91768  | 95-4255659 | GOVERNMENT                    | 15,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |
| CSU SAN BERNARDINO<br>5500 UNIVERSITY PKWY<br>SAN BERNARDINO, CA 92407  | 33-0644150 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |
| SAN DIEGO STATE<br>5500 CAMPANILE DR<br>SAN DIEGO, CA 92182   | 33-0373293 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |
| SAN FRANCISCO STATE<br>1600 HOLLOWAY AVENUE<br>SAN FRANCISCO, CA 94132  | 93-1137247 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | 2021-22 INNOVATION<br>MINIGRANTS AWARDS  |

Schedule I (Form 990)



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

| (a) Type of grant or assistance        | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS OR FINANCIAL ASSISTANCE   | 501                      | 2,519,716.               | 0.                                |   |                                       |
| STIPENDS TO FACULTY AND ADMINISTRATORS | 5                        | 100,000.                 | 0.                                |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

THE CSU FOUNDATION RECEIVES FUNDS FROM FOUNDATIONS, CORPORATIONS, AND INDIVIDUALS TO MAKE GRANTS AND GIVE OTHER ASSISTANCE TO DOMESTIC ENTITIES. IN THESE CASES WE ADHERE TO THE ELIGIBILITY AND STANDARDS STIPULATED BY THE FUNDING SOURCES. WE ALSO PROVIDE SCHOLARSHIPS TO DOMESTIC INDIVIDUALS, AND ARE GUIDED BY THE SCHOLARSHIP FUNDING SOURCES ON THE ELIGIBILITY STANDARDS THEY ESTABLISH. IN COLLABORATION WITH FINANCIAL AID OFFICERS, WE REVIEW THE MATERIALS UPON SUBMISSION, AND ONCE SATISFIED THAT REQUIREMENTS ARE MET, MAKE SELECTIONS. THE FINANCIAL AID OFFICES ARE RESPONSIBLE FOR SEEING THAT

**Part IV** Supplemental Information

STUDENTS MAINTAIN ENROLLMENT DURING THE SCHOLARSHIP PERIOD THEREAFTER.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF THE CSU

(H) PURPOSE OF GRANT OR ASSISTANCE: \$930,000 - TRANSFER FIRST PAYMENT OF COLLEGE FUTURES FOUNDATION TO SPA

\$775,000 - TRANSFER OF BILL & MELINDA GATES FOUNDATION GRANT FUNDS TO SPONSORED PROGRAMS

\$650,000 - TRANSFER LUMINA FOUNDATION GRANT TO SPA

\$575,000 - TRANSFER PLEDGE PAYMENT FROM GATES FOUNDATION TO SPA

\$198,000 - TRANSFER TO SPA FOR ECMC FOUNDATION GRANT FOR GRADUATION INITIATIVE

\$50,000 - TRANSFER TO SPA FOR SILVER GIVING FOUNDATION EARLY CHILDHOOD EDUCATION

\$50,000 - TRANSFER TO SPA FOR HEISING-SIMONS EARLY CHILDHOOD SPECIALIST GRANT

\$24,640 - TRANSFER TO SPA FOR DELL FOUNDATION EDQ CENTER DATA TPMD IMPLEMENTATION GRANT EXTENSION

\$130,065 - HOUSING ALLOWANCES

NAME OF ORGANIZATION OR GOVERNMENT: CSUSB PHILANTHROPIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFER OF GRANT FUNDS FROM ACLS FOR THE MELLON MAYS UNDERGRADUATE FELLOWSHIPS (MMUF) PROGRAM FOR THE 2021-22 ACADEMIC YEAR

NAME OF ORGANIZATION OR GOVERNMENT:

CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-22 REAL ESTATE PROGRAM

**Part IV** Supplemental Information

IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE (RELUI)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY ENTERPRISES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-22 REAL ESTATE PROGRAM

IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE (RELUI)

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-22 REAL ESTATE PROGRAM

IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE (RELUI)

NAME OF ORGANIZATION OR GOVERNMENT: CSUN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-22 REAL ESTATE PROGRAM

IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE (RELUI)

NAME OF ORGANIZATION OR GOVERNMENT:

CSU FULLERTON PHILANTHROPIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021-22 REAL ESTATE PROGRAM

IMPROVEMENT GRANT FROM THE REAL ESTATE & LAND USE INSTITUTE (RELUI);

TRANSFER OF GRANT FUNDS FROM ACLS FOR THE MELLON MAYS UNDERGRADUATE

FELLOWSHIPS (MMUF) PROGRAM FOR THE 2021-2022 ACADEMIC YEAR

SCHEDULE I, PART III

CSU FOUNDATION ADHERES TO THE STANDARDS AND REPORTING REQUIREMENTS

STIPULATED BY THE FUNDING SOURCES FOR GRANTS TO DOMESTIC ENTITIES AND

FOR SCHOLARSHIPS TO DOMESTIC INDIVIDUALS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

Employer identification number

95-6123757

**Part I Questions Regarding Compensation**

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

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

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

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

**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 establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

**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.

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JOSEPH I. CASTRO<br>EX-OFFICIO/CHANCELLOR THRU 2/17/22  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 597,521.   | 0.                                  | 201,070.                            | 93,701.  | 28,885.                 | 921,177.                        | 0.  |
| (2) STEVE RELYEA<br>EX-OFFICIO/CHANCELLOR 2/18 - 4/30/22    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 357,846.   | 0.                                  | 15,048.                             | 105,925.                                       | 28,889.                 | 507,708.                        | 0.  |
| (3) LARRY SALINAS<br>PRESIDENT THRU 4/30/22                 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 267,782.   | 0.                                  | 35,734.                             | 78,551.  | 10,000.                 | 392,067.                        | 0.  |
| (4) LORI A. REDFEARN<br>V.P. THRU 6/9/22; PRESIDENT 6/10/22 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 211,650.   | 0.                                  | 258.                                | 63,087.  | 22,825.                 | 297,820.                        | 0.  |
| (5) AARON J. MOORE<br>CHIEF FINANCIAL OFFICER               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 122,450.   | 0.                                  | 60.                                 | 36,589.  | 21,677.                 | 180,776.                        | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

AT THE CHANCELLOR'S DISCRETION, EXECUTIVE STAFF MAY BE REIMBURSED FOR SPOUSAL TRAVEL EXPENDITURES WHEN THE SPOUSE PERFORMS OFFICIAL CSU DUTIES AND THE SPOUSE IS REGISTERED AS A CSU VOLUNTEER. IN ADDITION, AT ITS MEETING ON NOVEMBER 13-14, 2018, THE CSU BOARD OF TRUSTEES PASSED A RESOLUTION STATING: "THE CHANCELLOR SHALL RECEIVE A \$7,917 MONTHLY HOUSING ALLOWANCE OF NON-STATE FUNDS TO SUPPLEMENT THE COST OF A RESIDENCE. THESE FUNDS ARE TO BE PAID BY THE FOUNDATION ENDOWMENT CREATED THROUGH AN ORIGINAL DONOR GIFT TO SUPPORT THE HOUSING AND HOSPITALITY-RELATED FUNCTIONS FOR THE CHANCELLOR OF THE CALIFORNIA STATE UNIVERSITY AND SUPPLEMENTED BY THE PROCEEDS OF THE SALE OF THE STATE UNIVERSITY HOUSE LOCATED IN LONG BEACH."

**PART I, LINE 1B:**

THE CSU FOUNDATION ABIDES BY RESTRICTIONS OUTLINED IN THE CSU HOSPITALITY POLICY, WHICH REQUIRES THAT THERE BE SUBSTANTIATION BEFORE EXPENSES OF AN INSIDER ARE REIMBURSED.

**PART I, LINE 3:**

**Part III Supplemental Information**

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

THE CEO RECEIVES COMPENSATION FROM THE CALIFORNIA STATE UNIVERSITY, A RELATED ORGANIZATION. THIS COMPENSATION IS SET BY THE CALIFORNIA STATE UNIVERSITY BOARD OF TRUSTEES AND THEIR ROLE AS CEO OF THE CSU FOUNDATION IS AFFIRMED BY THE CSU FOUNDATION BOARD OF GOVERNORS. THE CEO RECEIVES NO COMPENSATION FROM THE CSU FOUNDATION.

BOARD OF TRUSTEES POLICY ON COMPENSATION

SCOPE

THIS POLICY GOVERNS COMPENSATION FOR ALL CALIFORNIA STATE UNIVERSITY (CSU) EMPLOYEES.

GUIDING PRINCIPLES

IT IS THE INTENT OF THE BOARD OF TRUSTEES TO COMPENSATE ALL CSU EMPLOYEES IN A MANNER THAT IS FAIR, REASONABLE, COMPETITIVE, AND FISCALLY PRUDENT IN RESPECT TO SYSTEM BUDGET AND STATE FUNDING. THE GOAL OF THE CSU CONTINUES TO BE TO ATTRACT, MOTIVATE, AND RETAIN THE MOST HIGHLY QUALIFIED INDIVIDUALS TO SERVE AS FACULTY, STAFF, AND EXECUTIVES, WHOSE KNOWLEDGE, EXPERIENCE, AND CONTRIBUTIONS CAN ADVANCE THE UNIVERSITY'S MISSION.

**Part III Supplemental Information**

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

THE CSU ADHERES TO COMPENSATION PRACTICES THAT ARE FAIR AND EQUITABLE IN DESIGN, APPLICATION, AND DELIVERY.

IMPLEMENTATION

THE CSU WILL CONSISTENTLY EVALUATE COMPETITIVE AND FAIR COMPENSATION FOR ALL EMPLOYEES BASED ON PERIODIC MARKET COMPARISON SURVEYS AND THE DEPTH OF SKILL AND EXPERIENCE OF AN INDIVIDUAL EMPLOYEE. IN ADDITION, THE CSU WILL MAINTAIN AND UPDATE ANNUALLY A TIERED LIST OF CSU COMPARISON INSTITUTIONS FOR APPLICABLE EMPLOYEE GROUPS. THE LIST MAY TAKE INTO ACCOUNT GEOGRAPHIC LOCATION, ENROLLMENT, PERCENT OF PELL ELIGIBLE STUDENTS, BUDGET, RESEARCH FUNDING, AND SUCH OTHER VARIABLES AS DEEMED APPROPRIATE. COMPENSATION WILL BE GUIDED WITH REFERENCE TO THE MEAN AND/OR MEDIAN OF THE APPROPRIATE TIER OF COMPARISON INSTITUTIONS, TOGETHER WITH AN INDIVIDUAL'S REPUTATION, AND LENGTH, DEPTH AND EFFECTIVENESS OF APPLICABLE EXPERIENCE, AND OTHER MERITORIOUS ACHIEVEMENT AND CONTRIBUTIONS TO THE SUCCESS OF THE CSU.

THE COMPENSATION SYSTEM FOR THE CSU SHALL (A) BE ADMINISTERED IN A MANNER THAT COMPLIES WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS AND

**Part III Supplemental Information**

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

LAWS, AND (B) BE CONSISTENT WITH APPLICABLE ADMINISTRATIVE POLICIES, RULES AND COLLECTIVE BARGAINING AGREEMENTS.

PRESIDENTIAL COMPENSATION

WHEN A PRESIDENTIAL VACANCY OCCURS, THE SUCCESSOR PRESIDENT'S SALARY SHOULD NOT EXCEED THE INCUMBENT'S SALARY BY MORE THAN 10%. ANY AMOUNT IN EXCESS OF THE INCUMBENT'S SALARY SHALL BE BASED UPON CRITERIA SUCH AS EXTRAORDINARY CIRCUMSTANCES, KNOWLEDGE AND/OR EXPERIENCE OR ABILITY TO CONTRIBUTE TO AND ADVANCE THE UNIVERSITY'S MISSION, AND MARKET CONDITIONS. A PRESIDENT'S SALARY MAY ONLY BE FUNDED WITH STATE FUNDS.

THE CHANCELLOR SHALL HAVE AUTHORITY TO NEGOTIATE RECOMMENDED STARTING SALARIES FOR PRESIDENTS. THE CHANCELLOR SHALL PRESENT THE RECOMMENDED SALARY TO THE BOARD OF TRUSTEES FOR APPROVAL.

PRESIDENTIAL SALARY ASSESSMENT: CURRENTLY, THE POLICIES AND PROCEDURES FOR REVIEW OF PRESIDENTS REQUIRE ANNUAL REVIEWS WITH THE CHANCELLOR AND TRIENNIAL REVIEWS BY THE BOARD OF TRUSTEES. IN THESE REVIEWS, THE PRESIDENT'S PERFORMANCE IS REVIEWED AGAINST THE GOALS AND CRITERIA FOR

**Part III Supplemental Information**

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

LEADERSHIP EXPECTATIONS. EFFECTIVE WITH BOARD OF TRUSTEES REVIEWS OCCURRING IN 2020 AND BEYOND, A PRESIDENTIAL SALARY ASSESSMENT WILL ALSO BE CONDUCTED THAT CONSIDERS PRESIDENTIAL PERFORMANCE, THE MARKET DATA AND MAKES RECOMMENDATIONS TO THE TRUSTEES IF A COMPENSATION ADJUSTMENT MAY BE WARRANTED.

A SALARY ADJUSTMENT DURING TRIENNIAL PERFORMANCE REVIEWS DOES NOT PROHIBIT THE INCUMBENT FROM BEING ELIGIBLE FOR THE ANNUAL MERIT INCREASE PROGRAM AS PROVIDED TO OTHER NON-REPRESENTED EMPLOYEES. THE BOARD RETAINS THE RIGHT TO MAKE ADJUSTMENTS AS NECESSARY AT OTHER TIMES FOR A PRESIDENT WHEN A SIGNIFICANT EQUITY OR RETENTION ISSUE IS IDENTIFIED.

THE CHANCELLOR SHALL RECOMMEND PRESIDENTIAL SALARY ADJUSTMENTS TO THE TRUSTEES FOR APPROVAL.

PART I, LINE 4A:

THIS RELATES TO FORMER CHANCELLOR CASTRO'S COMPENSATION BY A RELATED ORGANIZATION. DR. CASTRO'S HOUSING ALLOWANCE WAS CONTINUED FOLLOWING HIS DEPARTURE AS CHANCELLOR ON 2/17/22 THROUGH 8/31/22 (TOTAL OF \$47,502)

**Part III Supplemental Information**

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

PURSUANT TO AN AGREEMENT WITH THE CSU BOARD OF TRUSTEES. THE CSU FOUNDATION DOES NOT DIRECTLY PAY THE HOUSING ALLOWANCE BUT REIMBURSES THE CALIFORNIA STATE UNIVERSITY PER CSU BOARD OF TRUSTEES RESOLUTION.

PART II, LINES 1, 2, 3, AND 4

THE CHANCELLOR, PRESIDENT OF THE CSU FOUNDATION, VICE PRESIDENT OF THE CSU FOUNDATION, AND CHIEF FINANCIAL OFFICER OF THE CSU FOUNDATION RECEIVE COMPENSATION FROM THE CALIFORNIA STATE UNIVERSITY, A RELATED ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CALIFORNIA STATE UNIVERSITY FOUNDATION** Employer identification number **95-6123757**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art .....   | X                          | 6   | 600.   | FMV   |
| 2 Art - Historical treasures .....                                 |                            |   |  |   |
| 3 Art - Fractional interests .....                                 |                            |   |  |   |
| 4 Books and publications .....                                     |                            |   |  |   |
| 5 Clothing and household goods .....                               |                            |   |  |   |
| 6 Cars and other vehicles .....                                    |                            |   |  |   |
| 7 Boats and planes .....   |                            |   |  |   |
| 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 ▶ ( <u>HAND SANITIZE</u> )                                | X                          | 1   | 1,000.   | FMV   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, LINE 1:

THE CSU FOUNDATION RECEIVED SIX PIECES OF ORIGINAL ART CREATED BY A FORMER FACULTY MEMBER WHO PASSED AWAY. ALTHOUGH SHE WAS WELL-KNOWN IN HER FIELD, THERE WAS NO COMPARABLE FAIR MARKET VALUE FOR HER ARTWORK. EACH OF THE SIX PIECES WERE ACCEPTED BY THE CSU FOUNDATION AND IMMEDIATELY DISTRIBUTED TO CSU CAMPUSES OR CAMPUS AUXILIARIES FOR CHARITABLE AND EDUCATIONAL PURPOSES CONSISTENT WITH THE EXEMPT PURPOSES OF THE CSU FOUNDATION. FOR RECORDKEEPING PURPOSES, EACH PIECE OF ART WAS ASSIGNED A \$100 FAIR MARKET VALUE. THE DONOR DID NOT WISH TO HAVE THE ITEMS APPRAISED AND DID NOT REQUIRE A CHARITABLE DEDUCTION. DUE TO THE LIMITED FAIR MARKET VALUE DATA AVAILABLE, THE CSU FOUNDATION ALSO DEEMED IT WOULD NOT BE FISCALLY PRUDENT TO PAY FOR AN APPRAISAL.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY FOUNDATION

Employer identification number

95-6123757

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

OF THE CALIFORNIA STATE UNIVERSITY IN TEACHING, LEARNING, COMMUNITY  
SERVICE, AND APPLIED RESEARCH.

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

OF THE UNIVERSITY. THE CSU FOUNDATION IS COMMITTED TO ENHANCING AND  
PROMOTING THE CSU AS A LEADER OF VALUE AND QUALITY IN HIGHER EDUCATION.

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

THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY FOR THE REVIEW AND  
APPROVAL OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES)  
BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. A FINAL COPY OF THE  
FORM 990 WILL BE FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.

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

BOARD MEMBERS AND KEY CSU STAFF ARE ANNUALLY ASKED TO REVIEW AND AFFIRM  
THAT THEY HAVE NO CONFLICTS OF INTEREST AS DESCRIBED IN THE CONFLICT OF  
INTEREST POLICY STATEMENT. UPON THE IDENTIFICATION OF ANY CONFLICT, THE  
INFORMATION IS THEN FORWARDED TO THE EXECUTIVES OF THE BOARD AND  
APPROPRIATE ACTION IS TAKEN. THIS ACTION MAY RANGE FROM THE BOARD NOT  
APPROVING A CONTRACT BASED ON POTENTIAL CONFLICT TO REMOVAL FROM THE BOARD.

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

THE ENTITY DOES NOT HAVE A PROCESS FOR DETERMINING COMPENSATION FOR THE TOP  
MANAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLOYEES AS THESE EMPLOYEES ARE  
NOT COMPENSATED BY THE ENTITY. THE ENTITY HAS NO EMPLOYEES.

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

Schedule O (Form 990) 2021

132211 11-11-21

|   |   |
|---|---|
| Name of the organization<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>95-6123757</b> |
|---|---|

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
ARE POSTED TO THE ORGANIZATION'S WEBSITE AT:

[HTTP://WWW.CALSTATE.EDU/FOUNDATION/](http://www.calstate.edu/foundation/)

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CALIFORNIA STATE UNIVERSITY FOUNDATION** Employer identification number **95-6123757**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| CALIFORNIA STATE UNIVERSITY -- 95-4601267<br>401 GOLDEN SHORE<br>LONG BEACH, CA 90802 | EDUCATION               | CALIFORNIA  |                               |   | STATE OF CA                         |  | X  |
|   |                         |   |                               |   |                                     |  |    |
|   |                         |   |                               |   |                                     |  |    |
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|   |                         |   |                               |   |                                     |  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|---|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |   |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
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|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
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|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |   |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|---|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |   |                                  |  |                              |                                    |                             | Yes  | No |
|  |                         |   | CA STATE UNIVERSITY FOUNDATION   | TRUST  |                              |                                    |                             |  |    |
| CHARITABLE REMAINDER UNITRUSTS                           | TRUST                   | CA  |                                  |  |                              |                                    |                             |  | X  |
|  |                         |   |                                  |  |                              |                                    |                             |  |    |
|  |                         |   |                                  |  |                              |                                    |                             |  |    |
|  |                         |   |                                  |  |                              |                                    |                             |  |    |
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|  |                         |   |                                  |  |                              |                                    |                             |  |    |
|  |                         |   |                                  |  |                              |                                    |                             |  |    |

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....                   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   |     | X  |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





Form **990-T**

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

OMB No. 1545-0047

For calendar year 2021 or other tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

|   |                      |   |   |
|---|----------------------|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.   |                      | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)        | <b>D</b> Employer identification number                           |
|   | <b>Print or Type</b> | <b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b>   | <b>95-6123757</b>   |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>401 GOLDEN SHORE</b>       | <b>E</b> Group exemption number (see instructions)                |
|   |                      | City or town, state or province, country, and ZIP or foreign postal code<br><b>LONG BEACH, CA 90802</b> |   |
|   |                      | <b>C</b> Book value of all assets at end of year ..... ▶ <b>50,863,822.</b>                             | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
| <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust  |                      |   |   |
| <b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439  |                      |   |   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/>  |                      |   |   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b>   |                      |   |   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation. ▶  |                      |   |   |
| <b>L</b> The books are in care of ▶ <b>ALICE KIM</b> Telephone number ▶ <b>(562) 951-4627</b>   |                      |   |   |

| <b>Part I Total Unrelated Business Taxable Income</b>  |    |         |
|--|----|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 92,391. |
| 2 Reserved .....   | 2  |         |
| 3 Add lines 1 and 2 .....  | 3  | 92,391. |
| 4 Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....  | 4  | 9,139.  |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  | 83,252. |
| 6 Deduction for net operating loss. See instructions .....   | 6  |         |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  | 83,252. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000.  |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |         |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000.  |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 82,252. |

| <b>Part II Tax Computation</b>  |   |         |
|---|---|---------|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 17,273. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |         |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |         |
| 4 Other tax amounts. See instructions .....   | 4 |         |
| 5 Alternative minimum tax (trusts only) .....   | 5 |         |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |         |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 17,273. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

**Part III Tax and Payments**

|           |  |           |         |         |
|-----------|--|-----------|---------|---------|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | <b>1a</b> |         |         |
| <b>b</b>  | Other credits (see instructions)   | <b>1b</b> |         |         |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions)   | <b>1c</b> |         |         |
| <b>d</b>  | Credit for prior year minimum tax (attach Form 8801 or 8827)   | <b>1d</b> |         |         |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d  | <b>1e</b> |         |         |
| <b>2</b>  | Subtract line 1e from Part II, line 7  | <b>2</b>  |         | 17,273. |
| <b>3</b>  | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) | <b>3</b>  |         |         |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here   | <b>4</b>  |         | 17,273. |
| <b>5</b>  | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4  | <b>5</b>  |         | 0.      |
| <b>6a</b> | Payments: A 2020 overpayment credited to 2021  | <b>6a</b> | 42.     |         |
| <b>b</b>  | 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>   | <b>6b</b> |         |         |
| <b>c</b>  | Tax deposited with Form 8868   | <b>6c</b> | 19,150. |         |
| <b>d</b>  | Foreign organizations: Tax paid or withheld at source (see instructions)   | <b>6d</b> |         |         |
| <b>e</b>  | Backup withholding (see instructions)  | <b>6e</b> |         |         |
| <b>f</b>  | Credit for small employer health insurance premiums (attach Form 8941)   | <b>6f</b> |         |         |
| <b>g</b>  | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | <b>6g</b> |         |         |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6g   | <b>7</b>  |         | 19,192. |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>   | <b>8</b>  |         |         |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed  | <b>9</b>  |         |         |
| <b>10</b> | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid   | <b>10</b> |         | 1,919.  |
| <b>11</b> | Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 1,919. <b>Refunded</b>   | <b>11</b> |         | 0.      |

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

|           |  |                                   |    |
|-----------|--|-----------------------------------|----|
| <b>1</b>  | At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes                               | No |
|           |  |                                   | X  |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |                                   | X  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year \$   |                                   |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.  |                                   |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                                   |    |
|           | Business Activity Code   | Available post-2017 NOL carryover |    |
|           | 523000   | \$ 35,734.                        |    |
|           |  | \$                                |    |
| <b>6a</b> | Did the organization change its method of accounting? (see instructions)   |                                   | X  |
| <b>b</b>  | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V  |                                   |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name: DONITA M. JOSEPH  
 Preparer's signature: DONITA M. JOSEPH  
 Date: 12/02/22  
 Check  if self-employed  
 PTIN: P00286656  
 Firm's name: WINDES, INC.  
 Firm's EIN: 95-3001179  
 Firm's address: P.O. BOX 87  
 LONG BEACH, CA 90801-0087  
 Phone no.: (562) 435-1191

| FORM 990-T   | CONTRIBUTIONS                | STATEMENT 1 |
|--|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY   | METHOD USED TO DETERMINE FMV | AMOUNT      |
| TELACU EDUCATION FOUNDATION  | N/A                          | 15,000.     |
| CHICANO LATINO YOUTH LEADERSHIP PROJECT                                | N/A                          | 40,000.     |
| CALIFORNIANS DEDICATED TO EDUCATION FOUNDATION                         | N/A                          | 5,000.      |
| GREAT MINDS IN STEM  | N/A                          | 20,000.     |
| COMMUNITY PARTNERS   | N/A                          | 10,000.     |
| A2MEND   | N/A                          | 7,500.      |
| CALIFORNIA ASIAN PACIFIC ISLANDER LEGISLATIVE CAUCUS                   | N/A                          | 5,000.      |
| HISPANIC ASSOCIATION OF COLLEGES AND UNIVERSITIES                      | N/A                          | 15,000.     |
| JAIME AND BLANCA JARRIN FOUNDATION                                     | N/A                          | 5,000.      |
| NATIONAL ASSOCIATION OF PRESIDENTIAL ASSISTANTS IN HIGHER EDUCATION    | N/A                          | 5,000.      |
| THE UNIVERSITY CORPORATION   | N/A                          | 84,000.     |
| CSUSB PHILANTHROPIC FOUNDATION   | N/A                          | 40,500.     |
| CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.                     | N/A                          | 5,135.      |
| UNIVERSITY ENTERPRISES INC   | N/A                          | 5,874.      |
| CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION                     | N/A                          | 12,909.     |
| CSUN FOUNDATION  | N/A                          | 17,203.     |
| CHARITABLE CONTRIBUTIONS - KKR AMERICAS FUND XII INDIGO                | N/A                          | 36.         |
| CHARITABLE CONTRIBUTIONS - PRIVATE ADVISORS SMALL COMPANY              | N/A                          | 25.         |
| CHARITABLE CONTRIBUTIONS - KKR AMERICAS FUND XII KESTREL               | N/A                          | 3.          |
| CHARITABLE CONTRIBUTIONS - KKR AMERICAS XII NEPTUNE                    | N/A                          | 1.          |
| CHARITABLE CONTRIBUTIONS - PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP | N/A                          | 2.          |
| TOTAL TO FORM 990-T, PART I, LINE 4                                    |                              | 293,188.    |

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020

|                                       |         |       |
|---------------------------------------|---------|-------|
| TOTAL CARRYOVER                       |         |       |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS  | 293,188 |       |
| TOTAL CONTRIBUTIONS AVAILABLE         | 293,188 |       |
| TAXABLE INCOME LIMITATION AS ADJUSTED | 9,139   |       |
| EXCESS CONTRIBUTIONS                  | 284,049 |       |
| EXCESS 100% CONTRIBUTIONS             | 0       |       |
| TOTAL EXCESS CONTRIBUTIONS            | 284,049 |       |
| ALLOWABLE CONTRIBUTIONS DEDUCTION     |         | 9,139 |
| TOTAL CONTRIBUTION DEDUCTION          |         | 9,139 |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

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

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | <b>B</b> Employer identification number<br><b>95-6123757</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>523000</b>       | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business ▶ **INVESTMENT IN PARTNERSHIPS**

| <b>Part I</b> Unrelated Trade or Business Income  |                    | (A) Income         | (B) Expenses | (C) Net  |
|---|--------------------|--------------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales  |                    |                    |              |          |
| <b>b</b> Less returns and allowances  | <b>c</b> Balance ▶ | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Part III, line 8)  |                    | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |                    | <b>3</b>           |              |          |
| <b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions        |                    | <b>4a</b> 118,169. |              | 118,169. |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                           |                    | <b>4b</b> 1,040.   |              | 1,040.   |
| <b>c</b> Capital loss deduction for trusts  |                    | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> |                    | <b>5</b> 13,322.   |              | 13,322.  |
| <b>6</b> Rent income (Part IV)  |                    | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Part V)  |                    | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)         |                    | <b>8</b>           |              |          |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)              |                    | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Part VIII)  |                    | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Part IX)  |                    | <b>11</b>          |              |          |
| <b>12</b> Other income (see instructions; attach statement) <b>STMT 4</b>                           |                    | <b>12</b> 17.      |              | 17.      |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 132,548. |              | 132,548. |

**Part II** Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|  |           |  |  |                    |
|--|-----------|--|--|--------------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)  |           |  |  | <b>1</b>           |
| <b>2</b> Salaries and wages  |           |  |  | <b>2</b>           |
| <b>3</b> Repairs and maintenance   |           |  |  | <b>3</b>           |
| <b>4</b> Bad debts   |           |  |  | <b>4</b>           |
| <b>5</b> Interest (attach statement). See instructions <b>SEE STATEMENT 5</b>  |           |  |  | <b>5</b> 3,742.    |
| <b>6</b> Taxes and licenses  |           |  |  | <b>6</b> 59.       |
| <b>7</b> Depreciation (attach Form 4562). See instructions   | <b>7</b>  |  |  |                    |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return   | <b>8a</b> |  |  | <b>8b</b>          |
| <b>9</b> Depletion   |           |  |  | <b>9</b>           |
| <b>10</b> Contributions to deferred compensation plans   |           |  |  | <b>10</b>          |
| <b>11</b> Employee benefit programs  |           |  |  | <b>11</b>          |
| <b>12</b> Excess exempt expenses (Part VIII)   |           |  |  | <b>12</b>          |
| <b>13</b> Excess readership costs (Part IX)  |           |  |  | <b>13</b>          |
| <b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 6</b>   |           |  |  | <b>14</b> 622.     |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14  |           |  |  | <b>15</b> 4,423.   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |           |  |  | <b>16</b> 128,125. |
| <b>17</b> Deduction for net operating loss. See instructions <b>STATEMENT 7</b>  |           |  |  | <b>17</b> 35,734.  |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16  |           |  |  | <b>18</b> 92,391.  |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year .....   | 1 |  |
| 2 | Purchases .....  | 2 |  |
| 3 | Cost of labor .....  | 3 |  |
| 4 | Additional section 263A costs (attach statement) .....   | 4 |  |
| 5 | Other costs (attach statement) .....   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 .....  | 6 |  |
| 7 | Inventory at end of year .....   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                               |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....     |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>          | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|  | A  | B | C | D |
|--|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property .....   |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property  |    |   |   |   |
| a Straight line depreciation (attach statement) .....  |    |   |   |   |
| b Other deductions (attach statement) .....  |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D) .....  |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....  |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....  |    |   |   |   |
| 6 Divide line 4 by line 5 .....  | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 .....   |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6   |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>   | 0. |   |   |   |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Part VI with instructions: Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides.

Totals row for Part VII with instructions: Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0. Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

|  |  |  |  |    |
|--|--|--|--|----|
| a  |  |  |  |    |
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

|   |  |  |  |  |
|---|--|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... |  |  |  |  |
| 5 Readership costs .....  |  |  |  |  |
| 6 Circulation income .....  |  |  |  |  |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  |  |  |  |  |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  |  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1)     |          | %   |  |
| (2)     |          | %   |  |
| (3)     |          | %   |  |
| (4)     |          | %   |  |

Total. Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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| FORM 990-T (A)  | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 3             |
|---|---------------------------------|-------------------------|
| DESCRIPTION   |                                 | NET INCOME<br>OR (LOSS) |
| PRIVATE EQUITY CORE FUND II, L.P. - ORDINARY BUSINESS INCOME (LOSS)           |                                 | 37.                     |
| PRIVATE ADVISORS SMALL COMPANY - ORDINARY BUSINESS INCOME (LOSS)              |                                 | 20,047.                 |
| PRIVATE ADVISORS SMALL COMPANY - NET RENTAL REAL ESTATE INCOME                |                                 | 1.                      |
| PRIVATE ADVISORS SMALL COMPANY - INTEREST INCOME                              |                                 | 24.                     |
| PRIVATE ADVISORS SMALL COMPANY - DIVIDEND INCOME                              |                                 | 45.                     |
| PRIVATE ADVISORS SMALL COMPANY - OTHER PORTFOLIO INCOME (LOSS)                |                                 | 762.                    |
| PRIVATE ADVISORS SMALL COMPANY - OTHER INCOME (LOSS)                          |                                 | 14,720.                 |
| KKR AMERICAS FUND XIII FREYA - ORDINARY BUSINESS INCOME (LOSS)                |                                 | 375.                    |
| KKR AMERICAS FUND XII INDIGO - ORDINARY BUSINESS INCOME (LOSS)                |                                 | -626.                   |
| KKR AMERICAS FUND XII INDIGO - OTHER INCOME (LOSS)                            |                                 | -20.                    |
| KKR AMERICAS FUND XII - OTHER INCOME (LOSS)                                   |                                 | -1,434.                 |
| KKR AMERICAS FUND XII KESTREL - ORDINARY BUSINESS INCOME (LOSS)               |                                 | -349.                   |
| KKR AMERICAS FUND XII KESTREL - NET RENTAL REAL ESTATE INCOME                 |                                 | 5.                      |
| KKR AMERICAS FUND XII KESTREL - OTHER INCOME (LOSS)                           |                                 | -4.                     |
| KKR AMERICAS FUND XII DREAM - ORDINARY BUSINESS INCOME (LOSS)                 |                                 | -1,743.                 |
| KKR AMERICAS XII NEPTUNE - ORDINARY BUSINESS INCOME (LOSS)                    |                                 | -4,297.                 |
| KKR AMERICAS XII NEPTUNE - NET RENTAL REAL ESTATE INCOME                      |                                 | -3.                     |
| KKR AMERICAS XII NEPTUNE - INTEREST INCOME                                    |                                 | 147.                    |
| KKR AMERICAS FUND XII (THRIVE) L.P. - ORDINARY BUSINESS INCOME (LOSS)         |                                 | -1,405.                 |
| KKR AMERICAS FUND XII (IVORY) L.P. - ORDINARY BUSINESS INCOME (LOSS)          |                                 | -1,258.                 |
| KKR AMERICAS FUND XII (IVORY) L.P. - INTEREST INCOME                          |                                 | 4.                      |
| PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS) |                                 | -2,087.                 |
| PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - INTEREST INCOME                 |                                 | 781.                    |
| PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - DIVIDEND INCOME                 |                                 | 916.                    |
| PA SMALL COMPANY PRIVATE EQUITY FUND IX, LP - OTHER INCOME (LOSS)             |                                 | -11,316.                |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                                  |                                 | 13,322.                 |

| FORM 990-T (A)                       | OTHER INCOME | STATEMENT | 4 |
|--------------------------------------|--------------|-----------|---|
| DESCRIPTION                          |              | AMOUNT    |   |
| SUBPART F INCOME                     |              | 17.       |   |
| TOTAL TO SCHEDULE A, PART I, LINE 12 |              | 17.       |   |

| FORM 990-T (A)                       | INTEREST PAID | STATEMENT | 5 |
|--------------------------------------|---------------|-----------|---|
| DESCRIPTION                          |               | AMOUNT    |   |
| INVESTMENT INTEREST EXPENSE          |               | 3,742.    |   |
| TOTAL TO SCHEDULE A, PART II, LINE 5 |               | 3,742.    |   |

| FORM 990-T (A)   | OTHER DEDUCTIONS | STATEMENT | 6 |
|--|------------------|-----------|---|
| DESCRIPTION  |                  | AMOUNT    |   |
| CHARITABLE CONTRIBUTIONS FROM PASSTROUGH                                     |                  | 68.       |   |
| SEC 59E EXPENDITURES   |                  | 193.      |   |
| SEC 59E EXPENDITURES   |                  | 20.       |   |
| OTHER DEDUCTIONS - PORTFOLIO FROM PRIVATE ADVISORS SMALL COMPANY             |                  | 1.        |   |
| OTHER DEDUCTIONS - PORTFOLIO FROM PA SMALL COMPANY PRIVATE EQUITY FUND IX, L |                  | 340.      |   |
| TOTAL TO SCHEDULE A, PART II, LINE 14  |                  | 622.      |   |

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 7

|                             |                |                                  |
|-----------------------------|----------------|----------------------------------|
| PRIOR YEAR POST<br>2017 NOL | NOL DEDUCTION  | CARRYFORWARD OF<br>POST 2017 NOL |
| <u>35,734.</u>              | <u>35,734.</u> | <u>0.</u>                        |

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 8

| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 06/30/20                          | 32,326.        | 0.                            | 32,326.           | 32,326.                |
| 06/30/21                          | 3,408.         | 0.                            | 3,408.            | 3,408.                 |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | <u>35,734.</u>    | <u>35,734.</u>         |

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

|   |   |
|---|---|
| Name<br><br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><br><b>95-6123757</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| <b>Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less</b>   |                                  |                                 |   |  |
|--|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   | <b>163.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 | <b>7</b>  | <b>163.</b>  |

| <b>Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year</b>  |                                  |                                 |  |  |
|---|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>34,446.</b>   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 | <b>11</b>  | <b>83,560.</b>   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 | <b>15</b>  | <b>118,006.</b>  |

| <b>Part III Summary of Parts I and II</b>  |  |  |           |                 |
|--|--|--|-----------|-----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   |  |  | <b>16</b> | <b>163.</b>     |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... |  |  | <b>17</b> | <b>118,006.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        |  |  | <b>18</b> | <b>118,169.</b> |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

|  |   |
|--|---|
| Name(s) shown on return<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Identifying number<br><b>95-6123757</b> |
|--|---|

|  |           |
|--|-----------|
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 ..... | <b>1a</b> |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....   | <b>1b</b> |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....  | <b>1c</b> |

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2   | (a) Description of property   | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
|   | <b>SEE STATEMENT 9</b>  |                                   |                               |                       |   |  |   |
| <b>3</b>  | Gain, if any, from Form 4684, line 39 .....   |                                   |                               |                       |   |  | <b>3</b>  |
| <b>4</b>  | Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....  |                                   |                               |                       |   |  | <b>4</b>  |
| <b>5</b>  | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....   |                                   |                               |                       |   |  | <b>5</b>  |
| <b>6</b>  | Gain, if any, from line 32, from other than casualty or theft .....   |                                   |                               |                       |   |  | <b>6</b>  |
| <b>7</b>  | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....   |                                   |                               |                       |   |  | <b>7</b> <b>84,600.</b>                                     |
| <p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p> |   |                                   |                               |                       |   |  |   |
| <b>8</b>  | Nonrecaptured net section 1231 losses from prior years. See instructions .....  |                                   |                               |                       |   |  | <b>8</b> <b>1,040.</b>                                      |
| <b>9</b>  | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions ..... |                                   |                               |                       |   |  | <b>9</b> <b>83,560.</b>                                     |

**Part II Ordinary Gains and Losses** (see instructions)

|  |  |  |  |  |  |  |                         |
|--|--|--|--|--|--|--|-------------------------|
| <b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  |  |  |  |  |  |  |                         |
|  |  |  |  |  |  |  |                         |
|  |  |  |  |  |  |  |                         |
|  |  |  |  |  |  |  |                         |
| <b>11</b>  | Loss, if any, from line 7 .....  |  |  |  |  |  | <b>11</b> ( )           |
| <b>12</b>  | Gain, if any, from line 7 or amount from line 8, if applicable .....     |  |  |  |  |  | <b>12</b> <b>1,040.</b> |
| <b>13</b>  | Gain, if any, from line 31 .....   |  |  |  |  |  | <b>13</b>               |
| <b>14</b>  | Net gain or (loss) from Form 4684, lines 31 and 38a .....                |  |  |  |  |  | <b>14</b>               |
| <b>15</b>  | Ordinary gain from installment sales from Form 6252, line 25 or 36 ..... |  |  |  |  |  | <b>15</b>               |
| <b>16</b>  | Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....    |  |  |  |  |  | <b>16</b>               |
| <b>17</b>  | Combine lines 10 through 16 .....  |  |  |  |  |  | <b>17</b> <b>1,040.</b> |
| <b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  |  |  |  |  |  |  |                         |
| <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions ..... |  |  |  |  |  |  | <b>18a</b>              |
| <b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....   |  |  |  |  |  |  | <b>18b</b>              |

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |            |            |
|---|--|--------------------------------------|----------------------------------|------------|------------|
| A   |  |                                      |                                  |            |            |
| B   |  |                                      |                                  |            |            |
| C   |  |                                      |                                  |            |            |
| D   |  |                                      |                                  |            |            |
| These columns relate to the properties on lines 19A through 19D.  |  | Property A                           | Property B                       | Property C | Property D |
| 20  | Gross sales price ( <b>Note:</b> See line 1a before completing.)   | 20                                   |                                  |            |            |
| 21  | Cost or other basis plus expense of sale   | 21                                   |                                  |            |            |
| 22  | Depreciation (or depletion) allowed or allowable   | 22                                   |                                  |            |            |
| 23  | Adjusted basis. Subtract line 22 from line 21  | 23                                   |                                  |            |            |
| 24  | Total gain. Subtract line 23 from line 20  | 24                                   |                                  |            |            |
| <b>25 If section 1245 property:</b>   |  |                                      |                                  |            |            |
| a   | Depreciation allowed or allowable from line 22   | 25a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 25a   | 25b                                  |                                  |            |            |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. |  |                                      |                                  |            |            |
| a   | Additional depreciation after 1975. See instructions   | 26a                                  |                                  |            |            |
| b   | Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions  | 26b                                  |                                  |            |            |
| c   | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | 26c                                  |                                  |            |            |
| d   | Additional depreciation after 1969 and before 1976   | 26d                                  |                                  |            |            |
| e   | Enter the <b>smaller</b> of line 26c or 26d  | 26e                                  |                                  |            |            |
| f   | Section 291 amount (corporations only)   | 26f                                  |                                  |            |            |
| g   | Add lines 26b, 26e, and 26f  | 26g                                  |                                  |            |            |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.       |  |                                      |                                  |            |            |
| a   | Soil, water, and land clearing expenses  | 27a                                  |                                  |            |            |
| b   | Line 27a multiplied by applicable percentage   | 27b                                  |                                  |            |            |
| c   | Enter the <b>smaller</b> of line 24 or 27b   | 27c                                  |                                  |            |            |
| <b>28 If section 1254 property:</b>   |  |                                      |                                  |            |            |
| a   | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 28a   | 28b                                  |                                  |            |            |
| <b>29 If section 1255 property:</b>   |  |                                      |                                  |            |            |
| a   | Applicable percentage of payments excluded from income under section 126. See instructions   | 29a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 29a. See instructions   | 29b                                  |                                  |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |  |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24   | 30 |  |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | 31 |  |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |  |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

|    |   | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years                    | 33              |                        |
| 34 | Recomputed depreciation. See instructions   | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35              |                        |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 9

| DESCRIPTION                       | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|-----------------------------------|---------------|-----------|-------------|-------|---------------|--------------|
| PRIVATE ADVISORS<br>SMALL COMPANY |               |           |             |       |               | 84,527.      |
| KKR AMERICAS FUND<br>XII KESTREL  |               |           |             |       |               | 1.           |
| KKR AMERICAS XII<br>NEPTUNE       |               |           |             |       |               | 72.          |
| TOTAL TO 4797, PART I, LINE 2     |               |           |             |       |               | 84,600.      |



**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

|   |   |
|---|---|
| Name<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Employer identification number<br><b>95-6123757</b> |
|---|---|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

| <b>Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less</b>   |                                  |                                 |   |  |
|--|----------------------------------|---------------------------------|---|--|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b ..... |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....  |                                  |                                 |   | <b>163.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation) .....  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....   |                                  |                                 | <b>7</b>  | <b>163.</b>  |

| <b>Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year</b>  |                                  |                                 |  |  |
|---|----------------------------------|---------------------------------|--|--|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ..... |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....  |                                  |                                 |  | <b>34,446.</b>   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 .....  |                                  |                                 | <b>11</b>  | <b>83,560.</b>   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions .....  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....   |                                  |                                 | <b>15</b>  | <b>118,006.</b>  |

| <b>Part III Summary of Parts I and II</b>  |  |  |           |                 |
|--|--|--|-----------|-----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....                   |  |  | <b>16</b> | <b>163.</b>     |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) ..... |  |  | <b>17</b> | <b>118,006.</b> |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....        |  |  | <b>18</b> | <b>118,169.</b> |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

|  |   |
|--|---|
| Name(s) shown on return<br><b>CALIFORNIA STATE UNIVERSITY FOUNDATION</b> | Identifying number<br><b>95-6123757</b> |
|--|---|

|   |           |
|---|-----------|
| <b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 ..... | <b>1a</b> |
| <b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....   | <b>1b</b> |
| <b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....  | <b>1c</b> |

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
|   | <b>SEE STATEMENT 11</b>     |                                   |                               |                       |   |  |   |
|   |                             |                                   |                               |                       |   |  |   |
|   |                             |                                   |                               |                       |   |  |   |
|   |                             |                                   |                               |                       |   |  |   |

|  |                         |
|--|-------------------------|
| <b>3</b> Gain, if any, from Form 4684, line 39 .....   | <b>3</b>                |
| <b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....  | <b>4</b>                |
| <b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....   | <b>5</b>                |
| <b>6</b> Gain, if any, from line 32, from other than casualty or theft .....   | <b>6</b>                |
| <b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....<br><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | <b>7</b> <b>84,600.</b> |
| <b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....  | <b>8</b> <b>1,040.</b>  |
| <b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....   | <b>9</b> <b>83,560.</b> |

**Part II Ordinary Gains and Losses** (see instructions)

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

|  |                         |
|--|-------------------------|
| <b>11</b> Loss, if any, from line 7 .....  | <b>11</b> ( )           |
| <b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....   | <b>12</b> <b>1,040.</b> |
| <b>13</b> Gain, if any, from line 31 .....   | <b>13</b>               |
| <b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....  | <b>14</b>               |
| <b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....   | <b>15</b>               |
| <b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....  | <b>16</b>               |
| <b>17</b> Combine lines 10 through 16 .....  | <b>17</b> <b>1,040.</b> |
| <b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  |                         |
| <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions ..... | <b>18a</b>              |
| <b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....   | <b>18b</b>              |

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |            |            |
|---|--|--------------------------------------|----------------------------------|------------|------------|
| A   |  |                                      |                                  |            |            |
| B   |  |                                      |                                  |            |            |
| C   |  |                                      |                                  |            |            |
| D   |  |                                      |                                  |            |            |
| These columns relate to the properties on lines 19A through 19D.  |  | Property A                           | Property B                       | Property C | Property D |
| 20  | Gross sales price ( <b>Note:</b> See line 1a before completing.)   | 20                                   |                                  |            |            |
| 21  | Cost or other basis plus expense of sale   | 21                                   |                                  |            |            |
| 22  | Depreciation (or depletion) allowed or allowable   | 22                                   |                                  |            |            |
| 23  | Adjusted basis. Subtract line 22 from line 21  | 23                                   |                                  |            |            |
| 24  | Total gain. Subtract line 23 from line 20  | 24                                   |                                  |            |            |
| <b>25 If section 1245 property:</b>   |  |                                      |                                  |            |            |
| a   | Depreciation allowed or allowable from line 22   | 25a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 25a   | 25b                                  |                                  |            |            |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. |  |                                      |                                  |            |            |
| a   | Additional depreciation after 1975. See instructions   | 26a                                  |                                  |            |            |
| b   | Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions  | 26b                                  |                                  |            |            |
| c   | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | 26c                                  |                                  |            |            |
| d   | Additional depreciation after 1969 and before 1976   | 26d                                  |                                  |            |            |
| e   | Enter the <b>smaller</b> of line 26c or 26d  | 26e                                  |                                  |            |            |
| f   | Section 291 amount (corporations only)   | 26f                                  |                                  |            |            |
| g   | Add lines 26b, 26e, and 26f  | 26g                                  |                                  |            |            |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.       |  |                                      |                                  |            |            |
| a   | Soil, water, and land clearing expenses  | 27a                                  |                                  |            |            |
| b   | Line 27a multiplied by applicable percentage   | 27b                                  |                                  |            |            |
| c   | Enter the <b>smaller</b> of line 24 or 27b   | 27c                                  |                                  |            |            |
| <b>28 If section 1254 property:</b>   |  |                                      |                                  |            |            |
| a   | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 28a   | 28b                                  |                                  |            |            |
| <b>29 If section 1255 property:</b>   |  |                                      |                                  |            |            |
| a   | Applicable percentage of payments excluded from income under section 126. See instructions   | 29a                                  |                                  |            |            |
| b   | Enter the <b>smaller</b> of line 24 or 29a. See instructions   | 29b                                  |                                  |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |  |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24   | 30 |  |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | 31 |  |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |  |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

|    | (a) Section 179   | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years                    | 33                     |
| 34 | Recomputed depreciation. See instructions   | 34                     |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35                     |

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 11

| DESCRIPTION                       | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|-----------------------------------|---------------|-----------|-------------|-------|---------------|--------------|
| PRIVATE ADVISORS<br>SMALL COMPANY |               |           |             |       |               | 84,527.      |
| KKR AMERICAS FUND<br>XII KESTREL  |               |           |             |       |               | 1.           |
| KKR AMERICAS XII<br>NEPTUNE       |               |           |             |       |               | 72.          |
| TOTAL TO 4797, PART I, LINE 2     |               |           |             |       |               | 84,600.      |