DLN: 93493178015700 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable The University Foundation California State University Chico ☑ Address change 95-1230865 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 25 Main Street No 203 ☐ Amended return ☐ Application pending (530) 898-6811 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 21,045,569 Name and address of principal officer H(a) Is this a group return for Stuart Casillas ☐Yes **☑**No subordinates? 25 Main Street No 203 H(b) Are all subordinates Chico, CA 95929 ☐ Yes ☐No ıncluded? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www csuchico edu/foundation L Year of formation 1940 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To administer all CSU, Chico related philanthropic activities Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 17 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 7a 85,517 **b** Net unrelated business taxable income from Form 990-T, line 34 67,589 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,860,917 10,107,253 Ravenua 843,779 9 Program service revenue (Part VIII, line 2g) . 1,371,824 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,855,655 4,018,021 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 149,414 -9,692 12,237,810 14,959,361 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,140,712 4,459,818 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,181,475 1,187,252 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶354,259 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,553,636 4,348,956 9,875,823 9,996,026 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,361,987 4,963,335 Net Assets or Fund Balances Beginning of Current Year End of Year 90,703,540 93,562,794 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 5,704,864 4,806,540 22 Net assets or fund balances Subtract line 21 from line 20 . 84,998,676 88,756,254 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 2020-06-26 Signature of officer Sign Here Ann Sherman TREASURER, CSUC VP BUS & FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01578407 Paid self-employed Firm's name ► CROWE LLP Firm's EIN ► 35-0921680 Preparer Use Only Firm's address ▶ 575 Market Street Suite 3300 Phone no (415) 576-1100 San Francisco, CA 941055829 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2	018)					Page <b>2</b>
Pa	rt III	Statement	of Program Servic	e Accomplis	hments		
		Check If Sched	lule O contains a respo	nse or note to	any line in this Part III .		🗆
1	Briefly	describe the or	ganızatıon's mıssıon				
PRIV	ATE SUI	PPORT FOR THE	ILANTHROPY BY HARN EDUCATION, PRACTIO PEOPLE WE SERVE	NESSING THE E CAL RESEARCH,	XPERTISE AND PASSIOI AND PUBLIC SERVICE	N OF OUR ALUMNI, PARENTS, AND THAT TRANSFORMS THE LIVES OF	FRIENDS TO RAISE OUR STUDENTS,
2	Dıd th	e organization i	ındertake any sıgnıfıca	nt program ser	vices during the year wi	hich were not listed on	
			990-EZ? se new services on Sch				☐ Yes ☑ No
3		•			changes in how it condu	ucts, any program	
		<del>-</del>					🗆 Yes 🗹 No
	If "Yes	s," describe thes	se changes on Schedul	e O			
4	Descri Sectio	be the organiza in 501(c)(3) and	tion's program service	accomplishmer	to report the amount of	largest program services, as meas of grants and allocations to others,	ured by expenses the total
4a	(Code See Ad	ldıtıonal Data	) (Expenses \$	6,625,949	including grants of \$	2,477,095 ) (Revenue \$	843,779 )
4b	(Code See Ad	ldıtıonal Data	) (Expenses \$	1,982,723	including grants of \$	1,982,723 ) (Revenue \$	)
4c	(Code		) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d			es (Describe in Schedi	•	ф.	\/Peyenue.d	
	• •	nses \$		uding grants of	•	) (Revenue \$	)
<u>4e</u>	Total	program serv	ice expenses 🟲	8,608,6	12		

Par	tiV Checklist of Required Schedules			rage 3
Pai	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes." complete Schedule D. Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
			orm <b>99</b> (	(2018)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\ref{Matter}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

13a

14a

14b

15

No

No

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13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13

14

19

20

Section C. Disclosure

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI			ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent   1b   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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<del>.</del> .)	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	

Did the process for determining compensation of the following persons include a review and approval by independent

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Did the organization have a written whistleblower policy? . . . .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

►Ahmad Boura 25 MAIN STREET SUITE 203 CHICO, CA 95929 (530) 898-6811

a The organization's CEO, Executive Director, or top management official . . . . .

only) available for public inspection. Indicate how you made these available. Check all that apply 

Own website Another's website Upon request Other (explain in Schedule O)

Page 6

12c

13

14

15a

15b

16a

16b

Yes

Yes Yes

Nο

Nο

No

Form 990 (2018)

Part VII

(15) Dave Scotto

Board Member

(16) Jay Gilbert

Board Memeber

(17) Marılyn Rees Board Memeber

year

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

of reportable compensation from the organization and any related organizations											
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable</li> </ul>	e compensatior	from th	ne org	ganız	zatio	n and	an	y related organization	ons	•	
List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons											
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations	-	ne bo oth ar Irrect	x, u n off or/tr	che nles icer ruste	s pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		misey	organizations	
(1) Ahmad Boura	2 0	x		х				0	268,321	85,545	
CEO & Secretary, CSUC VP Advancement	40 0										
(2) Ann Sherman	2 0	x		х				0	0	0	
Treasurer, CSUC VP Bus & Finance	40 0										
(3) Jeni Kitchell	2 0	×		х				0	149,820	69,830	
Interim Auxiliary Treasurer (BEG 1/2019)	40 0	**			$\bigsqcup$				,	,	
(4) Stacie Corona	2 0	x		x				0	152,762	72,910	
Interim Auxiliary Treasurer (partial year) / Associate VP, Financial Services	40 0			^						72,310	
(5) Dr Marcia Moore	2 0										
Board Member		X						0	0	0	
(6) Stuart Casıllas	2 0	V									
Board Chair		X						0	0	0	
(7) Rand Hutchison	2 0	v									
Board Member		X						0	0	0	
(8) Tom Martin	2 0							_			
Board Member		X						0	0	0	
(9) David Hodson	2 0										
Board Vice Chair		X						0	0	0	
(10) Debra Cannon	2 0							_	_	_	
Board Member		Х						0	0	0	
(11) Deb Larson	2 0										
Board Member, CSUC Provost	40 0	X						0	273,430	88,437	
(12) Chuck Nelsen Jr	2 0							_	_		
Board Member	•••••	X						0	0	0	
(13) Dr Robin Gayle	2 0							_	_	_	
Board Member		X						0	0	0	
(14) Darryl Schoen	2 0	v									
Board Member		Х						0	0	0	

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Part VII

Page 8

Section A. Officers, Direct		<del>/ 10 / 1</del>	<u>p.</u>				<u>g.</u>	Test compensate	za Employees (cor	Tennaca)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	1	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-MISC)	2/1099-MISC)	organizati relate organiza	:ed
(18) Rick Wood	2 0	<del> </del>	<del> </del> -	<del>                                     </del>	<del>  '</del>	<del>-</del>	+		<del> </del>		
Board Member	20	1 X		'	'				0	1	0
(19) Emily Huang	2 0	l l		$\vdash$	$\vdash$		$\top$	<u> </u>	†		
Board Member/Faculty Member	40 0			'	'				127,990	1	58,740
(20) Mimi Baez	1 0						T		7.24		
Board Member/Student	* * * * * * * * * * * * * * * * * * * *	×		'	'				7,247	1	0
(21) Michael Prime	2 0		$\vdash$	$\vdash$	$\Box$		T		<u> </u>		
Board Member		×		'	'					1	0
(22) Doug Guerrero	2 0		$\vdash$	$\vdash$	$\vdash$		+	<del> </del>	+		
Board Member	2 ~	×		'	'			C	0	1	0
(23) Glen Thomas	2 0		$\vdash$	$\vdash$	$\vdash$		+		+		
Board Member	2 0	×		'	'			C	0	1	0
(24) Tom Villa	7.0		+-	$\vdash$	$\vdash$	$\vdash$	+	+	+		
Board Member	2 0	×		'	'			C	16,347	1	6,173
(25) Gayle Hutchinson	2 0		$\vdash$	$\vdash$	$\vdash$	$\vdash$	+	+	+		
Board Member, CSUC President	40 0	×		'	'			C	368,602	1	107,367
Bodid Member, COOC Fredition	700		$\vdash$	$\vdash$	$\vdash$		+		+		
1b Sub-Total				Щ'	Щ'	▶	Щ.				
c Total from continuation sheets to Pa				•		-	—		<del></del>		
1				•		-	—	0	1,364,519		489,002
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bov€		rec	eived more than \$1	· · · · · · · · · · · · · · · · · · ·		
-										Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3									employee on	3	No
For any individual listed on line 1a, is organization and related organization individual	the sum of repositions of the sum of repositions of the sum of the	ortable o ;150,000	compo 0? <i>If</i> •	ensa "Yes	ition ;," cc	and o omplet	other te Sc	r compensation fron chedule J for such		4 Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									ividual for	5	No
Section B. Independent Contract	Section B. Independent Contractors										
Complete this table for your five higher from the organization Report comper	est compensate									nsation	
Name a	(A) and business addre	<del>)</del> SS			_			Desc	(B) cription of services	(C) Compen	
				—			—			+	
-										1	

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

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

Part	VII		Statement of									
			Check if Schedul	e O contains a	a respo	onse or note to any	(	his Part VIII ( <b>A)</b> revenue	Re e	(B) lated or xempt	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections
	1	<b>a</b> F	ederated campaign	ns	1a	<u> </u>				venue		512 - 514
nts nts			Membership dues		1b	<u> </u>						
Grai nou			Fundraising events		1c	71,896						
ts, (			Related organizatio		1d	403,836						
ia et		e (	Government grants (co	ontributions)	1e							
ns, Sim			All other contributions,									
Contributions, Gifts, Grants and Other Similar Amounts		ā	and similar amounts no above Noncash contributio		1f	9,631,521						
ont nd (			n lines 1a - 1f \$	16		7,092						
S E		n i	Total. Add lines 1a-	-17	•	<u> </u>	-	10,107,253	1			
H.	٦.	- Hr	niversity Programs			Business		8	332,727	832,	727	
eVe7			ther Program Income				611710		11,052	11,	052	
ıν́ O⊊	•	, —	er Frogram Income				611710					
Pr VIC	(	: —			_							
S E	•	. —										
Program Service Revenue	f	Al	l other program se	rvice revenue					0		0	0 0
Æ	g	То	tal. Add lines 2a-2	.f		▶ 8	43,779					
			restment Income (II			ınterest, and other		1,550,99	1		85,517	1,465,474
			ilar amounts) . ome from investme			ond proceeds •	<u> </u>	1,550,99	1		65,517	1,463,474
			11									
				(ı) Real		(II) Personal	<u> </u>					
	6	a Gr	ross rents									
	ı	<b>b</b> L	ess rental expenses				1					
		<b>-</b> D	ental income or		0	(	7					
			oss)									
	•	d N	let rental income of				<u> </u>					
	7:	. Gr	oss amount	(ı) Securit	ies	(II) Other	-					
	,	fro	om sales of sets other	8,4	56,033							
		th	an inventory									
	ı	0	ess cost or ther basis and	5,9	89,003							
			ales expenses iaın or (loss)	2,4	67,030	0						
			let gain or (loss)		•	<u> </u>	1	2,467,03	О			2,467,030
e n	88	(n	ross income from foot including \$ontributions reporte	71,896								
Other Revenue			ee Part IV, line 18		а	76,910						
Re			ess direct expense		b	97,205	]					
her			et income or (loss)			ents >		-20,29	5			-20,295
ŏ	76	Se	ross income from g ee Part IV, line 19	· · ·	es	J						
					a	10,603	4					
			ess direct expense: et income or (loss)		<b>b</b> activit	Tes	_	10,60	3			10,603
			ross sales of invent		accivic	les •	1					
		re	turns and allowanc	ces	a	}						
	ı	b Le	ess cost of goods s	sold	a b		1					
			et income or (loss)				J					
			Miscellaneous	Revenue		Business Code						
	11	La										
		_							-			
		b										
		_					-					
	•	С										
		d Al	l other revenue .				1		0	0	0	0
			otal. Add lines 11a			•						
			otal revenue. See						0			
				·				14,959,36	1	843,779	85,517	3,922,812 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $cc$	-	·	, ,	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,967,554	3,967,554		
2 Grants and other assistance to domestic individuals See Part IV, line 22	492,264	492,264		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 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	963,947	883,360	79,348	1,239
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	223,305	182,752	40,553	
<b>10</b> Payroll taxes				
11 Fees for services (non-employees)				
a Management				_
<b>b</b> Legal	4,914	675	4,239	
c Accounting	590,000		590,000	
d Lobbying				_
e Professional fundraising services See Part IV, line 17				
f Investment management fees	138,724		138,724	
q Other (If line 11g amount exceeds 10% of line 25, column	362,198	286,173	43,889	32,136
(A) amount, list line 11g expenses on Schedule O)	·	·		32,130
12 Advertising and promotion	28,917	28,917	67.405	F1 603
13 Office expenses	435,158	316,071	67,405	51,682
<b>14</b> Information technology	73,675	72,820		855
<b>15</b> Royalties				
<b>16</b> Occupancy	49,457	48,276	1,181	
<b>17</b> Travel	449,685	324,288		125,397
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	16,034	16,034		
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,203	50,570	22,633	
23 Insurance	12,241	1,215	11,026	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a Public relations and development	1,501,673	1,325,334	34,097	142,242
<b>b</b> Uniforms and Clothing	172,543	171,835		708
c Tax Expense	149,248	149,248		
d				
• All other expenses	291 286	291 286	0	0

8,608,672

9,996,026

1,033,095

354,259

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11** 

Form 990 (2018)

31

32

33

34

2 Savings and temporary cash investments					<b>(A)</b> Beginning of year		(B) End of year
3 Pledges and grants receivable, net	1	Cash-non-interest-bearing			1,773,453	1	2,129,677
4 Accounts receivable, net	2	Savings and temporary cash investments .		[	1,052,175	2	793,364
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D  b Less accumulated depreciation  10b 1.266.397  286.448  10c 199.143  11 Investments—publicly traded securities  57,343.829  11 56,211,187  12 Investments—other securities See Part IV, line 11  24,443.393  12 25,487.296  13 Investments—program-related See Part IV, line 11  9 Under the sasets See Part IV, line 11  10 15  1	3	Pledges and grants receivable, net		Γ	5,357,063	3	6,509,787
trustees, key employees, and highest compensated employees Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net	4	Accounts receivable, net	[	277,105	4	2,232,340	
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  b Less accumulated depreciation  10b 1.266.397  286.448 10c 199.143  11 Investments—publicly traded securities  12 Investments—other securities See Part IV, line 11  13 Investments—program-related See Part IV, line 11  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets.Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  10 Tax-exempt bond liabilities	5	trustees, key employees, and highest compens. Part II of Schedule L	ated employe	ees Complete	0	5	0
10a		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(B), and non 501(c)(9) nons) Complete			0	
10a	평   7	· ·	_				
10a	š 8		<u> </u>				
basis Complete Part VI of Schedule D       10a       1,465,540         b Less accumulated depreciation       10b       1,266,397       286,448       10c       199,143         11 Investments—publicly traded securities       57,343,829       11       56,211,187         12 Investments—other securities See Part IV, line 11       24,443,393       12       25,487,296         13 Investments—program-related See Part IV, line 11       0       13         14 Intangible assets       14       0       15       0         15 Other assets See Part IV, line 11       0       90,703,540       16       93,562,794         17 Accounts payable and accrued expenses       1,143,912       17       1,013,916         18 Grants payable       18       18         19 Deferred revenue       19       19         20 Tax-exempt bond liabilities       20	9	Prepaid expenses and deferred charges			170,074	9	0
11 Investments—publicly traded securities       57,343,829       11       56,211,187         12 Investments—other securities       See Part IV, line 11       24,443,393       12       25,487,296         13 Investments—program-related       See Part IV, line 11       0       13         14 Intangible assets       .       .       14         15 Other assets See Part IV, line 11       .       0       15       0         16 Total assets.Add lines 1 through 15 (must equal line 34)       .       90,703,540       16       93,562,794         17 Accounts payable and accrued expenses       .       1,143,912       17       1,013,916         18 Grants payable       .       .       18         19 Deferred revenue       .       .       .       .       .         20 Tax-exempt bond liabilities       .       .       .       .       .       .	10		10a	1,465,540			
12 Investments—other securities See Part IV, line 11	ŀ	Less accumulated depreciation	10b	1,266,397	286,448	<b>10</b> c	199,143
13       Investments—program-related See Part IV, line 11       0       13         14       Intangible assets       14         15       Other assets See Part IV, line 11       0       15       0         16       Total assets.Add lines 1 through 15 (must equal line 34)       90,703,540       16       93,562,794         17       Accounts payable and accrued expenses       1,143,912       17       1,013,916         18       19       19         20       Tax-exempt bond liabilities       20	11	Investments—publicly traded securities .			57,343,829	11	56,211,187
14       Intangible assets	12	Investments—other securities See Part IV, line	11		24,443,393	12	25,487,296
15 Other assets See Part IV, line 11	13	Investments—program-related See Part IV, line	e 11		0	13	
16       Total assets.Add lines 1 through 15 (must equal line 34)       90,703,540       16       93,562,794         17       Accounts payable and accrued expenses       1,143,912       17       1,013,916         18       Grants payable       18         19       19         20       Tax-exempt bond liabilities       20	14	Intangible assets		[		14	
17 Accounts payable and accrued expenses       1,143,912       17       1,013,916         18 Grants payable       18         19 Deferred revenue	15	Other assets See Part IV, line 11		[	0	15	0
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	16	Total assets.Add lines 1 through 15 (must equ	ıal line 34)		90,703,540	16	93,562,794
19 Deferred revenue         19           20 Tax-exempt bond liabilities         20	17	Accounts payable and accrued expenses			1,143,912	17	1,013,916
20 Tax-exempt bond liabilities	18	Grants payable				18	
24 Farmer was della count labeleta Counties Part W. of Cabadala D	19	Deferred revenue			19		
21 Escrow or custodial account liability Complete Part IV of Schedule D	20	Tax-exempt bond liabilities				20	
	<sub>ي</sub> 21	Escrow or custodial account liability Complete I		21			

Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 4.560.952 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

0 3.792.624 5.704.864 26 Total liabilities. Add lines 17 through 25 . 26 4.806.540

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 7.464.788 27

27 22,555,493 28 28 Temporarily restricted net assets

Net Assets or Fund Balances 9.314.944 22,890,003 29 Permanently restricted net assets 54,978,395 29 Organizations that do not follow SFAS 117 (ASC 958),

56,551,307 check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . 30

> 31 32

33

34

88,756,254

93,562,794

Form **990** (2018)

84,998,676

90,703,540

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

# Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1 **EIN:** 95-1230865

Name: The University Foundation California State University Chico

Form 990 (2018)

Form 990, Part III, Line 4a:

THE CAMPUS PROGRAM FUND ENRICHES OUR ACADEMIC. CO-CURRICULAR. AND COMMUNITY PROGRAMS BY PROVIDING FACULTY AND STAFF WITH ENHANCED RESOURCES THAT GIVE STUDENTS THE REAL-WORLD, TEAM-ORIENTED, AND CROSS-DISCIPLINARY EXPERIENCES THEY NEED TO GRADUATE WORK-READY, THINK CREATIVELY, PROBLEM SOLVE, AND DEVELOP PRODUCTIVE RELATIONSHIPS IN THEIR CAREERS AND LIVES THE FUND ALSO SUPPORTS FACULTY DEVELOPMENT, COLLEGE-BASED PROGRAMS AND PROJECTS, AND CAMPUS ORGANIZATIONS THAT BENEFIT THE PUBLIC THROUGH EDUCATIONAL, CULTURAL, AND SOCIAL SERVICES

## Form 990, Part III, Line 4b: THE STUDENT LOAN AND SCHOLARSHIP FUND DIRECTLY IMPACTS STUDENT SUCCESS BY MAKING COLLEGE MORE AFFORDABLE FOR DESERVING STUDENTS THROUGH LOANS AND SCHOLARSHIPS NOT ONLY DOES THE FUND DECREASE THE FINANCIAL BURDEN OF STUDENTS' COLLEGE EDUCATION, BUT IT ALSO RECOGNIZES THE

ACCOMPLISHMENTS AND AMBITION OF STUDENTS WHO EXEMPLIFY THE UNIVERSITY'S VALUES AND HAVE THE POTENTIAL TO TRANSFORM THE WORLD

efil	e GR	APHIC prii	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493178015700
	m 99	OULE A	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2018 Open to Public
nterna	l Rever	f the Treasury nue Service		<b>P</b> Go to	www.irs.gov/Form	10r the late	est information		Inspection
		<b>he organiza</b> :y Foundation C	<b>tion</b> California State U	Iniversity Chico				Employer identific	cation number
Pa	rt I	Reason	for Public C	harity Stat	<b>us</b> (All organization	s must comple	te this part.) S	95-1230865 See instructions	
					e it is (For lines 1 thro			occ modractionor	
1		A church, c	onvention of o	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	ve hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	inter the hospital's
5	<b>✓</b>	-	ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6				•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).	
7		section 17	'0(b)(1)(A)(	<b>vi).</b> (Complete			_	ınıt or from the gener	al public described in
8		A communi	ty trust descr	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
D		from activit	ries related to rincome and ເ	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	cly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See <b>section 509</b> (a	
a		<b>Type I.</b> A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) <b>You must com</b>				ated with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
е		Check this	box if the orga	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	integrated supporting	organization			
g				_	upported organization(	s)		_	
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
ota									
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

Sch	edule A (Form 990 or 990-EZ) 2018						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in Se	ections 170(b)	(1)(A)(iv), 17	'0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						y under Part
_	III. If the organization f	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)	
	Section A. Public Support  Calendar year	1					
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	8,331,937	6,280,379	9,964,613	7,860,917	10,107,253	42,545,099
2	include any "unusual grant ") Tax revenues levied for the						
_	organization's benefit and either paid						0
	to or expended on its behalf						U
3	The value of services or facilities						
•	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	8,331,937	6,280,379	9,964,613	7,860,917	10,107,253	42,545,099
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,856,378
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	amount shown on line 11, column (1)						
6	Public support. Subtract line 5						40,688,721
_	from line 4 Section B. Total Support						· ·
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	(f)Total
7	Amounts from line 4	8,331,937	6,280,379	9,964,613	7,860,917	10,107,253	42,545,099
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	850,346	1,452,782	1,426,132	1,824,985	1,465,474	7,019,719
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	58,324			149,413		207,737
10							
	or loss from the sale of capital	150,855	178,457	170,828	367,845	87,513	955,498
	assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						50,728,053
12	Gross receipts from related activities,	etc (see instructio	ns)	_		12	5,695,664
13	First five years. If the Form 990 is for	or the organization'	s first, second, thii	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>					▶ □	
- 5	ection C. Computation of Publi						
14	Public support percentage for 2018 (li	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14	80 21 %
15	Public support percentage for 2017 Sc	hedule A, Part II, l	ine 14			15	80 82 %
16a	<b>33 1/3% support test—2018.</b> If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	юх
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			▶ ✓
b	33 1/3% support test—2017. If the	e organization did	not check a box or	line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	this
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	10%-facts-and-circumstances tes						
	is 10% or more, and if the organization in Part VI how the organization meets						
	organization					,	▶□
h	10%-facts-and-circumstances te	st—2017. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, o	r 17a, and line	. <b>—</b>
_	15 is 10% or more, and if the organi	zation meets the "f	acts-and-circumsta	nces" test, check	this box and stop	here.	
	Explain in Part VI how the organization	on meets the "facts	-and-circumstance	s" test. The organ	iization qualifies a	s a publicly	. —
	supported organization	المناجعات عمس امرام سم	hav an lus- 12 10	- 16h 17 47	76	and and	▶□
18	<b>Private foundation.</b> If the organizations	on did not check a	box on line 13, 16	a, 10D, 1/a, or 1/	υ, cneck this box	and see	. □

20

Р	Support Schedule for					d + 1.6	law Dawk II - IS
	(Complete only if you c the organization fails to						ier Part II. If
Se	ection A. Public Support	quality affact t	ine cests fisced i	below, piedse ed	ompiete i die III	/	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2013	(6) 2010	(u) 2017	(e) 2018	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
-	to or expended on its behalf The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
	ection B. Total Support	T	T	1	1	1	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization.
	check this box and <b>stop here</b>	<b>.</b>		,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•	( //		16	
	ection D. Computation of Invest					••	
17	Investment income percentage for 20:			line 13. column (f	7)	17	
	Investment income percentage for 20.	•		==, ==; (1	,,		
18				on line 14 and lin	o 15 is more than	18	ne 17 is not
	331/3% support tests—2018. If the	_					_
	more than 33 1/3%, check this box and s	•					
b	33 1/3% support tests—2017. If the	_					_
	not more than 33 1/3%, check this box	and <b>stop here.</b> `	i ne organization i	qualifies as a publ	icly supported org	janization – – – – – – – – – – – – – – – – – – –	▶□

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

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

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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

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

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

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

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

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

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization	2			
S	ection C. Type II Supporting Organizations				
			Yes	No	
1					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard					
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test Answer (a) and (b) below.	į	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
,		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	_			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	<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	3h			

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>		
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
Section A - Adjusted Net Income (A) Prior Year (B)						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount		_	Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see		

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014. . . . . .

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

**d** Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10 DESCRIPTION - FUNDRAISING EVENTS INCOME, COLUMN A - 135760 0, COLUMN B - 76384 0, COLUMN C Other Income - 191183 0, COLUMN D - 197803 0, COLUMN E - 76910 0, COLUMN F - 678040 0, DESCRIPTION - G AMING INCOME, COLUMN A - 15095 0, COLUMN B - 10302 0, COLUMN C - 7567 0, COLUMN D - 15911

0, COLUMN E - 10603 0, COLUMN F - 59478 0, DESCRIPTION - ALTERNATIVE INVESTMENT INCOME, CO LUMN A - . COLUMN B - 91771 0. COLUMN C - -27922 0. COLUMN D - 154131 0. COLUMN E - . COLU MN F - 217980 0,

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

# **Supplemental Financial Statements**

OMB No 1545-0047

DLN: 93493178015700

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

 Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

	me of the organization University Foundation California State University Chico				Emp	oloyer ide	ntification	number
me	offiversity Foundation Camornia State Offiversity Cifico				95-1	.230865		
Pa	organizations Maintaining Donor Advi				or Acc	ounts.		
	Complete if the organization answered "Ye	s" on Form 990, (a) Dono			Ι	(b)Eundo	and other	accounts
	Total number at end of year	(a) Done	auvise	4		(D)Fullus	and other	accounts
,	Aggregate value of contributions to (during year)			7,618				
•	Aggregate value of grants from (during year)			6,866				
, 1	Aggregate value at end of year							
-								
•	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes No							
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						missible	Yes 🗌 No
Pai	<b>tt III Conservation Easements.</b> Complete if th	ne organization a	nswer	ed "Yes" on Fori	n 990	, Part IV	, lıne 7.	
L	Purpose(s) of conservation easements held by the organ	nization (check all t	hat app	oly)				
	$\square$ Preservation of land for public use (e g , recreation	n or education)		Preservation of ar	histor	ically impo	ortant land a	area
	Protection of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion con	tribution in the fo	rm of a		tion t the End o	of the Year
а	Total number of conservation easements				2a	neia a	t the Life t	r the real
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histori	c structure include	d ın (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								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►							
1	Number of states where property subject to conservation	n easement is loca	ted ▶_			_		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ıng, ıns	pection, handling	of viola	ations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	olation:	s, and enforcing c	onserv	ation ease	ments durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violation	ns, and	d enforcing conser	vation	easement	s during the	e year
3	Does each conservation easement reported on line 2(d)	above satisfy the	eauirer	ments of section 1	70(h)(	4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?	,	•		` /\	/ / / /	☐ Yes	□ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org						
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye				er Si	milar As	sets.	
La	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items							
b	7511							
(	i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
(i	i)Assets included in Form 990, Part X					<b>▶</b> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				incial g	ain, provid	de the	_
а	Revenue included on Form 990, Part VIII, line 1	(, (3 0 3 3 0 ) Teld	g to			<b>▶</b> \$		
<u>.</u>	Assets included in Form 990, Part X					<u> </u>		

Par	t III	Organizations Maintaining Col	lections of Art, Hi	istori	cal Tı	eas	ures, or	Other :	Similar As	sets (c	ontinue	d)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records, o	check a	any of	the fo	ollowing th	at are a	significant u	ise of its	collectio	on	
а	<b>✓</b>	Public exhibition		d		Loar	n or excha	nge prog	rams				
b	<b>✓</b>	Scholarly research		е		Othe	er						
c	<b>✓</b>	Preservation for future generations											
4	Provi Part	ide a description of the organization's col XIII	lections and explain h	ow the	y furth	er th	ne organiza	ation's ex	empt purpo	se in			
5		ng the year, did the organization solicit of ts to be sold to raise funds rather than to							ılar	☐ Yes	, <b>~</b>	No	
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ments. vered "Yes" on Form	n 990,	, Part	IV, I	ine 9, or	reporte	d an amou	ınt on F	orm 99	0, P	art
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedia	ary for	contril	oution	ns or othe	r assets r	not	☐ Yes	; [	No	
ь	If "Y	es," explain the arrangement in Part XIII	and complete the foll-	owing	table		Γ		Α	mount			
c	Begir	nning balance					Γ	1c					
d	Addıt	tions during the year					Γ	1d					
е	Dıstr	butions during the year					Γ	1e					
f	Endır	ng balance					Γ	1f					
2a	Did t	he organization include an amount on Fo	rm 990. Part X. line 2	1. for e	escrow	or c	ustodial ad	count lia	bility?	☐ Yes	·	No.	
ь		es," explain the arrangement in Part XIII							•		_		
_	rt V	Endowment Funds. Complete if											
		<b>The string of an abi</b>	(a)Current year		or year		(c)Two ye		(d)Three yea		(e)Four	/ears	back
<b>1</b> a	Beginr	ning of year balance	64,728,583		60,995	$\overline{}$		3,938,221		844,630			2,821
b	Contri	butions	2,439,606		1,928	,033	4	1,742,882	2,	052,648		3,78	8,976
С	Net in	vestment earnings, gains, and losses	1,518,606		4,676	,811	Ţ	,895,925	-	233,089		1,17	4,977
d	Grants	s or scholarships	2,419,237		1,911	,189	:	2,708,935	1,	050,616		74	5,173
e		expenditures for facilities						0		834,533		1,07	2,661
f		ustrative expenses	974,228		960	,473		872,692		840,819		86	4,310
g	End of	f year balance	65,293,330		64,728	,583	60	,995,401	53,	938,221		54,84	4,630
2	Provi	Ide the estimated percentage of the curre	ent vear end balance (	line 1c	ı. colui	nn (a	a)) held as			1			
_ a		d designated or quasi-endowment <b>&gt;</b>	6 43 %	5	,,	(-							
Ь	Perm	nanent endowment ► 79 15 %											
c			42 %										
٠		percentages on lines 2a, 2b, and 2c shou											
3a		there endowment funds not in the posses	·	on that	are h	eld ar	nd adminis	tered for	the				
	orga	nization by									Ye	s	No
	<b>(i)</b> u	nrelated organizations			•						(i)	_	No
		related organizations									(ii)	_	No_
ь 4		es" on 3a(II), are the related organization ribe in Part XIII the intended uses of the	'			· ·				3	D		
				ment i	unas								
řě	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		n 990.	. Part	IV. I	ine 11a.	See For	m 990. Pa	rt X. lın	e 10.		
	Descr	ription of property (a) Cost or oth (investme	ner basis (b) Cost o						epreciation		i) Book v	alue	
1a	Land												
b	Buildir	ngs											
С	Leasel	hold improvements			2	8,615	5		28,615				0
		ment			1,43	6,925	5		1,237,782			1	.99,143
	Other				-								
		lines 1a through 1e (Column (d) must ed	qual Form 990, Part X,	, colun	nn (B),	line	10(c)).	. 1	<b>&gt;</b>			1	.99,143
		- , , ,	· · ·		. ,,								

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.	ne organization	answered "Yes" o	n Form 990, Part	: IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book val		(c) Method of va	
(1) Financial	derivatives			, , , , , , , , , , , , , , , , , , , ,	
(3) Other				_	
(A) Partnersh		23,985		F	
(B) Pooled investments		1,252		F	
(C) Other investments		249	,489	F	
(E) Mortgage	e backed securities				
(F)					
(G)					
(H)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12 )	25,487	7,296		
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on F	Form 990, Part	IV, line 11c. See F	orm 990, Part X	, line 13.
	(a) Description of investment	(b) Book	value	(c) Method of va st or end-of-year n	uation
(1)				or on one or year n	idikee value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 13 )	•			
Part IX	Other Assets. Complete if the organization answered (a) Description		90, Part IV, line 11d	See Form 990, Pai	t X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a	newered 'Vec'		<b>&gt;</b>	1f
	See Form 990, Part X, line 25.  (a) Description of liability		(b) Book value	10, 1110 01 1	
(1) Federal ır			(b) book value	1	
	r trust agreements		2,856,112	7	
(3)	mounts held for others		936,512	1	
(4)				_	
(5)				-	
(6)				1	
(7)				-	
(8)				-	
(9)				-	
	(b) must equal Form 990, Part X, col (B) line 25 )		2 702 624	-	
2. Liability fo	r uncertain tax positions In Part XIII, provide the text of			ancial statements	
organization's	s liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here	ıf the text of the foot	note has been pro	vided in Part XIII 🗹

Part XI

2

2

c

d

3

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-1,106,049

14,820,637

138,724

14,959,361

9,957,010

b c d e 3

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

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

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

c 5 Part XII

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . .

b Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Investment expenses not included on Form 990, Part VIII, line 7b .

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

> 2a 2b

2c

2d

Explanation

2a

2b

2c

2d

4c

-1,502,032

395.983

138,724

99,708

2e

3

5

2e

3

99,708 9,857,302 138,724 9.996.026

Schedule D (Form 990) 2018

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 138,724 4b b Add lines **4a** and **4b** . . . . . . . . . . . . . . . . 4c 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

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

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

# Additional Data

Software ID: 18007697
Software Version: 2018v3.1

**EIN:** 95-1230865

Name: The University Foundation California State University Chico

# Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	The Foundation maintains collections of art. Collection items acquired either through purc hase or donation are not capitalized or recognized as revenues or gains provided that such donations are added to collections and held for public exhibition, education, or research in furtherance of public service rather than financial gain, are protected, kept unencumb ered, cared for, and preserved, and are subject to a policy that requires the proceeds from sales of collection items to be used to acquire other items for collections. Purchases of collection items are recorded as decreases in unrestricted net assets if purchased with unrestricted assets and as decreases in temporarily restricted net assets if purchased with donor-restricted assets. Proceeds from deaccessions or insurance recoveries are reflected in the statements of activities based on the absence or existence and nature of donor imposed restrictions.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The University Foundation's collections, which are composed mainly of artwork and other di splay items donated to the University Foundation, further enhance CSUC's educational missi on

Sı

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Established by philanthropic supporters of the University Endowment Funds provide scholar ships and awards that help students and faculty achieve their highest and best purpose whi le at Chico State by making college more affordable and increasing the ability of faculty to enrich the learning experience

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. The Foundation has been classified as an organization that is not a private foundation under Section 509(a)(2). The Foundation has not entered into any activities that would jeopardize its tax-exemp t status. Income from certain investments with activity not related to the Foundation's tax exempt purpose is subject to taxation as unrelated business income (UBI). The Foundation files exempt organization returns in the U.S. federal and California jurisdictions. The Foundation accounts for income taxes in accordance with FASB ASC 740, Income Taxes, which conditions the accounting for uncertainty in income taxes recognized in the Foundation's fin ancial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. FASB ASC 740, income taxes also provides guidance on derecognition and measurement of a tax position taken or expected to be taken in a tax return. Based on this analysis, a liability is recorded if uncertain tax benefits have been received. The Foundation's practice is to recognize interest and penalties, if any related to uncertain tax positions in the tax expense.			

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Change in Split Interest Agreement - 298778 Other Fundraising Expenses - 97205

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Other Fundraising - 97205 Other - 2503

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493178015700 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The University Foundation California State University Chico 95-1230865 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 18,649,160 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O 18,649,160 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

# Schedule F (Form 990) 2018

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	<b>☑</b> No

Schedule F	(Form 990) 2018	Page :
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

#### **Additional Data**

Central America and the

East Asia and the Pacific

Carıbbean

 Software ID:
 18007697

 Software Version:
 2018v3.1

 EIN:
 95-1230865

Name: The University Foundation California State University Chico

Form 990 Schedule F Part T - Activities Outside The United States

TOTHE 330 Schedule I Fai	t I - Activities	Outside The C	micea States		_
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region

18,193,766

114,576

0 Investments

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Europe (Including Iceland and 340.818 0 linvestments Greenland)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493178015700 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization The University Foundation California State University Chico 95-1230865 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	ne and address of individual (ii) Activity or entity (fundraiser)		) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal		1	<b>•</b>			

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493178015700 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number The University Foundation California State University Chico 95-1230865 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
Part III Grants and Other As Part III can be duplica			als. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line 22	-
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of noncash assistance
(1) Awards, Trophies, and Plaque	es	1105	376,586	25,528	FMV	Plaques & Trophies
(2) Stipend		75	90,150			
(2)						
(3)				·		
(4)				·		
(5)				·		
(6)				·		
(7)				· <del>· · · · · · · · · · · · · · · · · · </del>		
Part IV Supplemental :	Informatic	<b>ח.</b> Provide the info	ormation required in F	Part I, line 2; Part III.	, column (b); and any other a	additional information.
Return Reference	Explanatio	on .				
Schedule I, Part I, Line 2 Procedures for monitoring use of					nt funds are distributed properly pliance with these policies and pro	Furthermore, the Foundation is audited annually by an rocedures

grant funds

#### **Additional Data**

Chico, CA 959285388

CALIFORNIA STATE

UNIVERSITY CHICO

400 WEST FIRST ST CHICO, CA 95929

**Software ID:** 18007697 **Software Version:** 2018v3.1 **EIN:** 95-1230865

68-0219874

Name: The University Foundation California State University Chico

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

organization or government	іг арріісаріе	grant	casn assistance	other)
-------------------------------	---------------	-------	--------------------	--------

CHICO STATE ENTERPRISES	68-0386518	501(C)3	634,939	28,554	FMV

CHICO STATE ENTERPRISES 25 Main Street Suite 203	68-0386518	501(C)3	634,939	28,554	FMV

State of CA

CHICO STATE ENTERDRISES	69-0396519	501(C)3	624 020	28 554	ENAL/	_

3,276,026

(q) Description of non-cash assistance

22,200 appraisal

(h) Purpose of grant or assistance

telescope, fire engine transfer

Minerals

North State Public Radio

(NSPR) Contributions,

Student Scholarships

and General Assistance

Telescope and Fire

Engine Transfer

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501 (c)(3) 5.835 ASSOCIATED STUDENTS 94-1254630 I closure of account

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

400 WEST FIRST ST Chico, CA 95929

efil	e GRAPHIC pr	int - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	19317	78015	700	
Sch	edule J	Compe	nsat	ion Information	OM	1B No	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the organization	mpens	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
_		<b>)</b>	<ul><li>Attach</li></ul>	ı to Form 990.			to Pul		
	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form</u>	101	instructions and the latest inforn	nation.		ectio		
	ne of the organiza	ation on California State University Chico			Employer identificat	ion nu	ımber		
me	oniversity roundation	in Camornia State University Chico			95-1230865				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		piate box(es) if the organization provide ection A, line 1a Complete Part III to pr							
		or charter travel	✓	Housing allowance or residence for p					
	_	companions		Payments for business use of persor					
		ification and gross-up payments	<b>✓</b>	Health or social club dues or initiation					
	☐ Discretion	ary spending account	ш	Personal services (e g , maid, chauf	reur, cner)				
b		es in line 1a are checked, did the organ			ent or reimbursement	1b	Yes		
2		tion require substantiation prior to reim				2	Yes		
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	la/				
3		f any, of the following the filing organiza			e				
	_	EO/Executive Director Check all that ap d organization to establish compensatio	. ,	•	n Part III				
		-							
		ition committee ent compensation consultant	H	Written employment contract Compensation survey or study					
		of other organizations	П	Approval by the board or compensation	tion committee				
4		did any person listed on Form 990, Par	 + VII Se						
•	related organiza		c v11, 5c	recion A, mile 14, with respect to the h	ing organization of a				
а	Receive a sever	ance payment or change-of-control payr	nent?			4a		No	
b	Participate in, o	receive payment from, a supplemental	nonqua	lified retirement plan?		4b		No	
c		receive payment from, an equity-based		_		4c		No	
	If "Yes" to any o	f lines 4a-c, list the persons and provide	the ap	olicable amounts for each item in Part	III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.					
5		d on Form 990, Part VII, Section A, line		-					
	compensation co	ontingent on the revenues of							
а	The organization	17				5a		No	
b	Any related orga					5b		No	
_	•	5a or 5b, describe in Part III							
6		d on Form 990, Part VII, Section A, line ontingent on the net earnings of	1a, did	the organization pay or accrue any					
a	The organization					6a		No	
Ь	Any related orga					<b>6</b> b		No_	
_	•	6a or 6b, describe in Part III	4- 11	M	i				
7		d on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr			1	7		No	
8	subject to the in	nts reported on Form 990, Part VII, paid itial contract exception described in Reg			escribe				
	ın Part III					8		No	
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9			
For E		ction Act Notice, see the Instruction	s for F	orm 990 Cat No. 5	0053T Schedule 1		990)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (i) Base (ii) Bonus & incentive (B)(i)-(D)(iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Ahmad Boura 0 (i) 0 0 0 0 0 0 CEO & Secretary, CSUC VP 227,244 33,487 7,590 65,672 19,873 353,866 0 (ii) Advancement 2 Jeni Kitchell (i) 0 0 0 0 0 0 0 Interim Auxiliary Treasurer 149,760 0 60 43,046 26,784 219,650 0 (ii) (BEG 1/2019) 3 Stacie Corona 0

3 Stacie Corona	(i)	0	0	0	0	0	0	0
Interim Auxiliary Treasurer (partial year) / Associate VP, Financial Services	(ii)	152,762	0	0	43,830	29,080	225,672	0
4 Deb Larson	(i)	0	0	0	0	0	0	0
	(ii)	273,034	0	396	78,408	10,029	361,867	0
<b>5</b> Emily Huang	(i)	0	0	0	0	0	0	0
Board Member/Faculty Member	(ii)	127,990	0	0	33,636	25,104	186,730	0
<b>6</b> Gayle Hutchinson	(i)	0	0	0	0	0	0	0
Board Member, CSUC President	(ii)	305,018	0	63,584	87,875	19,492	475,969	0

Schedule 3 (10/11/350) 2010	rage <b>3</b>								
Part III Supplemental Inform	II Supplemental Information								
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								

President Hutchinson's spouse occasionally travels with the President for business purposes. This amount is not included in taxable income

Dage 3

Schedule 1 (Form 990) 2018

companions

Schedule J, Part I, Line 1a Travel for

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	President Hutchinson received a housing allowance This amount was treated as taxable compensation

Return Reference	Explanation
social club dues or initiation fees	President Hutchinson's membership to Canyon Oaks Country Club is paid through the Foundation. The membership allows the President to effectively engage the community in which CSU, Chico serves. These amount is not included in taxable income. Vice president for University Advancement (VPUA) Boura's membership to Butte Creek Country Club and Canyon Oaks Country Club are paid through the foundation. This membership allows the VPUA to effectively engage the community CSU, Chico serves. This amount is not included in taxable income.

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349317	8015	700
	IEDULE M			loncash Contri	hutions			OMB No 1	.545-0	047
(For	m 990)	▶Complete if the		ons answered "Yes" on Fo		9 or 30		20	<b>18</b>	3
		► Attach to Form	990.							
	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.c</u>	gov/Form9	90 for the latest informat				Open to Inspe	ection	
	e of the organizat	i <mark>on</mark> California State Univei	reity Chico			Employ	yer ideni	tification n	umbei	•
THE C	inversity roundation	Camornia State Oniver	isity cilico			95-123	0865			
Pa	rt I Types	of Property								
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) d of determi ontribution a		s
1	Art—Works of art	t	X	5		Market	t value			
2	Art—Historical tre				5-,55					
3	Art—Fractional in	iterests								
4	Books and public	ations								
5	Clothing and hou	sehold								
_	3									
	Cars and other v					-				
7	Boats and planes					-				
8 9	Intellectual proper Securities—Public	•	X	26	205,559	Marko	t value			
	Securities—Public	•	<del>  ^</del>	20	203,535	Marke	t value			
	Securities—Partr	nership, LLC,								
12	Securities—Misce									
13		vation storic								
14	Qualified conserve contribution—Of	/ation								
15	Real estate—Res	idential .								
16	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .		X	2	236,150	Marke	t value			
19	Food inventory					-				
20 21	Drugs and medic									
	Historical artifact					1				
	Scientific specim									
	Archeological art									
25	Other ► ( cial Event )		Х	117	25,916	Marke	t value			
26	Other ► ( blies/Equipment )		Х	15	87,902	Cost				
27	Other • (									
28		•								
29	Number of Forms	s 8283 received by t		ition during the tax year for B, Part IV, Donee Acknowled		29				2
									Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property refer the initial contribution, a	ind which is not required to			mpt		
b		e the arrangement						30a		No_
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the reviev	of any nonstandard contri	butions	?	31	Yes	
32a	Does the organi	-	nird parties	or related organizations to so	·			32a		No
h	If "Yes," describ		-	· ·	·	-	_			No_
	•	on dıd not report ar	n amount in	column (c) for a type of pro	perty for which column (a)	ıs check	æd,			
Eor B		nn Act Notice, see thi	a Instruction	s for Form 990	Cat No. 512271		School	dule M (Form	000)	2018\

ichedule M (Form 990) (2018)	Page <b>2</b>					
Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
	Other - Special Event Number of contributions Other - Supplies/Equipment Number of contributions Art - Works of art - Number of Contributions Securities - Publicly traded - number of contributions					
	Schedule M (Form 990) (2018)					

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLN:	93493178015700
(Form 990 or 990- EZ) Complete to prov Form 990 or			vide information fo r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No 1545-0047  2018  Open to Public Inspection
·	ndation Califoi	rnia State University Chico	n		Employer identi 95-1230865	fication number
Return Reference				Explanation		
Form 990, Part VI, Line 1a Delegate broad authority to a committee	between m versity Fou rs on the c	eetings, and making reco indation, endowment man	mmendations to the F agement, and the dev	operations, representing the boa President on matters regarding the velopment operation. There are & ning body, and one of which was	ne Uni 8 membe	

Return Explanation

Form 990,	THE ELECTRONIC COPY OF THE FULL FORM 990 IS SENT TO THE ENTIRE GOVERNING BOARD FOR REVIEW
Part VI, Line	PRIOR TO FILING WITH THE IRS IF CHANGES ARE MADE, THE REVISED 990 IS FILED OTHERWISE, TH
11b Review	E ORIGINAL FORM 990 IS FILED
of form 990	
by governing	
body	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE GOVERNING BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO RECEIVE AND SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT WHICH ARE MAINTAINED BY THE UNIVERSITY FOUNDATION ADVANCEMENT OF FICE TO AVOID CONTRACTS OR TRANSACTIONS ENTERED INTO BY THE GOVERNING BOARD OF THE CSU, C HICO UNIVERSITY FOUNDATION FROM BEING VOIDED, A BOARD MEMBER MUST DISCLOSE A FINANCIAL INT EREST WHICH COULD BE IMPACTED BY THE ACTION OF THE GOVERNING BOARD UNDER THESE CIRCUMSTAN CES THE BOARD MEMBER MUST REFRAIN FROM ANY ACTION TO INFLUENCE OR APPROVE SUCH A TRANSACTI ON THE CSU, CHICO UNIVERSITY FOUNDATION CHIEF EXECUTIVE OFFICER SHALL PROVIDE THE CAMPUS CHIEF FINANCIAL OFFICER WITH A REPORT OF COMPLIANCE WITH THIS POLICY THE REPORT SHOULD IN CLUDE THE NAMES, POSITIONS, TERMS OF OFFICE AND DATE COMPLIANCE STATEMENTS WERE SIGNED TH IS REPORT WHALL BE FORWARDED TO THE CAMPUS CHIEF FINANCIAL OFFICER ANNUALLY BY JUNE 30 VI OLATIONS OF THE CONFLICT OF INTEREST POLICY SHALL BE REPORTED TO THE CAMPUS CHIEF FINANCIAL OFFICER UPON DISCOVERY

Return Explanation
Reference

Form 990,
Part VI, Line
19 Required documents available to the public

Return Explanation

Form 990,	CHANGE IN SPLIT INTEREST AGREEMENT - 298778, MISCELLANEOUS2503,
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
balances	

Return Reference	Explanation
7-10	Amounts Reported represent disbursements to other exempt related organizations for service s rendered to the filing organization. The filing organization does not report employees u nder Part V, Line 2A as it has entered into contract agreements with related organizations for financial and administrative support services conducted under the direction of the filling organization.

Return Explanation

Line 15

Form 990,
Part VI,
Section B,
The University Foundation California State University, Chico does not have any paid office
rs or directors. California State University Chico a related organization, does compensate
the officers and directors and has a formal review policy

SCHEDULE R
(Form 990)

As Filed Data Related

The University Foundation California State University Chico

Department of the Treasury

Internal Revenue Service

Name of the organization

### **Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**DLN: 93493178015700**OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

95-1230865

Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answe	red "Yes	on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ac	y activity   Lega		(c) gal domicile (state r foreign country)		(d) Total income		assets	s Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year	ions Comple ·.								ecause			
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 512 (13) control entity?	
(1)California State University Chico 400 West First Street	University		CA		501(c)(1)				NA		Yes	No No
Chico, CA 95929 68-0219874												
(2) Chico State Enterprises 25 Main Street Suite 203 Chico, CA 959290246 68-0386518	Research Fo	Foundation		501(c)(3)		11				RNIA STATE SITY CHICO	Yes	
(3)Associated Students of CSU Chico 400 West First Street BMU Room 218 Chico, CA 95929 94-1254630	Auxiliary Or	ganization		CA	501(c)(3)		11		NA			No
												<u> </u>
											_	_
For Paperwork Reduction Act Notice, see the Instructions for Forn	n 990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 20	018

Part III Identification of Related Organiz one or more related organizations to				te if the or	ganızatıor	answ	vered "Ye	s" on Form	990, 1	Part I\	/, line 34 b	ecau	se it h	iad	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi Income(re unrelate excluded tax uni sections 514	nant elated, ed, from der 512-	(f) Share of total income		( <b>h</b> Dispropi allocal	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging ner?	<b>(k</b> Percer owner	ntage
									Yes	No		Yes	No		
Part IV Identification of Related Organiz because it had one or more related or							ation ans	wered "Yes	" on Fo	orm 9!	90, Part IV	, lıne	34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) egal micile or foreign	Dire	(d) ct controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income	Share	(g) of end- year assets	of- Perce	h) ntage ership	Se (1	(ı) ction 5 3) cont entit	512(b) trolled
(1)Charitable remainder trusts (16)	Charitable trust		untry) CA	NA		Trust					100 %	'n		<b>es</b>	No
(1)	enantable trust		Crt			lituse					100 /		'		
											Cabadula D	<u> </u>			

Schedule R (Form 990) 2018		Pa	ige <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

	, , , , , , , , , , , , , , , , , , , ,				1 1	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m Y	es
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	es
0	Sharing of paid employees with related organization(s)				10 Y	es
p	Reimbursement paid to related organization(s) for expenses				1p Y	es
q	Reimbursement paid by related organization(s) for expenses				1q	No
r	Other transfer of cash or property to related organization(s)				1r Y	es
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invo	lved
<b>(1)</b> C	ifornia State University Chico	Р	2,309,204	Cost		
		1		1		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
													_	
									•	Schedul	e R (Form	1 99	0) 2018	

