

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **THE CSU, CHICO RESEARCH FOUNDATION**
 Number and street (or P.O. box if mail is not delivered to street address): **CSUC - BUILDING 25, SUITE 203**
 City or town, state or country, and ZIP + 4: **CHICO, CA 95929-0246**

D Employer identification number: **68-0386518**

E Telephone number: **530-898-6815**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **WWW.CSUCHICO.EDU/RFDN**

J Organization type (check only one): 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **35,000,044.**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	1a	Direct public support		
	b	1b	Indirect public support		
	c	1c	Government contributions (grants)		
	d	1d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		0.
	2	2	Program service revenue including government fees and contracts (from Part VII, line 93)		29,153,268.
	3	3	Membership dues and assessments		
	4	4	Interest on savings and temporary cash investments		181,666.
	5	5	Dividends and interest from securities		
	6a	6a	Gross rents		
	6b	6b	Less: rental expenses		
	6c	6c	Net rental income or (loss) (subtract line 6b from line 6a)		
7	7	Other investment income (describe _____)			
Revenue	8a	(A) Securities		(B) Other	
		8a	6,794.	8a	86,763.
		8b		8b	146,563.
		8c	6,794.	8c	<59,800.>
8d	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	STMT 2	<53,006.>
Revenue	9a	9a			
		9b	9b		
			9c	Net income or (loss) from special events (subtract line 9b from line 9a)	
Revenue	10a	10a		1,062,503.	
		10b	10b		75,986.
			10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	
Expenses	11	11	Other revenue (from Part VII, line 103)		4,509,050.
	12	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		34,777,495.
	13	13	Program services (from line 44, column (B))		30,657,367.
	14	14	Management and general (from line 44, column (C))		3,317,140.
	15	15	Fundraising (from line 44, column (D))		
Expenses	16	16	Payments to affiliates (attach schedule)		
	17	17	Total expenses (add lines 16 and 44, column (A))		33,974,507.
	18	18	Excess or (deficit) for the year (subtract line 17 from line 12)		802,988.
Net Assets	19	19	Net assets or fund balances at beginning of year (from line 73, column (A))		12,819,624.
	20	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 4	5,222,961.
	21	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		18,845,573.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. **	155,744.	0.	155,744.	0.
26	Other salaries and wages	1,662,193.	314,074.	1,348,119.	
27	Pension plan contributions				
28	Other employee benefits	87,117.	87,117.		
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	393,422.		393,422.	
32	Legal fees				
33	Supplies	237,410.	196,148.	41,262.	
34	Telephone	24,145.	24,145.		
35	Postage and shipping	5,046.	5,046.		
36	Occupancy	60,541.	60,541.		
37	Equipment rental and maintenance	114,451.	114,451.		
38	Printing and publications				
39	Travel	14,819.	14,819.		
40	Conferences, conventions, and meetings				
41	Interest	273,511.	63,580.	209,931.	
42	Depreciation, depletion, etc. (attach schedule)	722,864.	102,367.	620,497.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 5	30,223,244.	29,675,079.	548,165.	
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	33,974,507.	30,657,367.	3,317,140.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 6

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,177,808.	45	652,575.
	46	Savings and temporary cash investments	3,351,654.	46	2,879,005.
	47 a	Accounts receivable	1,319,480.		
	b	Less: allowance for doubtful accounts	532,662.	47c	1,319,480.
	48 a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	76,646.	52	105,299.
	53	Prepaid expenses and deferred charges	706,590.	53	742,832.
	54	Investments - securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,095,289.	54	1,147,004.
	55 a	Investments - land, buildings, and equipment: basis			
b	Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	20,052,329.			
b	Less: accumulated depreciation STMT 11	5,062,599.	57c	14,989,730.	
58	Other assets (describe ▶ SEE STATEMENT 12)	4,996,170.	58	5,840,502.	
59	Total assets (must equal line 74). Add lines 45 through 58	25,578,616.	59	27,676,427.	
Liabilities	60	Accounts payable and accrued expenses	2,342,252.	60	2,420,011.
	61	Grants payable		61	
	62	Deferred revenue	1,925.	62	1,175.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities STMT 13	4,810,000.	64a	4,710,000.
	b	Mortgages and other notes payable STMT 14	939,271.	64b	1,294,271.
65	Other liabilities (describe ▶ SEE STATEMENT 15)	4,665,544.	65	405,397.	
66	Total liabilities. Add lines 60 through 65)	12,758,992.	66	8,830,854.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds	0.	70	0.
	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds	12,819,624.	72	18,845,573.
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	12,819,624.	73	18,845,573.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	25,578,616.	74	27,676,427.	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SPONSORED & CAMPUS PROG					29,153,268.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	181,666.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<53,006.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	713990	149.			986,368.
103 Other revenue:					
a ADMINISTRATIVE FEES					1,928,867.
b OTHER INCOME		9,634.			1,410,172.
c FIXED PRICE CONTRACTS					535,851.
d STATE APPROPRIATIONS					624,526.
e					
104 Subtotal (add columns (B), (D), and (E))		9,783.		128,660.	34,639,052.
105 Total (add line 104, columns (B), (D), and (E))					34,777,495.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have prepared 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 the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ **Date** _____ **Type or print name and title.** _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: FEB 08 2007 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **MATSON AND ISOM**
P.O. BOX 1638
CHICO, CA 95927-1638

EIN: _____ Phone no.: **(530) 891-6474**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization: **THE CSU, CHICO RESEARCH FOUNDATION** Employer identification number: **68: 0386518**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES E. O'BANNON CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIR 40.00	101,038.	11,257.	
DAVID FERGUSON CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIR 40.00	82,768.	28,115.	
STACIE CORONA CALIFORNIA STATE UNIVERSITY, CHICO, C	ASST DIRECTOR 40.00	74,917.	24,643.	
KAREN FINLEY CALIFORNIA STATE UNIVERSITY, CHICO, C	DIRECTOR 40.00	67,831.	23,243.	
DAN RIPKE CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIRECTOR 40.00	66,487.	23,186.	
Total number of other employees paid over \$50,000 ▶	17			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CRAIG HALL 1400 WEST 3RD STREET, CHICO, CA 95928	RENTAL SERVICES	279,595.
DIANE AKERS 716 CURTIS STREET, ALBANY, CA 94706	CONTRACT SERVICES	108,164.
WILLARD H WATTENBERG 2335 RUBICON COURT, WALNUT CREEK, CA 94598	CONTRACT SERVICES	105,784.
LEGAL SERVICES OF NORTHERN CALIFORNIA 517 12TH STREET, SACRAMENTO, CA 95814	LEGAL SERVICES	91,359.
SOL DATA 401 C COLLEGE AVENUE, SANTA ROSA, CA 95401	CONTRACT SERVICES	63,340.
Total number of others receiving over \$50,000 for professional services ▶	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	27,186,108.	27,066,835.	27,201,831.	31,145,892.	112,600,666.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,796,105.	2,513,658.	3,372,776.	3,669,560.	11,352,099.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	135,075.	126,595.	128,642.	158,207.	548,519.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,752,783.	4,294,096.	SEE STATEMENT 21 4,041,190.	4,247,810.	17,335,879.
23 Total of lines 15 through 22	33,870,071.	34,001,184.	34,744,439.	39,221,469.	141,837,163.
24 Line 23 minus line 17	32,073,966.	31,487,526.	31,371,663.	35,551,909.	130,485,064.
25 Enter 1% of line 23	338,701.	340,012.	347,444.	392,215.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 2,609,701.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 130,485,064.
d Add: Amounts from column (e) for lines: 18 <u>548,519.</u> 19 _____ 22 <u>17,335,879.</u> 26b _____ ▶					26d 17,884,398.
e Public support (line 26c minus line 26d total) ▶					26e 112,600,666.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 86.2939%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE CSU, CHICO RESEARCH FOUNDATION	Employer identification number 68-0386518
	Number, street, and room or suite no. If a P.O. box, see instructions. CSU CHICO, KENDALL HALL ROOM 205A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICO, CA 95929-0246	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

COPY

- The books are in the care of ▶ **JOYCE E. FRIEDMAN**
 Telephone No. ▶ **(530) 898-6815** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

ML

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	6,794.	0.	0.	6,794.
TO FORM 990, PART I, LINE 8	6,794.	0.	0.	6,794.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	86,763.	1,036,815.	0.	890,252.	<59,800.>
TO FM 990, PART I, LN 8	86,763.	1,036,815.	0.	890,252.	<59,800.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	1,062,503	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,062,503
4. COST OF GOODS SOLD (LINE 13)	75,986	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		986,517

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	76,646	
7. MERCHANDISE PURCHASED	104,639	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		181,285
12. INVENTORY AT END OF YEAR	105,299	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		75,986

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
NET TRANSFERS FROM AUXILIARIES AND CSU, CHICO	874,239.
UNREALIZED GAINS ON SECURITIES	70,692.
CUMULATIVE EFFECT OF ACCOUNTING CHANCE	4,278,030.
	<hr/>
TOTAL TO FORM 990, PART I, LINE 20	5,222,961.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	151,894.	1,425.	150,469.	
DATA PROCESSING	8,760.	8,760.		
REGISTRATION FEES	3,780.	3,780.		
MACHINE HIRE	1,812.	1,812.		
STUDENT PAYMENTS	14,845.	14,845.		
VETERINARY COSTS	21,685.	21,685.		
GRANT ADMINISTRATION EXPENSE	16,220.		16,220.	
OPERATING EXPENSES	224,251.	106,652.	117,599.	
OTHER EXPENSES	31,854.	31,854.		
FACULTY & GRANT DEVELOPMENT	860,536.	860,536.		
CAMPUS PROGRAM EXPENSES	3,285,824.	3,285,824.		
SPONSORED PROGRAMS	25,198,006.	25,198,006.		
PROFESSIONAL SERVICES	403,777.	139,900.	263,877.	
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL TO FM 990, LN 43	30,223,244.	29,675,079.	548,165.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD JACKSON	116,741.	39,003.		155,744.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	116,741.	39,003.		155,744.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				155,744.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>155,744.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

ADMINISTRATIVE SUPPORT IS GIVEN TO THE UNIVERSITY FARM, WHICH PROVIDES EDUCATIONAL OPPORTUNITIES AND INCOME IN SUPPORT OF THE ACADEMIC PROGRAM. ADMINISTRATIVE SUPPORT IS ALSO GIVEN TO THE UNIVERSITY FOUNDATION, WHICH HANDLES ALL PHILANTHROPIC FUNDS FOR CSUC. BOARD DESIGNATED FUNDS ALLOCATED FROM THE GENERAL FUND ARE USED TO SUPPORT THE DEVELOPMENT OF GRANT AND CONTRACT PROPOSALS AND TO IMPROVE CAMPUS PROGRAMS.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

28,483,830.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

THE GENERATION AND ADMINISTRATION OF OVER 250 EXTERNALLY FUNDED TEACHING, RESEARCH AND SERVICE PROJECTS (CONTRACTS & GRANTS) FROM FEDERAL, STATE AND PRIVATE SOURCES EACH YEAR. MOST OF THESE "SPONSORED PROGRAMS" PROVIDE EDUCATIONAL OPPORTUNITIES FOR STUDENTS AS WELL. FISCAL ADMINISTRATION OF ALMOST 400 "CAMPUS PROGRAMS" WHICH ARE DEPOSITORY ACCOUNTS FOR CAMPUS ORGANIZATIONS WHO DEPOSIT FUNDRAISING MONIES WITH THE FOUNDATION AND WRITE CHECKS AGAINST THEIR ACCOUNTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		2,173,537.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

TO PROMOTE & ASSIST THE EDUCATIONAL & PUBLIC SERVICE FUNCTIONS OF CSU, CHICO BY ADMINISTERING VARIOUS GRANTS, FARM OPERATIONS & OTHER ACTIVITIES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND FUNDS	FMV		318,403.		318,403.
EQUITY FUNDS	FMV	828,601.			828,601.
TO FORM 990, LINE 54, COL B		828,601.	318,403.		1,147,004.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	5,742,392.	0.	5,742,392.
BUILDINGS AND IMPROVEMENTS	10,068,685.	2,284,722.	7,783,963.
EQUIPMENT AND FURNISHINGS	4,241,252.	2,777,877.	1,463,375.
TOTAL TO FORM 990, PART IV, LN 57	<u>20,052,329.</u>	<u>5,062,599.</u>	<u>14,989,730.</u>

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	AMOUNT
BREEDING LIVESTOCK	38,740.
SPONSORED PROGRAMS RECEIVABLE	5,513,276.
NET BOND SALE COSTS	268,486.
PROPERTY HELD FOR SALE	20,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>5,840,502.</u>

FORM 990

TAX-EXEMPT BOND LIABILITIES OUTSTANDING

STATEMENT 13

PURPOSE OF ISSUE

PURCHASE OF BUILDING AT 25 MAIN ST, CHICO CA

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	4,710,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

4,710,000.

THE CSU, CHICO RESEARCH FOUNDATION

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
RIVER NETWORK	VARIES

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
09/28/01	06/30/04	450,000.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
REAL PROPERTY	BIG CHICO CREEK ECOLOGICAL PRESERVE

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	490,300.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
JOHN DIMICHELE	INTEREST PAYABLE MONTHLY, PRINCIPLE PAYABLE AT MATURITY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
08/01/05	08/01/10	380,000.	6.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
REAL PROPERTY	

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	380,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u>1,294,271.</u>
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FORM 990	OTHER LIABILITIES	STATEMENT 15
DESCRIPTION		AMOUNT
	DEPOSITS HELD FOR OTHERS	10,275.
	RESERVE FOR GRANT COST DISALLOWANCE	395,122.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		405,397.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 16
DESCRIPTION		AMOUNT
	COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	75,986.
	OTHER LOSS REPORTED IN EXPENSE SECTION OF FINANCIALS	16,609.
TOTAL TO FORM 990, PART IV-A		92,595.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 17
DESCRIPTION		AMOUNT
	COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	75,986.
	OTHER LOSS REPORTED IN EXPENSE SECTION OF FINANCIALS	16,609.
TOTAL TO FORM 990, PART IV-B		92,595.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 18

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SCOTT MCNALL CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0110	PRESIDENT 5.00	0.	0.	0.
DENNIS GRAHAM CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0025	TREASURER 5.00	0.	0.	0.
RICHARD JACKSON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	SECRETARY 40.00	116,741.	39,003.	0.
LAL SINGH CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0310	FACULTY MEMBER 2.00	0.	0.	0.
JESSICA FRENCH CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	STUDENT MEMBER 2.00	0.	0.	0.
JANE DOLAN CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	COMMUNITY MEMBER 2.00	0.	0.	0.
JUD CARTER CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	COMMUNITY MEMBER 2.00	0.	0.	0.
RICK COLETTI CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.	0.	0.
PAUL ZINGG CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0150	MEMBER 2.00	0.	0.	0.
JAMES MOON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.	0.	0.
KATHERINE MILO CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0600	MEMBER 2.00	0.	0.	0.

THE CSU, CHICO RESEARCH FOUNDATION

68-0386518

RICHARD ELLISON MEMBER
CALIFORNIA STATE UNIVERSITY, CHICO 2.00
CHICO, CA 95929

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

<u>116,741.</u>	<u>39,003.</u>	<u>0.</u>
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FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 19

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
RICHARD ELLISON	157,836.	38,871.	

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
CSU, CHICO	94-6001347

RELATIONSHIP BETWEEN ORGANIZATIONS

MUTUALLY SUPPORTIVE ORGANIZATIONS

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
DENNIS GRAHAM	160,800.	43,877.	

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
CSU, CHICO	94-6001347

RELATIONSHIP BETWEEN ORGANIZATIONS

MUTUALLY SUPPORTIVE ORGANIZATIONS

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
SCOTT MCNALL	195,000.	49,652.	

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
CSU, CHICO	94-6001347

RELATIONSHIP BETWEEN ORGANIZATIONS

MUTUALLY SUPPORTIVE ORGANIZATIONS

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
KATHERINE MILO	117,323.	31,368.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CSU, CHICO		94-6001347	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
MUTUALLY SUPPORTIVE ORGANIZATIONS			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JAMES MOON	145,800.	41,226.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CSU, CHICO		94-6001347	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
MUTUALLY SUPPORTIVE ORGANIZATIONS			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
LAL SINGH	44,604.	13,381.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
CSU, CHICO		94-6001347	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
MUTUALLY SUPPORTIVE ORGANIZATIONS			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
PAUL ZINGG	298,756.	58,442.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
CSU, CHICO	94-6001347

RELATIONSHIP BETWEEN ORGANIZATIONS

MUTUALLY SUPPORTIVE ORGANIZATIONS

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 20
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SPONSORED PROGRAMS PROVIDED FUNDS FOR RESEARCH AND SERVICE PROGRAMS THAT SUPPORTED THE ACADEMIC MISSION OF THE UNIVERSITY.
102	SALES OF LIVESTOCK AND CROPS ARE BYPRODUCTS OF THE UNIVERSITY'S AGRICULTURAL PROGRAM.
103A	INDIRECT COST RECOVERY ON SPONSORED PROGRAMS ARE USED TO OFFSET THE ADMINISTRATIVE EXPENSE OF ADMINISTRATING UNIVERSITY GRANTS AND CONTRACTS.
103B	FEES AND CHARGES ARE USED TO HELP OFFSET THE COSTS OF ADMINISTERING UNIVERSITY PROGRAMS AND SERVICES, AND OTHER MISCELLANEOUS ITEMS.
103C	FEES AND CHARGES ARE USED TO HELP OFFSET THE COSTS OF ADMINISTERING UNIVERSITY PROGRAMS AND SERVICES, AND OTHER MISCELLANEOUS ITEMS.
103D	STATE AGRICULTURAL RESEARCH INITIATIVE FURTHERS THE UNIVERSITY'S AGRICULTURAL PROGRAM.

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
ADMINISTRATIVE FEES	1,845,278.	1,762,369.	1,861,015.	1,757,776.
MISCELLANEOUS	1,429,535.	912,853.	1,013,907.	865,853.
FIXED PRICE CONTRACTS	897,878.	1,077,441.	600,941.	1,624,181.
STATE APPROPRIATIONS	580,092.	541,433.	565,327.	0.
TOTAL TO SCHEDULE A, LINE 22	4,752,783.	4,294,096.	4,041,190.	4,247,810.

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

Department of the Treasury
Internal Revenue Service

For calendar year 2005 or other tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**

2005

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE CSU, CHICO RESEARCH FOUNDATION Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) CSUC - BUILDING 25, SUITE 203 City or town, state, and ZIP code CHICO, CA 95929-0246	D Employer identification number (Employees' trust, see instructions for Block D on page 7.) 68-0386518 E New unrelated bus. activity codes (See instructions for Block E on page 7.) 517000 713990
C Book value of all assets at end of year 27,676,427.	F Group exemption number (see instructions for Block F) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ **MARINA, CAMPGROUNDS**

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

J The books are in care of ▶ **JOYCE E. FRIEDMAN** Telephone number ▶ **(530) 898-6815**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 149.			
b Less returns and allowances c Balance ▶	1c 149.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 149.		149.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions - attach schedule.) STATEMENT 22	12 9,634.		9,634.
13 Total. Combine lines 3 through 12	13 9,783.		9,783.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 23	28	1,723.
29 Total deductions. Add lines 14 through 28	29	1,723.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	8,060.
31 Net operating loss deduction (limited to the amount on line 30)	31	8,060.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (See instructions) 40b 40c General business credit - Check here and indicate which forms are attached: [] Form 3800 [] Form(s) (specify) 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2004 overpayment credited to 2005 44a 44b 2005 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations - Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44f 45 Total payments. Add lines 44a through 44f 45 46 Estimated tax penalty (See instructions). Check [] if Form 2220 is attached 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0. 49 Enter the amount of line 48 you want: Credited to 2006 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 16.)

1 At any time during the 2005 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here Yes No X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 5 of the instructions for other forms the organization may have to file. Yes No X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

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

Sign Here

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

Signature of officer [Signature] Date [] Title [] May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer's Use Only

Preparer's signature [Signature] Date FEB 08 2007 Check if self-employed [] Preparer's SSN or PTIN EIN 94-2222122 Phone no. (530) 891-6474 Firm's name (or yours if self-employed), address, and ZIP code MATSON AND ISOM P.O. BOX 1638 CHICO, CA 95927-1638 Form 990-T (2005)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See instr. on pg 17.)

1 Description of property

Table with 4 rows for property descriptions (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 17.)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals. Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

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

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

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

(See instructions on page 19.)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0.

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

(See instructions on page 19.)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

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

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (See instructions on page 20.)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Total row shows 0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THE CSU, CHICO RESEARCH FOUNDATION	Employer identification number 68-0386518
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. CSU CHICO, KENDALL HALL ROOM 205A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICO, CA 95929-0246	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-E (not 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JOYCE E. FRIEDMAN**
 Telephone No. ▶ **(530) 898-6815** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

MC

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

MONTH JULY	DAY 1	YEAR 2005	MONTH JUNE	DAY 30	YEAR 2006
IMPORTANT: Your number is required.					
California corporation number 1784872			Federal employer identification number (FEIN) 68-0386518		
Corporation/Organization name THE CSU, CHICO RESEARCH FOUNDATION					
Address CSUC - BUILDING 25, SUITE 203				PMB no.	
City CHICO, CA		State 95929-0246		ZIP Code	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date					
B Check forms filed this year: State: <input checked="" type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input checked="" type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120					
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>					
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
E Accounting method used ACCRUAL					
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <input type="checkbox"/> IRC Section 4947(a)(1) trust <input type="checkbox"/> (insert letter)					

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	35,000,044.
	2	Gross dues and assessments from members and affiliates	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	•	4	35,000,044.
(Enclose, but do not staple any payment.)	5	Cost of goods sold STMT 1	•	5	75,986.
	6	Cost or other basis, and sales expenses of assets sold	•	6	146,563.
	7	Total costs. Add line 5 and line 6	•	7	222,549.
	8	Total gross income. Subtract line 7 from line 4	•	8	34,777,495.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	33,974,507.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	802,988.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	•	11	10.
	12	Penalty for failure to file on time. See General Instruction L	•	12	
	13	Use tax. See instructions	•	13	
	14	Balance due. Add line 11, line 12, and line 13	•	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ 9,783.
- 19** The financial records are in care of JOYCE E. FRIEDMAN Daytime telephone (530) 898-6815
located at CSUC, BMU, CHICO, CA 95929

Please Sign Here

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

Signature of officer **COPY** Date _____ Title _____ Daytime telephone _____

Paid Preparer's Use Only

Paid Preparer's signature _____ Date **FEB 08 2007** Check if self-employed Paid preparer's SSN or PTIN _____

Firm's name (or yours, if self-employed) and address **MATSON AND ISOM** FEIN **94-2222122**
P.O. BOX 1638
CHICO, CA 95927-1638 Daytime telephone **(530) 891-6474**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,062,503.
	2	Interest	2	181,666.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	93,557.
	7	Other income	7	33,662,318.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	35,000,044.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees	11	155,744.
	12	Other salaries and wages	12	1,662,193.
	13	Interest	13	273,511.
	14	Taxes	14	
	15	Rents	15	174,992.
	16	Depreciation and depletion	16	722,864.
	17	Other	17	30,985,203.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	33,974,507.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		4,529,462.		3,531,580.
2 Net accounts receivable		532,662.		1,319,480.
3 Net notes receivable				
4 Inventories		76,646.		105,299.
5 Federal and state government obligations				
6 Investments in other bonds STMT 6		324,260.		318,403.
7 Investments in stock STMT 7		771,029.		828,601.
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	14,018,647.		14,309,937.	
b Less accumulated depreciation	(5,240,041.)	8,778,606.	(5,062,599.)	9,247,338.
11 Land		4,863,191.		5,742,392.
12 Other assets STMT 8		5,702,760.		6,583,334.
13 Total assets		25,578,616.		27,676,427.
Liabilities and net worth				
14 Accounts payable		2,342,252.		2,420,011.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 9		5,749,271.		6,004,271.
17 Mortgages payable				
18 Other liabilities STMT 10		4,667,469.		406,572.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		12,819,624.		18,845,573.
22 Total liabilities and net worth		25,578,616.		27,676,427.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	6,025,949.	
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		
6	Total. Add line 1 through line 5	6,025,949.	
7	Income recorded on books this year not included in this return STMT 11		5,222,961.
8	Deductions in this return not charged against book income this year		
9	Total. Add line 7 and line 8		5,222,961.
10	Net income per return. Subtract line 9 from line 6		802,988.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		76,646
2. MERCHANDISE PURCHASED.	104,639	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		181,285
7. INVENTORY AT END OF YEAR		105,299
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		75,986

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	0.	0.	0.	6,794.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED				
NAME OF BUYER							
VARIOUS				1,036,815.	890,252.	0.	86,763.
TOTAL TO FORM 199, PAGE 2, LN 6				1,036,815.	890,252.	0.	93,557.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE FEES	1,928,867.
OTHER INCOME	1,419,806.
FIXED PRICE CONTRACTS	535,851.
STATE APPROPRIATIONS	624,526.
SPONSORED & CAMPUS PROG	29,153,268.
TOTAL TO FORM 199, PART II, LINE 7	33,662,318.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SCOTT MCNALL CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0110	PRESIDENT 5.00	0.
DENNIS GRAHAM CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0025	TREASURER 5.00	0.
RICHARD JACKSON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	SECRETARY 40.00	155,744.
LAL SINGH CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0310	FACULTY MEMBER 2.00	0.
JESSICA FRENCH CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	STUDENT MEMBER 2.00	0.
JANE DOLAN CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	COMMUNITY MEMBER 2.00	0.
JUD CARTER CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	COMMUNITY MEMBER 2.00	0.
RICK COLETTI CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.
PAUL ZINGG CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0150	MEMBER 2.00	0.
JAMES MOON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.
KATHERINE MILO CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929-0600	MEMBER 2.00	0.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
EQUITY FUNDS	771,029.	828,601.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	771,029.	828,601.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	706,590.	742,832.	
BREEDING LIVESTOCK	61,060.	38,740.	
SPONSORED PROGRAMS RECEIVABLE	4,641,571.	5,513,276.	
NET BOND SALE COSTS	278,539.	268,486.	
PROPERTY HELD FOR SALE	15,000.	20,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,702,760.	6,583,334.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TAX-EXEMPT BONDS LIABILITIES	4,810,000.	4,710,000.	
STATE OF CALIFORNIA	73,971.	73,971.	
CITY OF CHICO	375,000.	350,000.	
RIVER NETWORK	490,300.	490,300.	
JOHN DIMICHELE	0.	380,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	5,749,271.	6,004,271.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS HELD FOR OTHERS	4,286,642.	10,275.	
RESERVE FOR GRANT COST DISALLOWANCE	378,902.	395,122.	
DEFERRED REVENUE	1,925.	1,175.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	4,667,469.	406,572.	

FORM 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 11

DESCRIPTIONAMOUNT

UNREALIZED GAINS ON SECURITIES

70,692.

NET TRANSFERS

874,239.

CUMULATIVE EFFECT OF ACCOUNTING CHANGE

4,278,030.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

5,222,961.

YEAR
2005

California Exempt Organization Business Income Tax Return

FORM
109

For calendar year 2005 or fiscal year beginning month JUL day 1 year 2005, and ending month JUN day 30 year 2006

California corporation or organization number
1784872

FEBN
68-0386518

Corporation/organization name
THE CSU, CHICO RESEARCH FOUNDATION

Address
CSUC - BUILDING 25, SUITE 203

PMB no

City, State, ZIP Code
CHICO, CA 95929-0246

C Final return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized

If a box is checked, enter effective date

D Nature of trade or business MARINA, CAMPGROUNDS

E Accounting method used ACCRUAL

F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No

G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No

A Is this an education IRA within the meaning of R&TC Section 23712? Yes No

B Is the organization currently under audit? Yes No

H Unrelated Business Activity (UBA) Code 517000

Organizations Taxable as Corporations Attach Check or Money Order	1	Unrelated business taxable income from Side 2, Part II, line 30	1	7,060.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	2	7,060.
	3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	3	
	4	Net Operating Loss deduction from form FTB 3805Q. See General Information N	4	8,060.
	5	Add line 3 and line 4	5	8,060.
	6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	6	<1,000.>
	7	Tax. <u>8.84</u> % x line 6. See General Information J	7	0.
	8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	8	
	9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	9	0.
Organizations Taxable as Trusts Tax Computation	10	Unrelated business taxable income from Side 2, Part II, line 30	10	
	11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	11	
	12	Net Operating Loss deduction from form FTB 3805V. See General Information N	12	
	13	Add line 11 and line 12	13	
	14	Net unrelated business taxable income. Subtract line 13 from line 10	14	
	15	Tax on amount on line 14. See General Information J	15	
	16	Tax credits from Schedule B, line 7, or Schedule P (541). See Schedule B instructions	16	
	17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	17	
Total Tax	18	Tax from line 9 or line 17	18	0.
	19	Alternative minimum tax. See General Information O	19	
	20	Total tax. Add line 18 and line 19	20	0.
Payments	21	Overpayment from a prior year allowed as a credit	21	
	22	2005 estimated tax payments and taxes withheld	22	
	23	Amount paid with automatic extension (FTB 3539)	23	
	24	Total payments and credits. Add line 21 through line 23	24	
Refund (Direct Deposit of Refund) or Amount Due	25	Tax due. Subtract line 24 from line 20. Pay entire amount with return	25	0.
	26	Overpayment. Subtract line 20 from line 24	26	0.
	27	Enter amount of line 26 to be applied to 2006 estimate tax	27	
	28	Use tax. See instructions	28	
	29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	29	
	a Fill in the account information to have the refund directly deposited. Routing number		29a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number		29c	
	30	Penalties and interest. See General Information M	30	
31	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result	32	0.	

Person to contact for additional information: _____ Telephone _____

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

Signature of er COPY Date _____ Title _____ Daytime telephone _____

Paid Preparer's signature _____ Date FEB 08 2007 Check if self-employed Paid Preparer's SSN/PTIN _____

Firm's name (or yours, if self-employed) and address
MATSON AND ISOM
P.O. BOX 1638
CHICO, CA 95927-1638

Daytime telephone (530) 891-6474

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales	149.	b Less returns and allowances		Balance	1c	149.
2	Cost of goods sold and/or operations from Schedule A, line 7						
3	Gross profit. Subtract line 2 from line 1c						
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a	
	b Net gain (loss) from Part II, Schedule D-1					4b	
	c Capital loss deduction for trusts					4c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule						
6	Rental income from Schedule C						
7	Unrelated debt-financed income from Schedule D						
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E						
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F						
10	Exploited exempt activity income from Schedule G						
11	Advertising income from Schedule H, Part III, Column A						
12	Other income SEE STATEMENT 12						
13	Total unrelated trade or business income. Add line 3 through line 12						

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

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

Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify) **N/A**

1	Inventory at beginning of year						
2	Purchases						
3	Cost of labor						
4	a Additional IRC Section 263A costs	4a					
	b Other costs	4b					
5	Total. Add line 1 through line 4b						
6	Inventory at end of year						
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2						

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

1	Enter credit name	code no.	•	1	
2	Enter credit name	code no.	•	2	
3	Enter credit name	code no.	•	3	
4	Enter credit name	code no.	•	4	
5	Enter credit name	code no.	•	5	
6	Enter credit name	code no.	•	6	
7	Total. Add line 1 through line 6. Enter here and on Side 1, line 8, for corporations and associations, or line 16 for trusts				

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

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

Table with 3 main columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property. Includes sub-headers for deductions and net income.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

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

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Income (Annuities, Interest, Rents, and Royalties) From Controlled Organizations

Table with 8 columns: 1 Name and address of controlled organizations, 2 Gross income from controlled organizations, 3 Deductions directly connected with column 2 income, 4 Exempt controlled organizations, 5 Nonexempt controlled organizations, 6 Gross income reportable, 7 Allowable deductions, 8 Net income includible.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

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

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

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

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

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

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

Schedule K Add-On Taxes or Recapture of Tax

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	• 1	
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	• 2a	
b Method for non-dealer installment obligations	• 2b	
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	• 3	
4 Credit recapture. Credit name	• 4	
5 Total. Combine the amounts on line 1 through line 4	• 5	

Schedule R Apportionment Formula Worksheet

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

2005

Net Operating Loss (NOL) Computation and Net and Disaster Loss Limitations — Corporations

3805Q

Attach to your California tax return (Form 100, Form 100S, Form 100W, or Form 109).

Corporation name CSU, Chico Research Foundation	California corporation number 1784872
During the year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="checkbox"/> Exempt Organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN 680386518

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number

Note: If the corporation is included in a combined report of a unitary group, see Instructions, General Information C, Combined Reporting.

PART I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number	1
2 2005 disaster loss from line 1. Enter as a positive number	2
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3
4 a Enter the amount of the loss incurred by a new business included in line 3	4a
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b
c Add line 4a and line 4b	4c
5 General NOL. Subtract line 4c from line 3	5
6 2005 NOL carryover. Add line 2, line 4c, and line 5. See instructions	6

PART II NOL carryover and disaster loss carryover limitations. See Instructions.

1 Net income (loss) — Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2	(g) Available balance	
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Prior Year NOLs

(a) Year of loss	(b) Code — See instructions for Part II, column (b)	(c) Type of NOL — See below	(d) Initial loss	(e) Carryover from 2004	(f) Amount used in 2005	(h) Carryover to 2006 col. (e) - col. (f)
2 2003		GEN	52,871.00	42,067.00	8,060.00	34,007.00

Current Year NOLs

(a) Year of loss	(b) Code — See instructions for Part II, column (b)	(c) Type of NOL — See below	(d) Initial loss	(e) Carryover from 2004	(f) Amount used in 2005	(h) Carryover to 2006 col. (d) - col. (f)
3 2005		DIS				
4 2005						

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), Title 11 (T11), or Disaster (DIS).

PART III 2005 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	1	8060.00
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22, or Form 100S, line 20. Form 109 filers enter -0-	2	
3 Subtract line 2 from line 1. Enter this amount on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 4	3	8060.00

FORM 109 OTHER INCOME STATEMENT 12

DESCRIPTION	AMOUNT
OTHER INCOME	9,634.
TOTAL TO FORM 109, PAGE 2, LINE 12	9,634.

FORM 109 OTHER DEDUCTIONS STATEMENT 13

DESCRIPTION	AMOUNT
OTHER OPERATING EXPENSES	1,723.
TOTAL TO FORM 109, PAGE 2, LINE 24	1,723.

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: <u>CT 102886</u> <u>THE CSU, CHICO RESEARCH FOUNDATION</u> <small>Name of Organization</small> <u>CSUC - BUILDING 25, SUITE 203</u> <small>Address (Number and Street)</small> <u>CHICO, CA 95929-0246</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1784872</u> Federal Employer I.D. No. <u>68-0386518</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2005 ending 06/30/2006) list:
 Gross annual revenue \$ 34,777,495. Total assets \$ 27,676,427.

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

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

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

Organization's area code and telephone number 530-898-6815

Organization's e-mail address SCORONA@CSUCHICO.EDU

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

COPY

Signature of authorized officer _____

Title _____

Date _____

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 14

US SMALL BUSINESS ADMINISTRATION
721 19TH STREET
DENVER, CO 80202
DORIS YOUNG 202-205-6185

REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY
120 HAVILAND HALL
BERKELEY, CA 94720-7400
CHRIS MATHAIS 510-642-9272

CA DEPARTMENT OF MENTAL HEALTH
1600 NINTH STREET, SUITE 100
SACRAMENTO, CA 95814
ROBYN HOPE 916-653-8831

CALIFORNIA DEPARTMENT OF AGING
1600 K STREET
SACRAMENTO, CA 95814-4020
RACHEL DE LA CRUZ 916-322-0773

CA DEPARTMENT OF HEALTH SERVICES
CANCER PREVENTION & NUTRITION SECTION
MS 7204
P.O. BOX 997413
SACRAMENTO, CA 95899-7413
CRISTINA ACOSTA 916-552-9932