

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)

2006

Open to Public Inspection

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 2006 calendar year, or tax year beginning JUL 1, 2006 **and ending** JUN 30, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CSU, CHICO RESEARCH FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 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 530-898-6811 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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**

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **33,955,578.**

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

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

	Description			Amount	
Revenue	1 Contributions, gifts, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		28,048,482.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		293,587.	
	5 Dividends and interest from securities	5			
Revenue	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7 Other investment income (describe ▶)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	10,033.	
		(B) Other	8b		
			8c	10,033.	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1	10,033.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
		b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
10 a Gross sales of inventory, less returns and allowances		10a	1,004,335.		
	b Less: cost of goods sold	10b	203,421.		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 2	800,914.	
11 Other revenue (from Part VII, line 103)	11		4,599,141.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		33,752,157.		
Expenses	13 Program services (from line 44, column (B))	13		29,686,849.	
	14 Management and general (from line 44, column (C))	14		3,540,219.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		33,227,068.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		525,089.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		18,845,573.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	881,415.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		20,252,077.	

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) 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)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	125,234.	0.	125,234.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,917,788.	344,982.	1,572,806.	
27 Pension plan contributions not included on lines 25a, b, and c	116,016.	116,016.		
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	415,869.		415,869.	
32 Legal fees				
33 Supplies	292,817.	250,739.	42,078.	
34 Telephone	22,775.	22,775.		
35 Postage and shipping	4,936.	4,936.		
36 Occupancy	60,806.	60,806.		
37 Equipment rental and maintenance	99,773.	99,773.		
38 Printing and publications				
39 Travel	28,580.	28,580.		
40 Conferences, conventions, and meetings				
41 Interest	266,846.	58,748.	208,098.	
42 Depreciation, depletion, etc. (attach schedule)	801,288.	112,422.	688,866.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	29,074,340.	28,587,072.	487,268.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	33,227,068.	29,686,849.	3,540,219.	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

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	652,575.	45	478,539.	
	46 Savings and temporary cash investments	2,879,005.	46	4,358,945.	
	47 a Accounts receivable	1,250,017.			
	b Less: allowance for doubtful accounts	947.			
			1,319,480.	47c	1,249,070.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use	105,299.	52		122,269.
	53 Prepaid expenses and deferred charges	742,832.	53		809,348.
	54 a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,147,004.	54a		1,460,347.
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	21,076,269.				
b Less: accumulated depreciation	5,740,451.				
		14,989,730.	57c	15,335,818.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 8)	5,840,502.	58		6,047,190.	
59 Total assets (must equal line 74). Add lines 45 through 58	27,676,427.	59		29,861,526.	
Liabilities	60 Accounts payable and accrued expenses	2,420,011.	60	3,090,927.	
	61 Grants payable		61		
	62 Deferred revenue	1,175.	62	1,925.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities STMT 9	4,710,000.	64a		4,610,000.
	b Mortgages and other notes payable STMT 10	1,294,271.	64b		1,486,607.
	65 Other liabilities (describe ► SEE STATEMENT 11)	405,397.	65		419,990.
66 Total liabilities. Add lines 60 through 65	8,830,854.	66		9,609,449.	
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	18,845,573.	72		20,252,077.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	18,845,573.	73		20,252,077.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	27,676,427.	74		29,861,526.	

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? 82a Yes No X
b 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. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h 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? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 a 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? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 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? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed CA
b Number of employees employed in the pay period that includes March 12, 2006 90b 563
91 a The books are in care of JOYCE E. FRIEDMAN Telephone no. (530) 898-6815
Located at CSUC, BMU, CHICO, CA ZIP + 4 95929
b 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)? 91b Yes No X
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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 92 N/A

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					28,048,482.
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	293,587.	
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	10,033.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					800,914.
103 Other revenue:					
a ADMINISTRATIVE FEES					2,096,102.
b OTHER INCOME					1,526,484.
c FIXED PRICE CONTRACTS					469,269.
d STATE APPROPRIATIONS					507,286.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		303,620.	33,448,537.
105 Total (add line 104, columns (B), (D), and (E))					33,752,157.

Note: Line 105 plus line 1e, 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 17

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here
 Signature of officer: **RICHARD JACKSON, SECRETARY**
 Date: _____
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____
 Date: FEB 14 2008
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 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)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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 2 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
BURTON BUNDY CALIFORNIA STATE UNIVERSITY, CHICO, CA	PROJECT DIR 40.00	72,193.	5,214.	
DAVID FERGUSON CALIFORNIA STATE UNIVERSITY, CHICO, CA	PROJECT DIR 40.00	85,608.	6,674.	
ARLENE HOSTETTER CALIFORNIA STATE UNIVERSITY, CHICO, CA	PROJECT DIRECTOR 40.00	67,937.	5,185.	
KAREN FINLEY CALIFORNIA STATE UNIVERSITY, CHICO, CA	DIRECTOR 40.00	75,586.	5,806.	
DAN RIPKE CALIFORNIA STATE UNIVERSITY, CHICO, CA	PROJECT DIRECTOR 40.00	73,187.	5,850.	
Total number of other employees paid over \$50,000 ▶	29			

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	230,931.
WILLARD H WATTENBERG 2335 RUBICON COURT, WALNUT CREEK, CA 94598	CONTRACT SERVICES	141,227.
LEGAL SERVICES OF NORTHERN CALIFORNIA 517 12TH STREET, SACRAMENTO, CA 95814	LEGAL SERVICES	118,030.
NARIN HINGORANI 26480 WESTON DR., LOS ALTOS HILLS, CA 94022	CONTRACT SERVICES	72,900.
Total number of others receiving over \$50,000 for professional services ▶	0	

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)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	27,493,995.	27,186,108.	27,066,835.	27,201,831.	108,948,769.
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	1,062,503.	1,796,105.	2,513,658.	3,372,776.	8,745,042.
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	181,666.	135,075.	126,595.	128,642.	571,978.
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	4,509,050.	4,752,783.	SEE STATEMENT 18 4,294,096.	4,041,190.	17,597,119.
23 Total of lines 15 through 22	33,247,214.	33,870,071.	34,001,184.	34,744,439.	135,862,908.
24 Line 23 minus line 17	32,184,711.	32,073,966.	31,487,526.	31,371,663.	127,117,866.
25 Enter 1% of line 23	332,472.	338,701.	340,012.	347,444.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,542,357.
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 2002 through 2005 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 127,117,866.
d Add: Amounts from column (e) for lines: 18 571,978. 19 _____ 22 17,597,119. 26b _____					26d 18,169,097.
e Public support (line 26c minus line 26d total)					26e 108,948,769.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.7069%
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 2002 through 2005, 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.

NONE

Part V

Private School Questionnaire (See page 9 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
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?		
b	Has the organization's right to such aid ever been revoked or suspended?		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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 (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		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	41	
	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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

▶ 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. *MK*

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization 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. CALIFORNIA STATE UNIVERSITY	
	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 |

- 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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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.

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

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
INVESTMENTS	10,033.	0.	0.	10,033.
TO FORM 990, PART I, LINE 8	10,033.	0.	0.	10,033.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	1,004,335	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,004,335
4. COST OF GOODS SOLD (LINE 13)	203,421	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		800,914

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	105,299	
7. MERCHANDISE PURCHASED	220,391	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		325,690
12. INVENTORY AT END OF YEAR	122,269	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		203,421

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
NET TRANSFERS FROM AUXILIARIES AND CSU, CHICO		755,330.	
UNREALIZED GAINS ON SECURITIES		126,085.	
TOTAL TO FORM 990, PART I, LINE 20		881,415.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	163,226.	1,425.	161,801.		
REGISTRATION FEES	1,852.	1,852.			
MACHINE HIRE	17,053.	17,053.			
STUDENT PAYMENTS	8,203.	8,203.			
VETERINARY COSTS	19,840.	19,840.			
GRANT ADMINISTRATION EXPENSE	11,346.		11,346.		
OPERATING EXPENSES	170,087.	136,737.	33,350.		
OTHER EXPENSES	44,060.	44,060.			
FACULTY & GRANT DEVELOPMENT	1,001,706.	1,001,706.			
CAMPUS PROGRAM EXPENSES	3,621,962.	3,621,962.			
SPONSORED PROGRAMS	23,620,700.	23,620,700.			
PROFESSIONAL SERVICES	394,305.	113,534.	280,771.		
TOTAL TO FM 990, LN 43	29,074,340.	28,587,072.	487,268.		

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

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
	27,242,662.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

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		2,444,187.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

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

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
BREEDING LIVESTOCK	78,980.
SPONSORED PROGRAMS RECEIVABLE	5,689,776.
NET BOND SALE COSTS	258,434.
PROPERTY HELD FOR SALE	20,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	6,047,190.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 9

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.	4,610,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 4,610,000.

<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.

LENDER'S NAME WAGNER TERMS OF REPAYMENT INTEREST AND PRINCIPAL

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
09/08/06	09/08/10	250,000.	7.00%

SECURITY PROVIDED BY BORROWER REAL PROPERTY PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	217,336.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,486,607.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
DEPOSITS HELD FOR OTHERS	14,536.
RESERVE FOR GRANT COST DISALLOWANCE	405,454.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	419,990.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND FUNDS	FMV		371,715.		371,715.
EQUITY FUNDS	FMV	1,088,632.			1,088,632.
TO FORM 990, LINE 54A, COL B		1,088,632.	371,715.		1,460,347.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	203,421.
UNREALIZED GAINS	126,085.
TOTAL TO FORM 990, PART IV-A	329,506.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	203,421.
TOTAL TO FORM 990, PART IV-B	203,421.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SANDRA FLAKE 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/ ED 40.00	114,229.	11,005.	0.
REBECCA LYTLE 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.

THE CSU, CHICO RESEARCH FUNDATION

68-0386518

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	MEMBER 2.00	0.	0.	0.
DREW CALANDRELLA CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.	0.	0.
KATHERINE MILO CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.	0.	0.
RICHARD ELLISON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>114,229.</u>	<u>11,005.</u>	<u>0.</u>

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 16

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
RICHARD ELLISON	166,128.	42,503.	
<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>
DENNIS GRAHAM	168,840.	48,005.	
<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>
DREW CALANDRELLA	157,125.	48,552.	
<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>
KATHERINE MILO	118,980.	33,864.	
<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>
SANDRA FLAKE	48,750.	14,907.	
<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>
REBECCA LYTLER	63,530.	15,910.	
<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	309,266.	63,750.	
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 ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

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 18
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
ADMINISTRATIVE FEES	1,928,867.	1,845,278.	1,762,369.	1,861,015.
MISCELLANEOUS	1,419,806.	1,429,535.	912,853.	1,013,907.
FIXED PRICE CONTRACTS	535,851.	897,878.	1,077,441.	600,941.
STATE APPROPRIATIONS	624,526.	580,092.	541,433.	565,327.
TOTAL TO SCHEDULE A, LINE 22	4,509,050.	4,752,783.	4,294,096.	4,041,190.

Depreciation and Amortization 990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

THE CSU, CHICO RESEARCH FOUNDATION

FORM 990 PAGE 2

68-0386518

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	801,288.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	801,288.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32.												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

YEAR
2006

California Exempt Organization Annual Information Return

628941/12-21-06
FORM

199

MONTH DAY YEAR MONTH DAY YEAR
For calendar or fiscal year beginning **JULY 1 2006** and ending **JUNE 30 2007**

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 including Suite, Room, or PMB no.
CSUC - BUILDING 25, SUITE 203

City State ZIP Code
CHICO, CA 95929-0246

A Final return? Check applicable box Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date

B Check forms filed this year State 109 100 100S 100W
 Federal: 990 990E7 990T 990PF 1041 1120H 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.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **ACCRUAL**

F Type of organization Exempt under Section 23701 **d** (insert letter)
 IRC Section 4947(a)(1) trust

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	33,955,578.
	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	33,955,578.
(Enclose, but do not staple, any payment.)	5	Cost of goods sold STMT 1	• 5	203,421.
	6	Cost or other basis, and sales expenses of assets sold	• 6	
	7	Total costs. Add line 5 and line 6	• 7	203,421.
Expenses	8	Total gross income. Subtract line 7 from line 4	• 8	33,752,157.
	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	34,028,356.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	-276,199.
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 "General Instruction M"	• 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 \$ _____
- 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.

Paid Preparer's Use Only
 Signature of officer _____ Date _____ Title **SECRETARY** Daytime telephone _____
 Paid Preparer's signature _____ Date **FEB 14 2008** 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 Daytime telephone **(530) 891-6474**
CHICO, CA 95927-1638

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.

628951/12-21-06

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,004,335.
	2	Interest	2	293,587.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	10,033.
	7	Other income	7	32,647,623.
	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	33,955,578.
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	125,234.
	12	Other salaries and wages	12	1,917,788.
	13	Interest	13	266,846.
	14	Taxes	14	
	15	Rents	15	160,579.
	16	Depreciation and depletion	16	1,602,576.
	17	Other	17	29,955,333.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	34,028,356.

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		3,531,580.		4,837,484.
2 Net accounts receivable		1,319,480.		1,249,070.
3 Net notes receivable				
4 Inventories		105,299.		122,269.
5 Federal and state government obligations				
6 Investments in other bonds STMT 6		318,403.		371,715.
7 Investments in stock STMT 7		828,601.		1,088,632.
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	14,309,937.		15,143,826.	
b Less accumulated depreciation	(5,062,599.)	9,247,338.	(5,740,451.)	9,403,375.
11 Land		5,742,392.		5,932,443.
12 Other assets STMT 8		6,583,334.		6,856,538.
13 Total assets		27,676,427.		29,861,526.
Liabilities and net worth				
14 Accounts payable		2,420,011.		3,090,927.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 9		6,004,271.		6,096,607.
17 Mortgages payable				
18 Other liabilities STMT 10		406,572.		421,915.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		18,845,573.		20,252,077.
22 Total liabilities and net worth		27,676,427.		29,861,526.

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	605,216.	
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	605,216.	
7	Income recorded on books this year not included in this return STMT 11		881,415.
8	Deductions in this return not charged against book income this year		
9	Total. Add line 7 and line 8		881,415.
10	Net income per return. Subtract line 9 from line 6		-276,199.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		105,299
2. MERCHANDISE PURCHASED.	220,391	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		325,690
7. INVENTORY AT END OF YEAR		122,269
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		203,421

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	07/01/05	12/31/06	PURCHASED	0.	0.	0.	10,033.
TOTAL TO FORM 199, PAGE 2, LN 6				0.	0.	0.	10,033.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE FEES	2,096,102.
OTHER INCOME	1,526,484.
FIXED PRICE CONTRACTS	469,269.
STATE APPROPRIATIONS	507,286.
SPONSORED & CAMPUS PROG	28,048,482.
TOTAL TO FORM 199, PART II, LINE 7	32,647,623.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SANDRA FLAKE 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/ ED 40.00	125,234.
REBECCA LYTLE 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	MEMBER 2.00	0.
DREW CALANDRELLA CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.
KATHERINE MILO CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	MEMBER 2.00	0.

RICHARD ELLISON
 CALIFORNIA STATE UNIVERSITY, CHICO
 CHICO, CA 95929

MEMBER 2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

125,234.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
INSURANCE	163,226.
REGISTRATION FEES	1,852.
MACHINE HIRE	17,053.
STUDENT PAYMENTS	8,203.
VETERINARY COSTS	19,840.
GRANT ADMINISTRATION EXPENSE	11,346.
OPERATING EXPENSES	170,087.
OTHER EXPENSES	44,060.
FACULTY & GRANT DEVELOPMENT	1,001,706.
CAMPUS PROGRAM EXPENSES	3,621,962.
SPONSORED PROGRAMS	23,620,700.
PROFESSIONAL SERVICES	394,305.
PENSION PLAN CONTRIBUTIONS	116,016.
ACCOUNTING FEES	415,869.
SUPPLIES	292,817.
TELEPHONE	22,775.
POSTAGE AND SHIPPING	4,936.
TRAVEL	28,580.
TOTAL TO FORM 199, PART II, LINE 17	29,955,333.

FORM 199 INVESTMENTS IN OTHER BONDS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND FUNDS	318,403.	371,715.
TOTAL TO FORM 199, SCHEDULE L, LINE 6	318,403.	371,715.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY FUNDS	828,601.	1,088,632.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	828,601.	1,088,632.

FORM 199	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	742,832.	809,348.
BREEDING LIVESTOCK	38,740.	78,980.
SPONSORED PROGRAMS RECEIVABLE	5,513,276.	5,689,776.
NET BOND SALE COSTS	268,486.	258,434.
PROPERTY HELD FOR SALE	20,000.	20,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,583,334.	6,856,538.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	4,710,000.	4,610,000.
STATE OF CALIFORNIA	73,971.	73,971.
CITY OF CHICO	350,000.	325,000.
RIVER NETWORK	490,300.	490,300.
JOHN DIMICHELE	380,000.	380,000.
WAGNER	0.	217,336.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	6,004,271.	6,096,607.

FORM 199	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS HELD FOR OTHERS	10,275.	14,536.
RESERVE FOR GRANT COST DISALLOWANCE	395,122.	405,454.
DEFERRED REVENUE	1,175.	1,925.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	406,572.	421,915.

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> THE CSU, CHICO RESEARCH FOUNDATION <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 07/01/2006 ending 06/30/2007) list:
 Gross annual revenue \$ 33,752,157. Total assets \$ 29,861,526.

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 12	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 530-898-6811

Organization's e-mail address FWOODMANSEE@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

RICHARD JACKSON

SECRETARY

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 12

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

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

CA DEPT OF HEALTH SERVICES
MS 7204
PO BOX 997413
SACRAMENTO, CA 95899-7413
CRISTINA ACOSTA 916-552-9932