

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CSU, CHICO RESEARCH FOUNDATION</b>		<b>D</b> Employer identification number <b>68-0386518</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>CSUC - BUILDING 25 203</b>		<b>E</b> Telephone number <b>530-898-6811</b>
		City or town, state or country, and ZIP + 4 <b>CHICO, CA 95929-0246</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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 **34,995,130.**

**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**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b			
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			<b>0.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			<b>28,259,675.</b>
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			<b>166,824.</b>
	<b>5</b> Dividends and interest from securities	5			
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	15,893.	8a			
	b Less: cost or other basis and sales expenses	8b			
	15,893.	8c			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			<b>15,893.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9c				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a				
<b>b</b> Less: direct expenses other than fundraising expenses	9b				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a		<b>1,291,299.</b>		
	<b>b</b> Less: cost of goods sold	10b	<b>186,063.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		<b>1,105,236.</b>	
<b>11</b> Other revenue (from Part VII, line 103)	11			<b>5,261,439.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			<b>34,809,067.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		<b>30,992,954.</b>	
	<b>14</b> Management and general (from line 44, column (C))	14		<b>3,600,208.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	15			
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 13 and 14, column (A)	17			<b>34,593,162.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		<b>215,905.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		<b>20,252,077.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20		<b>750,837.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			<b>21,218,819.</b>

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	154,252.	0.	154,252.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,877,711.	347,826.	1,529,885.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	125,982.	125,982.		
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	425,088.		425,088.	
<b>32</b> Legal fees				
<b>33</b> Supplies	272,231.	230,420.	41,811.	
<b>34</b> Telephone	28,915.	28,915.		
<b>35</b> Postage and shipping	3,058.	3,058.		
<b>36</b> Occupancy	55,788.	55,788.		
<b>37</b> Equipment rental and maintenance	127,709.	127,709.		
<b>38</b> Printing and publications				
<b>39</b> Travel	22,643.	22,643.		
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	234,541.	28,609.	205,932.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	831,597.	121,649.	709,948.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 4</b>	30,433,647.	29,900,355.	533,292.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	34,593,162.	30,992,954.	3,600,208.	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 III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>28,261,148.</b>
<b>b</b> <b>SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,731,806.</b>
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>30,992,954.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	478,539.	45	1,159,417.
	46 Savings and temporary cash investments	4,358,945.	46	4,217,636.
	47 a Accounts receivable	47a 1,545,718.		
	b Less: allowance for doubtful accounts	47b 490.	47c	1,545,228.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	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	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	122,269.	52	118,169.
	53 Prepaid expenses and deferred charges	809,348.	53	785,197.
	54 a Investments - publicly-traded securities <b>STMT 13</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,460,347.	54a	1,458,608.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 22,445,693.			
b Less: accumulated depreciation <b>STMT 8</b>	57b 6,488,011.	15,335,818.	57c	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 9</b> )	6,047,190.	58	5,163,799.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	29,861,526.	59	30,405,736.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	3,090,927.	60	3,058,428.
	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 <b>STMT 10</b>	4,610,000.	64a	4,505,000.
	b Mortgages and other notes payable <b>STMT 11</b>	1,486,607.	64b	1,244,271.
	65 Other liabilities (describe <b>SEE STATEMENT 12</b> )	419,990.	65	378,043.
66 <b>Total liabilities.</b> Add lines 60 through 65	9,609,449.	66	9,186,917.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <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	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	20,252,077.	72	21,218,819.
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	20,252,077.	73	21,218,819.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	29,861,526.	74	30,405,736.	





Part VI Other Information (continued)	Yes	No
<b>82 a</b> 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? <span style="float: right;">82a</span>		X
<b>b</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.) <span style="float: right;">82b</span> <u>N/A</u>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? <span style="float: right;">83a</span>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? <span style="float: right;">83b</span>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? <span style="float: right;">84a</span> <u>N/A</u>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">84b</span> <u>N/A</u>		
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? <span style="float: right;">85a</span> <u>N/A</u>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">85b</span> <u>N/A</u> 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.		
<b>c</b> Dues, assessments, and similar amounts from members <span style="float: right;">85c</span> <u>N/A</u>		
<b>d</b> Section 162(e) lobbying and political expenditures <span style="float: right;">85d</span> <u>N/A</u>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e</span> <u>N/A</u>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f</span> <u>N/A</u>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">85g</span> <u>N/A</u>		
<b>h</b> 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? <span style="float: right;">85h</span> <u>N/A</u>		
<b>88</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float: right;">88a</span> <u>N/A</u>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">88b</span> <u>N/A</u>		
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders <span style="float: right;">87a</span> <u>N/A</u>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b</span> <u>N/A</u>		
<b>88 a</b> 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 <span style="float: right;">88a</span>		X
<b>b</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 <span style="float: right;">88b</span>		X
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>b</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 <span style="float: right;">89b</span>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">89c</span> <u>0.</u>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">89d</span> <u>0.</u>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? <span style="float: right;">89e</span>		X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? <span style="float: right;">89f</span>		X
<b>g</b> 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? <span style="float: right;">89g</span>		X
<b>90 a</b> List the states with which a copy of this return is filed <u>CA</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 <span style="float: right;">90b</span> <u>587</u>		
<b>91 a</b> The books are in care of <u>JOYCE E. FRIEDMAN</u> Telephone no. <u>(530) 898-6815</u> Located at <u>CSUC, BMU, CHICO, CA</u> ZIP + 4 <u>95929</u>		
<b>b</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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. <span style="float: right;">91b</span>		X

**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 <b>SPONSORED &amp; CAMPUS PROG</b>					28,259,675.
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	166,824.	
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	15,893.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					1,105,236.
103 Other revenue:					
a <b>ADMINISTRATIVE FEES</b>					2,664,287.
b <b>OTHER INCOME</b>					1,611,484.
c <b>FIXED PRICE CONTRACTS</b>					409,903.
d <b>STATE APPROPRIATIONS</b>					575,765.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		182,717.	34,626,350.
105 Total (add line 104, columns (B), (D), and (E))					34,809,067.

**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 18

**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
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**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
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**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, EXECUTIVE DIRECTOR** Date: \_\_\_\_\_

Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature: **MATSON AND ISOM** Date: **MAY 12 2009** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **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

**2007**

Name of the organization <b>CSU, CHICO RESEARCH FOUNDATION</b>	Employer identification number <b>68 0386518</b>
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**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
FREDERICK WOODMANSEE CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIR 40.00	73,709.	16,872.	
DAVID FERGUSON CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIR 40.00	90,207.	21,515.	
JEFFREY KRAGEL CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIRECTOR 40.00	73,035.	10,488.	
KAREN FINLEY CALIFORNIA STATE UNIVERSITY, CHICO, C	DIRECTOR 40.00	85,472.	19,898.	
DAN RIPKE CALIFORNIA STATE UNIVERSITY, CHICO, C	PROJECT DIRECTOR 40.00	79,086.	18,505.	
Total number of other employees paid over \$50,000 ▶	35			

**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
HOME HEALTH CARE MANAGEMENT 1398 RIDGEWOOD DR., STE C, CHICO, CA 95973	HEALTH CARE SERVICES	147,333.
LEGAL SERVICES OF NORTHERN CALIFORNIA 517 12TH STREET, SACRAMENTO, CA 95814	LEGAL SERVICES	92,544.
ARCADIA HEALTH CARE SERVICES P.O. BOX 673174, DETROIT, MI 48267-3174	HEALTH CARE SERVICES	86,235.
INNOVATIVE HEALTH CARE SERVICES 124 PARMAC RD., CHICO, CA 95926	HEALTH CARE SERVICES	79,290.
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
WILLARD WATTENBURG 2335 RUBICON CT., WALNUT CREEK, CA 94598	CONTRACT SERVICES	135,658.
SAH ENTERPRISES ONE WILLIAM MORRIS PLACE, BEVERLY HILLS, CA 90212	PERFORMING ARTS SERVICES	110,000.
NARAIN G. HINGORANI 26480 WESTON DRIVE, LOS ALTOS HILLS, CA 94022	CONTRACT SERVICES	51,300.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		<b>Yes</b>	<b>No</b>
<b>1</b>	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.		<b>X</b>
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
<b>3 a</b>	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.) .....	<b>3a</b>	<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>	<b>X</b>
<b>c</b>	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 .....	<b>3c</b>	<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>	<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	<b>4a</b>	<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	<b>4b</b>	N/A
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>4c</b>	N/A
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>f</b>	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 .....	<b>0.</b>	
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	<b>0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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	
CALIFORNIA STATE UNIVERSITY, CHICO	68-0219874	10	X		1,163,234.
<b>Total</b> .....					<b>1,163,234.</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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.** **N/A**  
 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	<b>N/A</b>
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	<b>26b</b>	<b>N/A</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	<b>26c</b>	<b>N/A</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	<b>N/A</b>
e Public support (line 26c minus line 26d total)	▶	<b>26e</b>	<b>N/A</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	▶	<b>26f</b>	<b>N/A</b> %

<b>27</b> 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: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	<b>27c</b>	<b>N/A</b>
d Add: Line 27a total _____ and line 27b total _____	▶	<b>27d</b>	<b>N/A</b>
e Public support (line 27c total minus line 27d total)	▶	<b>27e</b>	<b>N/A</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	<b>27f</b>	<b>N/A</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	▶	<b>27g</b>	<b>N/A</b> %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	▶	<b>27h</b>	<b>N/A</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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? .....	<b>29</b>	
<b>30</b>	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? .....	<b>30</b>	
<b>31</b>	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? .....	<b>31</b>	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....	<b>33a</b>	
<b>b</b>	Admissions policies? .....	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b>	Educational policies? .....	<b>33e</b>	
<b>f</b>	Use of facilities? .....	<b>33f</b>	
<b>g</b>	Athletic programs? .....	<b>33g</b>	
<b>h</b>	Other extracurricular activities? .....	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	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 .....	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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.

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

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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 14 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> 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.



If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Form with fields: Name of Exempt Organization (CSU, CHICO RESEARCH FOUNDATION), Employer identification number (68-0386518), Number, street, and room or suite no. (CSUC - BUILDING 25, NO. 203), City, town or post office, state, and ZIP code (CHICO, CA 95929-0246).

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

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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).

I request an additional 3-month extension of time until MAY 15, 2009. For calendar year JUL 1, 2007, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008.

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows: 8a (nonrefundable credits), 8b (refundable credits), 8c (Balance Due). Includes a large 'COPY' watermark.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Holly Pleds Title: CPA Date: FEB 11 2009

Handwritten initials 'HBA' in the bottom right corner.

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)	
MISCELLANEOUS	15,893.	0.	0.	15,893.	
TO FORM 990, PART I, LINE 8	15,893.	0.	0.	15,893.	

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	1,291,299	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,291,299
4. COST OF GOODS SOLD (LINE 13) . . . . .	186,063	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		1,105,236

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	122,269	
7. MERCHANDISE PURCHASED . . . . .	181,963	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		304,232
12. INVENTORY AT END OF YEAR . . . . .	118,169	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		186,063

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
NET TRANSFERS FROM AUXILIARIES AND CSU, CHICO		841,040.	
UNREALIZED LOSS ON SECURITIES		-90,203.	
TOTAL TO FORM 990, PART I, LINE 20		750,837.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	150,067.	1,495.	148,572.		
REGISTRATION FEES	5,072.	5,072.			
MACHINE HIRE	6,867.	6,867.			
STUDENT PAYMENTS	10,950.	10,950.			
VETERINARY COSTS	30,622.	30,622.			
GRANT ADMINISTRATION EXPENSE	-35,253.		-35,253.		
OPERATING EXPENSES	241,011.	92,628.	148,383.		
OTHER EXPENSES	42,106.	42,106.			
FACULTY & GRANT DEVELOPMENT	1,276,115.	1,276,115.			
CAMPUS PROGRAM EXPENSES	3,903,435.	3,903,435.			
SPONSORED PROGRAMS	24,357,713.	24,357,713.			
PROFESSIONAL SERVICES	444,942.	173,352.	271,590.		
TOTAL TO FM 990, LN 43	30,433,647.	29,900,355.	533,292.		

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

28,261,148.

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		2,731,806.

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 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	5,932,443.	0.	5,932,443.
BUILDINGS AND IMPROVEMENTS	11,289,789.	2,917,291.	8,372,498.
EQUIPMENT AND FURNISHINGS	4,999,527.	3,570,720.	1,428,807.
CIP/BOND ADJUSTMENT	223,934.	0.	223,934.
TOTAL TO FORM 990, PART IV, LN 57	22,445,693.	6,488,011.	15,957,682.

FORM 990

OTHER ASSETS

STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
BREEDING LIVESTOCK	78,980.	93,870.
SPONSORED PROGRAMS RECEIVABLE	5,689,776.	4,776,548.
NET BOND SALE COSTS	258,434.	248,381.
PROPERTY HELD FOR SALE	20,000.	20,000.
NOTES RECEIVABLE		25,000.
<b>TOTAL TO FORM 990, PART IV, LINE 58</b>	<b>6,047,190.</b>	<b>5,163,799.</b>

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 10

PURPOSE OF ISSUE

PURCHASE OF BUILDING AT 25 MAIN ST, CHICO CA

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	4,505,000.

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

4,505,000.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

STATE OF CALIFORNIA UPON DEMAND

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		81,569.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

LIVESTOCK AND HORTICULTURE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	73,971.

LENDER'S NAME TERMS OF REPAYMENT

CITY OF CHICO 25,000/YEAR

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
07/15/00	06/30/20	500,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

CASH AND ASSETS OF FOUNDATION

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	300,000.



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

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,244,271.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS HELD FOR OTHERS	14,536.	8,400.
RESERVE FOR GRANT COST DISALLOWANCE	405,454.	369,643.
TOTAL TO FORM 990, PART IV, LINE 65	419,990.	378,043.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOND FUNDS	FMV		412,211.		412,211.
EQUITY FUNDS	FMV	1,046,397.			1,046,397.
TO FORM 990, LINE 54A, COL B		1,046,397.	412,211.		1,458,608.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	186,063.
UNREALIZED LOSS	-90,203.
TOTAL TO FORM 990, PART IV-A	95,860.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
COST OF GOODS SOLD REPORTED IN EXPENSE SECTION ON FINANCIALS	186,063.
TOTAL TO FORM 990, PART IV-B	186,063.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

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	PRESIDENT 5.00	0.	0.	0.
DENNIS GRAHAM CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	TREASURER 5.00	0.	0.	0.
RICHARD JACKSON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	SECRETARY/ ED 40.00	123,195.	31,057.	0.
REBECCA LYTTLE CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	FACULTY MEMBER 2.00	0.	0.	0.
JESSICA FRENCH CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	STUDENT MEMBER 2.00	0.	0.	0.

CSU, CHICO RESEARCH FOUNDATION

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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	COMMUNITY 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.
LORRAINE HOFFMAN CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	TREASURER 5.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

123,195.	31,057.	0.
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FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 17

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
RICHARD ELLISON	177,504.	44,815.	
<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	180,240.	50,543.	
<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	182,760.	50,995.	
<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	132,306.	36,950.	
<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	207,672.	58,161.	
<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 LYTTLE	68,308.	16,825.	
<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	341,500.	69,740.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
CSU, CHICO		94-6001347	
RELATIONSHIP BETWEEN ORGANIZATIONS			
MUTUALLY SUPPORTIVE ORGANIZATIONS			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
LORRAINE HOFFMAN	43,004.	13,418.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
CSU, CHICO		94-6001347	
RELATIONSHIP BETWEEN ORGANIZATIONS			
MUTUALLY SUPPORTIVE ORGANIZATIONS			

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 ADMINISTRATION 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.

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

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

Name(s) shown on return <b>CSU, CHICO RESEARCH FOUNDATION</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>68-0386518</b>
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**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 .....	<b>1</b>	<b>125,000.</b>
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>500,000.</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**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 2007 .....	<b>17</b>	<b>622,627.</b>
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 2007 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		<b>1,462,788.</b>	<b>7</b>	<b>HY</b>	<b>S/L</b>	<b>208,970.</b>
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 2007 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 .....	<b>21</b>	
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. ....	<b>22</b>	<b>831,597.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**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 depreciation allowance for qualified listed 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 -

**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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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
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**42** Amortization of costs that begins during your 2007 tax year:



**43** Amortization of costs that began before your 2007 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**

2007

# California Exempt Organization Annual Information Return

199

month      day      year For calendar year 2007 or fiscal year beginning <b>JULY</b> <b>1</b> <b>2007</b> , and ending <b>JUNE</b> <b>30</b> <b>2008</b> .	<p><b>IMPORTANT: Your number is required.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">California corporation number <b>1784872</b></td> <td style="width:50%;">Federal employer identification number (FEIN) <b>68-0386518</b></td> </tr> </table> <p>Corporation/Organization name <b>CSU, CHICO RESEARCH FOUNDATION</b></p> <p>Address (including suite, room, or PMB no.) <b>CSUC - BUILDING 25, NO. 203</b> City      State      ZIP Code <b>CHICO, CA 95929-0246</b></p> <p><b>A</b> 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 _____</p> <p><b>B</b> Check forms filed this year: State: <input 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 type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120</p> <p><b>C</b> If organization is exempt under R&amp;TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. <b>See General Instruction F. No filing fee is required.</b> <input type="checkbox"/></p> <p><b>D</b> Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>E</b> Accounting method used <b>ACCRUAL</b></p> <p><b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <b>d</b> (insert letter)  <input type="checkbox"/> IRC Section 4947(a)(1) trust</p>	California corporation number <b>1784872</b>	Federal employer identification number (FEIN) <b>68-0386518</b>
California corporation number <b>1784872</b>	Federal employer identification number (FEIN) <b>68-0386518</b>		

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

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	34,995,130.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C	4	34,995,130.00
	5	Cost of goods sold <b>STMT 1</b>	5	186,063.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	186,063.00
	8	Total gross income. Subtract line 7 from line 4	8	34,809,067.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	34,593,162.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	215,905.00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Penalty for failure to file on time. See General Instruction L	12	00
	13	Use tax. See "General Instruction M"	13	00
	14	<b>Balance due.</b> Add line 11, line 12, and line 13	14	10.00

- 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, Form 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

<b>Please Sign Here</b>	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.	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">COPY</div>
	Signature of officer _____	Title <b>EXECUTIVE DIRECTOR</b> • Daytime telephone <b>530-898-6815</b>
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature <b>MATSON</b> Date <b>12 2009</b>	Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN _____
	Firm's name (or yours, if self-employed) and address <b>MATSON AND ISOM</b> <b>P.O. BOX 1638</b> <b>CHICO, CA 95927-1638</b>	FEIN <b>94-2222122</b> Daytime telephone <b>(530) 891-6474</b>

**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.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,291,299.00
	2	Interest	2	166,824.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	15,893.00
	7	Other income	7	33,521,114.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	34,995,130.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	154,252.00
	12	Other salaries and wages	12	1,877,711.00
	13	Interest	13	234,541.00
	14	Taxes	14	00
	15	Rents	15	183,497.00
	16	Depreciation and depletion	16	831,597.00
	17	Other	17	31,311,564.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	34,593,162.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		4,837,484.		5,377,053.
2	Net accounts receivable		1,249,070.		1,545,228.
3	Net notes receivable				
4	Inventories		122,269.		118,169.
5	Federal and state government obligations				
6	Investments in other bonds <b>STMT 6</b>		371,715.		412,211.
7	Investments in stock <b>STMT 7</b>		1,088,632.		1,046,397.
8	Mortgage loans (number of loans )				
9	Other investments				
10	<b>a</b> Depreciable assets	15,143,826.		16,513,250.	
	<b>b</b> Less accumulated depreciation	( 5,740,451. )	9,403,375.	( 6,488,011. )	10,025,239.
11	Land		5,932,443.		5,932,443.
12	Other assets <b>STMT 8</b>		6,856,538.		5,948,996.
13	<b>Total assets</b>		29,861,526.		30,405,736.
<b>Liabilities and net worth</b>					
14	Accounts payable		3,090,927.		3,058,428.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable <b>STMT 9</b>		6,096,607.		5,749,271.
17	Mortgages payable				
18	Other liabilities <b>STMT 10</b>		421,915.		379,218.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		20,252,077.		21,218,819.
22	<b>Total liabilities and net worth</b>		29,861,526.		30,405,736.

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	966,742.	
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	<b>Total.</b> Add line 1 through line 5	966,742.	
7	Income recorded on books this year not included in this return <b>STMT 11</b>		750,837.
8	Deductions in this return not charged against book income this year		
9	<b>Total.</b> Add line 7 and line 8		750,837.
10	<b>Net income per return.</b> Subtract line 9 from line 6		215,905.

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		122,269
2.	MERCHANDISE PURCHASED. . . . .	181,963	
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .		
5.	OTHER COSTS. . . . .		
6.	ADD LINES 1 THROUGH 5 . . . . .		304,232
7.	INVENTORY AT END OF YEAR . . . . .		118,169
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		186,063

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MISCELLANEOUS	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	15,893.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	15,893.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE FEES	2,664,287.
OTHER INCOME	1,611,484.
FIXED PRICE CONTRACTS	409,903.
STATE APPROPRIATIONS	575,765.
SPONSORED & CAMPUS PROG	28,259,675.
TOTAL TO FORM 199, PART II, LINE 7	33,521,114.

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	PRESIDENT 5.00	0.
DENNIS GRAHAM CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	TREASURER 5.00	0.
RICHARD JACKSON CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	SECRETARY/ ED 40.00	154,252.
REBECCA LYTTLE CALIFORNIA STATE UNIVERSITY, CHICO CHICO, CA 95929	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	COMMUNITY 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.

LORRAINE HOFFMAN  
 CALIFORNIA STATE UNIVERSITY, CHICO  
 CHICO, CA 95929

TREASURER  
 5.00

0.

TOTAL TO FORM 199, PART II, LINE 11

154,252.

FORM 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

INSURANCE	150,067.
REGISTRATION FEES	5,072.
MACHINE HIRE	6,867.
STUDENT PAYMENTS	10,950.
VETERINARY COSTS	30,622.
GRANT ADMINISTRATION EXPENSE	-35,253.
OPERATING EXPENSES	241,011.
OTHER EXPENSES	42,106.
FACULTY & GRANT DEVELOPMENT	1,276,115.
CAMPUS PROGRAM EXPENSES	3,903,435.
SPONSORED PROGRAMS	24,357,713.
PROFESSIONAL SERVICES	444,942.
OTHER EMPLOYEE BENEFITS	125,982.
ACCOUNTING FEES	425,088.
SUPPLIES	272,231.
TELEPHONE	28,915.
POSTAGE AND SHIPPING	3,058.
TRAVEL	22,643.

TOTAL TO FORM 199, PART II, LINE 17

31,311,564.

FORM 199

INVESTMENTS IN OTHER BONDS

STATEMENT 6

DESCRIPTION

BEG. OF YEAR

END OF YEAR

BOND FUNDS	371,715.	412,211.
TOTAL TO FORM 199, SCHEDULE L, LINE 6	371,715.	412,211.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
EQUITY FUNDS	1,088,632.	1,046,397.	
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,088,632.	1,046,397.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	809,348.	785,197.	
BREEDING LIVESTOCK	78,980.	93,870.	
SPONSORED PROGRAMS RECEIVABLE	5,689,776.	4,776,548.	
NET BOND SALE COSTS	258,434.	248,381.	
PROPERTY HELD FOR SALE	20,000.	20,000.	
NOTES RECEIVABLE	0.	25,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,856,538.	5,948,996.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TAX-EXEMPT BONDS LIABILITIES	4,610,000.	4,505,000.	
STATE OF CALIFORNIA	73,971.	73,971.	
CITY OF CHICO	325,000.	300,000.	
RIVER NETWORK	490,300.	490,300.	
JOHN DIMICHELE	380,000.	380,000.	
WAGNER	217,336.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	6,096,607.	5,749,271.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS HELD FOR OTHERS	14,536.	8,400.	
RESERVE FOR GRANT COST DISALLOWANCE	405,454.	369,643.	
DEFERRED REVENUE	1,925.	1,175.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	421,915.	379,218.	

FORM 199

INCOME RECORDED ON BOOKS THIS YEAR  
NOT INCLUDED IN THIS RETURN

STATEMENT 11

DESCRIPTIONAMOUNT

UNREALIZED LOSS ON SECURITIES

-90,203.

NET TRANSFERS

841,040.

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

750,837.

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>  <b>CSU, CHICO RESEARCH FOUNDATION</b> <small>Name of Organization</small>  <u>CSUC - BUILDING 25, NO. 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 07/01/2007 ending 06/30/2008) list:  
 Gross annual revenue \$ 34,809,067. Total assets \$ 30,405,736.

**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.	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.

Signature of authorized officer <b>COPY</b> JACKSON <small>Printed Name</small>	<b>EXECUTIVE DIRECTOR</b> <small>Title</small>	<small>Date</small>
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FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 12

REGENTS OF UC BERKELEY  
120 HAVILAND HALL  
BERKELEY, CA 94720-7400  
510-642-9272 CHRIS MATHAIS

CA DEPARTMENT OF MENTAL HEALTH  
1600 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814  
916-653-8831 ROBYN HOPE

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

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