

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)

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

| | | | |
|---|--|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CSU, CHICO RESEARCH FOUNDATION | | D Employer identification number 68-0386518 |
| | Doing Business As | | E Telephone number (530) 898-6811 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | CSUC, BUILDING 25 | | G Gross receipts \$ 41,496,460. |
| City, town, or post office, state, and ZIP code CHICO, CA 95929-0246 | | | |
| F Name and address of principal officer: BELLE WEI CSUC, BUILDING 25, CHICO, CA 95929 | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J Website: WWW.CSUCHICO.EDU/RFDN | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | H(c) Group exemption number |
| L Year of formation: 1997 | | | M State of legal domicile: CA |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE & ASSIST THE EDUCATIONAL & PUBLIC SERVICE FUNCTIONS OF CSU, CHICO | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 1531 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 450 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 185,493. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 26,661,384. | 26,709,615. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,912,680. | 12,488,437. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 199,917. | 366,124. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,622,950. | 1,480,148. |
| | | 41,396,931. | 41,044,324. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,352,167. | 2,374,341. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 17,743,938. | 18,421,356. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 19,975,368. | 19,882,067. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 40,071,473. | 40,677,764. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,325,458. | 366,560. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 33,692,626. | 34,932,635. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 8,022,364. | 8,328,445. |
| | | 25,670,262. | 26,604,190. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---------------------------------------|----------------------|-----------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | LORRAINE B. HOFFMAN, TREASURER | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARILYN EVERETT | | 02/18/14 | <input type="checkbox"/> | P00167448 |
| | Firm's name | Firm's EIN | Phone no. | | |
| | MATSON AND ISOM | 94-2222122 | (530) 891-6474 | | |
| | Firm's address | | | | |
| | 3013 CERES AVENUE | | | | |
| | CHICO, CA 95973 | | | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO PROMOTE & ASSIST THE EDUCATIONAL & PUBLIC SERVICE FUNCTIONS OF CSU, CHICO BY ADMINISTERING VARIOUS GRANTS, FARM OPERATIONS & OTHER ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

4a (Code:) (Expenses \$ 3,032,919. including grants of \$) (Revenue \$ 5,425,014.) 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.

4b (Code:) (Expenses \$ 33,976,107. including grants of \$ 2,374,341.) (Revenue \$ 8,358,078.) THE PROGRAM SERVICE REVENUE, ALONG WITH \$26,554,838 OF GOVERNMENT GRANTS, ALLOWS THE ORGANIZATION TO GENERATE AND ADMINISTER 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 "CAMPUS PROGRAMS" WHICH ARE DEPOSITORY ACCOUNTS FOR CAMPUS ORGANIZATIONS WHO DEPOSIT MONIES WITH THE FOUNDATION AND WRITE CHECKS AGAINST THEIR ACCOUNTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 37,009,026.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (3), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUSAN JENNINGS - (530) 898-6815 CSUC, BMU, CHICO, CA 95929-0248

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CALANDRELLA, DREW BOARD MEMBER | 2.00 40.00 | X | | | | | 0. | 183,657. | 54,845. | |
| (2) COLBIE, TIM BOARD MEMBER | 2.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (3) ELLISON, RICHARD BOARD MEMBER | 2.00 40.00 | X | | | | | 0. | 178,156. | 44,718. | |
| (4) HUNT, DAN BOARD MEMBER | 2.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (5) ZINGG, PAUL BOARD MEMBER | 2.00 40.00 | X | | | | | 0. | 344,343. | 68,401. | |
| (6) SHAPIRO, RUSSELL BOARD MEMBER | 2.00 40.00 | X | | | | | 0. | 64,530. | 34,623. | |
| (7) SIEGEL, LINDSEY BOARD MEMBER | 2.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (8) WEI, BELLE PRESIDENT | 5.00 40.00 | X | | X | | | 0. | 72,871. | 19,800. | |
| (9) HOFFMAN, LORRAINE TREASURER | 5.00 40.00 | X | | X | | | 0. | 208,806. | 49,982. | |
| (10) FINLEY, KAREN INTERIM EXECUTIVE DIRECTOR | 40.00 0.00 | | | X | | | 95,544. | 0. | 15,713. | |
| (11) THOMA, CATHERINE SECRETARY/EXECUTIVE DIRECTOR | 40.00 0.00 | | | X | | | 0. | 0. | 0. | |
| (12) FLAKE, SANDRA FORMER PRESIDENT | 2.00 40.00 | | | | | X | 0. | 27,438. | 7,025. | |
| (12) WOODMANSEE, FRED FINANCIAL DIRECTOR | 40.00 0.00 | | | X | | | 83,302. | 0. | 5,847. | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

| | | (A) | (B) | (C) | (D) | |
|---|---|---|------------------------------------|----------------------------|---|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 26,554,838. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 154,777. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 154,777. | | | |
| | h Total. Add lines 1a-1f | | 26,709,615. | | | |
| | Program Service Revenue | 2 a UNIV PRGM RECEIPTS | Business Code 611710 | 5,310,918. | 5,310,918. | |
| b SPONSORED PROGRAM FEES | | 611710 | 2,988,836. | 2,988,836. | | |
| c SPONSORED PRGM RECEIPTS | | 611710 | 2,231,323. | 2,231,323. | | |
| d OTHER INCOME | | 611710 | 1,322,091. | 1,322,091. | | |
| e AG RESEARCH INITIATIVE | | 611710 | 635,269. | 635,269. | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 12,488,437. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 135,123. | | 135,123. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 40,354. | | | |
| | | (ii) Other | 314,415. | | | |
| | | b Less: cost or other basis and sales expenses | 34,403. | 89,365. | | |
| | | c Gain or (loss) | 5,951. | 225,050. | | |
| d Net gain or (loss) | | 231,001. | | 231,001. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 1,623,023. | | | | |
| | b Less: cost of goods sold | 328,368. | | | | |
| | c Net income or (loss) from sales of inventory | | 1,294,655. | 1,294,655. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a ORION NEWSPAPER | | 511110 | 185,493. | 185,493. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 185,493. | | | |
| 12 Total revenue. See instructions. | | 41,044,324. | 13,783,092. | 185,493. | 366,124. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 2,374,341. | 2,374,341. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 239,695. | | 239,695. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 14,478,914. | 12,938,575. | 1,540,339. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 118,029. | 72,404. | 45,625. | |
| 9 Other employee benefits | 3,584,718. | 3,584,718. | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 452,054. | 109,844. | 342,210. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 425,289. | 196,663. | 228,626. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 415,305. | 362,008. | 53,297. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 27,918. | 27,918. | | |
| 17 Travel | 34,724. | 34,724. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 188,427. | 181. | 188,246. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,175,404. | 179,898. | 995,506. | |
| 23 Insurance | 36,764. | 1,570. | 35,194. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SPONSORED PROGRAMS | 11,822,502. | 11,822,502. | 0. | |
| b CAMPUS PROGRAMS | 2,942,709. | 2,942,709. | | |
| c FACULTY & GRANT DEVELOP | 1,131,613. | 1,131,613. | | |
| d RESEARCH | 759,927. | 759,927. | | |
| e All other expenses | 469,431. | 469,431. | | |
| 25 Total functional expenses. Add lines 1 through 24e | 40,677,764. | 37,009,026. | 3,668,738. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

| | | (A) | | (B) | |
|---|--|------------------------|-------------|-------------|--|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash - non-interest-bearing | 1,396,204. | 1 | 687,215. | |
| | 2 Savings and temporary cash investments | 5,954,113. | 2 | 7,480,496. | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 1,780,125. | 4 | 1,428,117. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | | |
| | 7 Notes and loans receivable, net | 71,130. | 7 | 95,457. | |
| | 8 Inventories for sale or use | 167,783. | 8 | 186,992. | |
| | 9 Prepaid expenses and deferred charges | 1,001,379. | 9 | 1,032,032. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 26,227,156. | | | |
| | b Less: accumulated depreciation | 10b 10,934,450. | | | |
| | | 15,845,764. | 10c | 15,292,706. | |
| | 11 Investments - publicly traded securities | 1,572,543. | 11 | 1,776,957. | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| 15 Other assets. See Part IV, line 11 | 5,903,585. | 15 | 6,952,663. | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 33,692,626. | 16 | 34,932,635. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,143,878. | 17 | 2,421,901. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 1,600. | 19 | 1,625. | |
| | 20 Tax-exempt bond liabilities | 4,060,000. | 20 | 3,940,000. | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 273,971. | 23 | 410,062. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 490,300. | 24 | 490,300. | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,052,615. | 25 | 1,064,557. | |
| | 26 Total liabilities. Add lines 17 through 25 | 8,022,364. | 26 | 8,328,445. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | | 27 | | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | 1,381,456. | 30 | 1,951,770. | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 11,340,024. | 31 | 10,769,654. | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 12,948,782. | 32 | 13,882,766. | |
| 33 Total net assets or fund balances | 25,670,262. | 33 | 26,604,190. | | |
| 34 Total liabilities and net assets/fund balances | 33,692,626. | 34 | 34,932,635. | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 41,044,324. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 40,677,764. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 366,560. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 25,670,262. |
| 5 | Net unrealized gains (losses) on investments | 5 | 130,621. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 436,747. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 26,604,190. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

| | |
|---|---|
| Name of the organization CSU, CHICO RESEARCH FOUNDATION | Employer identification number 68-0386518 |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | X |
| (ii) A family member of a person described in (i) above? | 11g(ii) | X |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | X |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|------------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| CSU, CHICO | 68-0219874 | 6 | X | | X | | X | | 0. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | 1 | | | | | | | | 0. |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

INSTITUTIONAL SUPPORT TO CSU, CHICO - \$1,286

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CSU, CHICO RESEARCH FOUNDATION

Employer identification number

68-0386518

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 415,813. | 406,834. | 353,180. | 303,443. | 381,848. |
| b Contributions | 0. | 0. | 0. | 0. | 0. |
| c Net investment earnings, gains, and losses | 51,027. | 8,992. | 61,928. | 51,218. | -77,140. |
| d Grants or scholarships | 0. | 0. | 0. | 0. | 0. |
| e Other expenditures for facilities and programs | 0. | 13. | 7,746. | 0. | 0. |
| f Administrative expenses | 5. | 0. | 528. | 1,481. | 1,265. |
| g End of year balance | 466,835. | 415,813. | 406,834. | 353,180. | 303,443. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 100.00 %

c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land | 16,500. | 6,027,443. | 6,043,943. | 6,043,943. |
| b Buildings | | 11,137,072. | 4,612,736. | 6,524,336. |
| c Leasehold improvements | | | | |
| d Equipment | | 8,955,211. | 6,321,714. | 2,633,497. |
| e Other | | 90,930. | | 90,930. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 15,292,706. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) SPONSORED PROGRAMS RECEIVABLE | 6,952,663. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 6,952,663. |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEPOSITS HELD FOR OTHERS | 7,150. |
| (3) RESERVE FOR GRANT COST | |
| (4) DISALLOWANCE | 499,995. |
| (5) POST RETIREMENT HEALTH RESERVE | 557,412. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,064,557. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 41,503,313. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 130,621. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 130,621. |
| 3 | Subtract line 2e from line 1 | 3 | 41,372,692. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -328,368. |
| c | Add lines 4a and 4b | 4c | -328,368. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 41,044,324. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 41,006,132. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 328,368. |
| e | Add lines 2a through 2d | 2e | 328,368. |
| 3 | Subtract line 2e from line 1 | 3 | 40,677,764. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 40,677,764. |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION USES THE ENDOWMENT FUNDS TO CONDUCT

RESEARCH ON DNA GENETICS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED IN EXPENSE SECTION OF FINANCIAL

STATEMENTS

-328,368.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CSU, CHICO RESEARCH FOUNDATION

**Employer identification number
68-0386518**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| | | | | | | | |
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| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2012)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| AWARD | 37 | 15,715. | 0. | | |
| STIPEND | 3211 | 2,284,406. | 0. | | |
| SCHOLARSHIP | 13 | 74,220. | 0. | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE CSU, CHICO RESEARCH FOUNDATION HAS ESTABLISHED POLICIES AND PROCEDURES TO ENSURE GRANT FUNDS ARE DISTRIBUTED PROPERLY. FURTHERMORE, THE FOUNDATION IS AUDITED ANNUALLY BY AN INDEPENDENT FIRM AND TRI-ANNUALLY BY THE CHANCELLOR'S OFFICE TO ENSURE COMPLIANCE WITH THESE POLICIES AND PROCEDURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CSU, CHICO RESEARCH FOUNDATION

Employer identification number

68-0386518

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | X | | | | | | | | |
| | 4b | X | | | | | | | | |
| | 4c | X | | | | | | | | |
| <p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p> | 5a | X | | | | | | | | |
| | 5b | X | | | | | | | | |
| <p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p> | 6a | X | | | | | | | | |
| | 6b | X | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | X | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | X | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CALANDRELLA, DREW BOARD MEMBER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 183,399. | 0. | 258. | 34,989. | 19,856. | 238,502. | 0. |
| (2) ELLISON, RICHARD BOARD MEMBER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 177,898. | 0. | 258. | 33,983. | 10,735. | 222,874. | 0. |
| (3) ZINGG, PAUL BOARD MEMBER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 279,294. | 0. | 65,049. | 53,510. | 14,891. | 412,744. | 0. |
| (4) HOFFMAN, LORRAINE TREASURER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 208,668. | 0. | 138. | 39,756. | 10,226. | 258,788. | 0. |
| (5) FLAKE, SANDRA FORMER PRESIDENT | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 27,438. | 0. | 0. | 7,025. | 0. | 34,463. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

CSU, CHICO RESEARCH FOUNDATION

Employer identification number
68-0386518

| Part I Bond Issues | | | | | | | | | | | |
|---|----------------|-------------|-----------------|-----------------|-------------------------------|--------------|----|-------------------------|----|----------------------|----|
| SEE PART VI FOR COLUMN (F) CONTINUATIONS | | | | | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A THE CSU, CHICO RESEARCH FOUNDATION | 68-0386518 | 13078VAT8 | 03/13/03 | 5,115,000. | PURCHASE OF BUILDINGS AT 25/3 | X | | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | |
|--|------------|----|-----|----|-----|----|-----|----|--|
| | A | | B | | C | | D | | |
| 1 Amount of bonds retired | 1,175,000. | | | | | | | | |
| 2 Amount of bonds legally defeased | 2,199,670. | | | | | | | | |
| 3 Total proceeds of issue | 5,115,000. | | | | | | | | |
| 4 Gross proceeds in reserve funds | 310,756. | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | |
| 7 Issuance costs from proceeds | 149,035. | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | |
| 10 Capital expenditures from proceeds | 2,251,294. | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | |
| 12 Other unspent proceeds | 146,000. | | | | | | | | |
| 13 Year of substantial completion | 2003 | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | | | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | |

| Part III Private Business Use | | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|--|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| | | X | | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | .00 % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | .00 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | X | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | X | | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | | | | | | | | |
| c No rebate due? | | | | | | | | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: THE CSU, CHICO RESEARCH FOUNDATION

(F) DESCRIPTION OF PURPOSE:

PURCHASE OF BUILDINGS AT 25/35 MAIN ST., CHICO, CA

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>CATTLE</u>) | X | 1 | 85,000. | SALE-COMPARABLE PROP |
| 26 Other ▶ (<u>FARM SUPPLIES</u>) | X | 8 | 36,499. | SALE-COMPARABLE PROP |
| 27 Other ▶ (<u>FARM EQUIPMEN</u>) | X | 4 | 20,454. | SALE-COMPARABLE PROP |
| 28 Other ▶ (<u>TREES</u>) | X | 1 | 12,824. | SALE-COMPARABLE PROP |

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

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

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

Schedule M (Form 990) (2012)

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

SCHEDULE M, PART I, COLUMN (B): THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE 06-30-13 TAX YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

CSU, CHICO RESEARCH FOUNDATION

Employer identification number

68-0386518

FORM 990, PART VI, SECTION A, LINE 4: ON OCTOBER 15, 2012, ARTICLE IX, IRREVOCABLE DEDICATION & DISSOLUTION, OF THE ARTICLES OF INCORPORATION WAS AMENDED. THE ARTICLES NOW STATE THAT UPON THE DISSOLUTION AND WINDING UP OF THE CORPORATION, THE DISTRIBUTION OF ANY REMAINING ASSETS TO A TAX-EXEMPT ENTITY UNDER SECTION 501(C)(3) MUST BE APPROVED BY THE PRESIDENT OF CALIFORNIA STATE UNIVERSITY, CHICO AND THE CHANCELLOR OF THE CALIFORNIA STATE UNIVERSITY SYSTEM.

FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC COPY OF THE FORM 990 IS SENT TO THE GOVERNING BOARD FOR REVIEW. IF CHANGES ARE NECESSARY, THE REVISED FORM 990 IS RESENT; OTHERWISE, THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY AND MAINTAINED IN THE FOUNDATION ADMINISTRATION OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES COMPENSATION BASED ON CSU SYSTEM-WIDE COMPARABILITY DATA. IF ANY BOARD MEMBER HAS A CONFLICT OF INTEREST REGARDING COMPENSATION, THAT BOARD MEMBER DOES NOT PARTICIPATE IN THE DECISION MAKING PROCESS OR VOTE. THE DECISION IS DOCUMENTED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND VIA THE ORGANIZATION'S WEBSITE.

Name of the organization
CSU, CHICO RESEARCH FOUNDATION

Employer identification number
68-0386518

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET TRANSFERS - CSUC & OTHER AUXILIARIES 436,747.

Related Organizations and Unrelated Partnerships

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

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|----------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CALIFORNIA STATE UNIVERSITY, CHICO - 68-0219874, 400 WEST FIRST STREET, CHICO, CA 95929 | UNIVERSITY | CALIFORNIA | 115(1) | | N/A | | X |
| ASSOCIATED STUDENTS OF CSU, CHICO - 94-1254630, 400 WEST FIRST STREET, BMU, ROOM 218, CHICO, CA 95929 | AUXILIARY ORGANIZATION | CALIFORNIA | 501(C)(3) | LINE 9 | N/A | | X |
| THE UNIVERSITY FOUNDATION, CSU, CHICO - 95-1230865, 400 WEST FIRST STREET, BLDG 25, CHICO, CA 95929 | PHILANTHROPIC ORGANIZATION | CALIFORNIA | 501(C)(3) | LINE 5 | N/A | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | X | |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | X | |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | X | |

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

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

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

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

| | | | | |
|--|--|----------------------|---|--|
| A <input type="checkbox"/> Check box if address changed | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CSU, CHICO RESEARCH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. CSUC, BUILDING 25 City or town, state, and ZIP code CHICO, CA 95929-0246 | D Employer identification number (Employees' trust, see instructions.) 68-0386518 E Unrelated business activity codes (See instructions) 511110 |
|--|--|----------------------|---|--|

| | |
|--|---|
| C Book value of all assets at end of year 34,932,635. | F Group exemption number (see instructions) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|--|---|

H Describe the organization's primary unrelated business activity. ▶ **PUBLICATION OF COLLEGE NEWSPAPER**

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

J The books are in care of ▶ **SUSAN JENNINGS** Telephone number ▶ **(530) 898-6815**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------|----------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 185,493. | 31,689. | 153,804. |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 185,493. | 31,689. | 153,804. |

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

| | | |
|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach statement) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (see instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | 153,804. |
| 28 Other deductions (attach statement) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 153,804. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 0. |
| 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 0. |
| 33 Specific deduction (generally \$1,000, but see instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement) 42
43 Total tax. Add lines 41 and 42 43 0.
44a Payments: A 2011 overpayment credited to 2012 44a
b 2012 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 2439 Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax Refunded 49

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

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

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

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.

Sign Here Signature of officer Date Title TREASURER
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Marilyn Everett 02/18/14 P00167448
Firm's name MATSON AND ISOM Firm's EIN 94-2222122
3013 CERES AVENUE
Firm's address CHICO, CA 95973 Phone no. (530) 891-6474

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| | | |
|---|---|--|
| 1. Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total |
| | | 0. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... |
| | | 0. |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|--|--|---|--|---|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach statement) | (b) Other deductions (attach statement) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | 5. Average adjusted basis of or allocable to debt-financed property (attach statement) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 0. | 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| | | | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). | |
| Totals | | | 0. | 0. | |

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

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) ORION | 185,493. | 31,689. | 153,804. | | 163,349. | 153,804. |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 185,493. | 31,689. | | | | 153,804. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/98 | 196,174. | 196,174. | 0. | 0. |
| 06/30/01 | 62,093. | 62,093. | 0. | 0. |
| 06/30/02 | 26,801. | 12,646. | 14,155. | 14,155. |
| 06/30/03 | 125,639. | 0. | 125,639. | 125,639. |
| 06/30/04 | 88,119. | 0. | 88,119. | 88,119. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 227,913. | 227,913. |

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

CSU, CHICO RESEARCH FOUNDATION

FORM 990 PAGE 10

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 instructions) | 500,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | |
| 3 Threshold cost of section 179 property before reduction in limitation | 2,000,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | |
| 7 Listed property. Enter the amount from line 29 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | |
| 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | |
| 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 | |

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 | |
| 15 Property subject to section 168(f)(1) election | |
| 16 Other depreciation (including ACRS) | |

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 2012 | 1,136,063. |
| 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 2012 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 | | 358,528. | 5 | HY | SL | 35,853. |
| c 7-year property | | 352,770. | 7 | HY | SL | 3,488. |
| 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 2012 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 | |
| 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. | 1,175,404. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | |

Part V Listed Property (Include automobiles, certain other vehicles, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 - | | |
| | : | : | % | | | 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.

| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|-------------|----|-------------|----|-------------|----|-------------|----|-------------|----|-------------|----|
| | | | | | | | | | | | | |
| 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? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| 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.

| | | |
|--|------------|-----------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 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 2012 tax year: | | | | | |
| | : | | | | |
| | : | | | | |
| 43 Amortization of costs that began before your 2012 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

| | |
|--|---|
| Name of exempt organization CSU, CHICO RESEARCH FOUNDATION | Employer identification number 68-0386518 |
|--|---|

Name and title of officer
**LORRAINE B. HOFFMAN
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | |
|---|--|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>41044324</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MATSON AND ISOM to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68495002122
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 02/18/14

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

California Exempt Organization
Annual Information Return

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

| | | |
|--|--------------------|---|
| Corporation/Organization Name CSU, CHICO RESEARCH FOUNDATION | | California corporation number 1784872 |
| Address (suite, room, or PMB no.) CSUC, BUILDING 25 | | FEIN 68-0386518 |
| City CHICO | State CA | ZIP Code 95929-0246 |

| | |
|--|---|
| A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | J 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509. |
| B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: _____ | |
| E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other | |
| F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990) | |
| G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions | |
| H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? | |
| I 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain, and attach copies of revised documents. STMT 1 | |
| K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ | |
| L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/> | |
| M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 | 14,786,845.00 |
| | 2 Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | 3 | 26,709,615.00 |
| | 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 \$50,000, see General Instruction B | 4 | 41,496,460.00 |
| | 5 Cost of goods sold STMT 2 | 5 | 328,368.00 |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | 123,768.00 |
| | 7 Total costs. Add line 5 and line 6 | 7 | 452,136.00 |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 41,044,324.00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 40,677,764.00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 366,560.00 |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 Total payments | 12 | 00 |
| | 13 Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 Use tax. See General Instruction K | 14 | 00 |
| | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10.00 |

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.

| | | | | |
|---------------------------------|---|---------------------------|---|------------------------------------|
| Sign Here | Signature of officer TREASURER | Title | Date | Telephone (530) 898-6811 |
| | Preparer's signature | Date 02/18/14 | Check if self-employed <input type="checkbox"/> | PTIN P00167448 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address MATSON AND ISOM 3013 CERES AVENUE CHICO, CA 95973 | FEIN 94-2222122 | Telephone (530) 891-6474 | |
| | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 12-18-12

| | | | | | |
|-----------------------------|----------------------------|--|---|---------------|---------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 1,623,023.00 | |
| | 2 | Interest | 2 | 00 | |
| | 3 | Dividends | 3 | 135,123.00 | |
| | 4 | Gross rents | 4 | 00 | |
| | 5 | Gross royalties | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) STATEMENT 3 | 6 | 354,769.00 | |
| | 7 | Other income SEE STATEMENT 4 | 7 | 12,673,930.00 | |
| | 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 | 14,786,845.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 5 | 9 | 2,374,341.00 | |
| | 10 | Disbursements to or for members | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 6 | 11 | 239,695.00 | |
| | 12 | Other salaries and wages | 12 | 14,478,914.00 | |
| | Expenses and Disbursements | 13 | Interest | 13 | 188,427.00 |
| | | 14 | Taxes | 14 | 00 |
| | | 15 | Rents | 15 | 27,918.00 |
| | | 16 | Depreciation and depletion (See instructions) | 16 | 1,175,404.00 |
| | | 17 | Other Expenses and Disbursements SEE STATEMENT 7 | 17 | 22,193,065.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 40,677,764.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|-------------|---------------------|-------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 7,350,317. | | 8,167,711. |
| 2 | Net accounts receivable | | 1,780,125. | | 1,428,117. |
| 3 | Net notes receivable STMT 8 | | 71,130. | | 95,457. |
| 4 | Inventories | | 167,783. | | 186,992. |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock STMT 9 | | 1,572,543. | | 1,776,957. |
| 8 | Mortgage loans | | | | |
| 9 | Other investments | | | | |
| 10 | a Depreciable assets | 19,613,266. | | 20,183,213. | |
| | b Less accumulated depreciation | (9,881,445.) | 9,731,821. | (10,934,450.) | 9,248,763. |
| 11 | Land | | 6,113,943. | | 6,043,943. |
| 12 | Other assets STMT 10 | | 6,904,964. | | 7,984,695. |
| 13 | Total assets | | 33,692,626. | | 34,932,635. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 2,143,878. | | 2,421,901. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable STMT 11 | | 4,060,000. | | 3,940,000. |
| 17 | Mortgages payable | | 273,971. | | 410,062. |
| 18 | Other liabilities STMT 12 | | 1,544,515. | | 1,556,482. |
| 19 | Capital stock or principle fund | | 1,381,456. | | 1,951,770. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | 11,340,024. | | 10,769,654. |
| 21 | Retained earnings or income fund | | 12,948,782. | | 13,882,766. |
| 22 | Total liabilities and net worth | | 33,692,626. | | 34,932,635. |

| 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 \$50,000. | | | | | |
| 1 | Net income per books | 933,928. | 7 | Income recorded on books this year not included in this return. STMT 13 | 567,368. |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | 567,368. |
| 4 | Income not recorded on books this year | | 10 | Net income per return. | |
| 5 | Expenses recorded on books this year not deducted in this return | | | Subtract line 9 from line 6 | 366,560. |
| 6 | Total. Add line 1 through line 5 | 933,928. | | | |

FORM 199

EXPLANATION FOR QUESTION I

STATEMENT 1

THE ARTICLES OF INCORPORATION WERE REVISED DURING THE 6-30-13 TAX YEAR. THE REVISED ARTICLES OF INCORPORATION ARE ATTACHED.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | | |
|----|---|---------|---------|
| 1. | INVENTORY AT BEGINNING OF YEAR | | 167,783 |
| 2. | MERCHANDISE PURCHASED. | 347,577 | |
| 3. | COST OF LABOR. | | |
| 4. | MATERIALS AND SUPPLIES | | |
| 5. | OTHER COSTS. | | |
| 6. | ADD LINES 1 THROUGH 5 | | 515,360 |
| 7. | INVENTORY AT END OF YEAR | | 186,992 |
| 8. | COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 328,368 |

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|-------------|---------------------|-----------|-----------------|-------------------|
| SECURITIES | 12/28/10 | 02/04/13 | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 34,403. | 0. | 0. | 40,354. |

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|--------------|---------------------|-----------|-----------------|-------------------|
| FIXED ASSETS | 07/01/02 | 06/30/13 | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 218,954. | 129,589. | 0. | 314,415. |

TOTAL TO FORM 199, PAGE 2, LN 6 253,357. 129,589. 0. 354,769.

FORM 199 OTHER INCOME STATEMENT 4

| DESCRIPTION | AMOUNT |
|------------------------------------|-------------|
| ORION NEWSPAPER | 185,493. |
| SPONSORED PROGRAM FEES | 2,988,836. |
| AG RESEARCH INITIATIVE | 635,269. |
| UNIV PRGM RECEIPTS | 5,310,918. |
| SPONSORED PRGM RECEIPTS | 2,231,323. |
| OTHER INCOME | 1,322,091. |
| TOTAL TO FORM 199, PART II, LINE 7 | 12,673,930. |

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|-------------------------------------|--------------|
| CALANDRELLA, DREW CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| COLBIE, TIM CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| ELLISON, RICHARD CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| HUNT, DAN CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| ZINGG, PAUL CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| SHAPIRO, RUSSELL CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| SIEGEL, LINDSEY CSUC, BUILDING 25 CHICO, CA 95929-0246 | BOARD MEMBER 2.00 | 0. |
| WEI, BELLE CSUC, BUILDING 25 CHICO, CA 95929-0246 | PRESIDENT 5.00 | 0. |
| HOFFMAN, LORRAINE CSUC, BUILDING 25 CHICO, CA 95929-0246 | TREASURER 5.00 | 0. |
| FINLEY, KAREN CSUC, BUILDING 25 CHICO, CA 95929-0246 | INTERIM EXECUTIVE DIRECTOR 40.00 | 111,257. |
| THOMA, CATHERINE CSUC, BUILDING 25 CHICO, CA 95929-0246 | SECRETARY/EXECUTIVE DIRECT 40.00 | 39,289. |

| | | |
|---|-----------------------------|-----------------|
| FLAKE, SANDRA CSUC, BUILDING 25 CHICO, CA 95929-0246 | FORMER PRESIDENT 2.00 | 0. |
| WOODMANSEE, FRED CSUC, BUILDING 25 CHICO, CA 95929-0246 | FINANCIAL DIRECTOR 40.00 | 89,149. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>239,695.</u> |

| | | | |
|----------|----------------|-----------|---|
| FORM 199 | OTHER EXPENSES | STATEMENT | 7 |
|----------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------------|--------------------|
| SPONSORED PROGRAMS | 11,822,502. |
| CAMPUS PROGRAMS | 2,942,709. |
| FACULTY & GRANT DEVELOP RESEARCH | 1,131,613. |
| | 759,927. |
| PENSION PLAN CONTRIBUTIONS | 118,029. |
| OTHER EMPLOYEE BENEFITS | 3,584,718. |
| ACCOUNTING FEES | 452,054. |
| OTHER PROFESSIONAL FEES | 425,289. |
| OFFICE EXPENSES | 415,305. |
| TRAVEL | 34,724. |
| INSURANCE | 36,764. |
| ALL OTHER EXPENSES | 469,431. |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>22,193,065.</u> |

| | | | |
|----------|----------------------|-----------|---|
| FORM 199 | NET NOTES RECEIVABLE | STATEMENT | 8 |
|----------|----------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|----------------|----------------|
| NOTES AND LOANS RECEIVABLE, NET | 71,130. | 95,457. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 3 | <u>71,130.</u> | <u>95,457.</u> |

| | | | |
|----------|----------------------|-----------|---|
| FORM 199 | INVESTMENTS IN STOCK | STATEMENT | 9 |
|----------|----------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| PUBLICLY TRADED SECURITIES | 1,572,543. | 1,776,957. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 7 | 1,572,543. | 1,776,957. |

| | | | |
|----------|--------------|-----------|----|
| FORM 199 | OTHER ASSETS | STATEMENT | 10 |
|----------|--------------|-----------|----|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | 1,001,379. | 1,032,032. |
| SPONSORED PROGRAMS RECEIVABLE | 5,903,585. | 6,952,663. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 6,904,964. | 7,984,695. |

| | | | |
|----------|-------------------------|-----------|----|
| FORM 199 | BONDS AND NOTES PAYABLE | STATEMENT | 11 |
|----------|-------------------------|-----------|----|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| TAX-EXEMPT BONDS LIABILITIES | 4,060,000. | 3,940,000. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 16 | 4,060,000. | 3,940,000. |

| | | | |
|----------|-------------------|-----------|----|
| FORM 199 | OTHER LIABILITIES | STATEMENT | 12 |
|----------|-------------------|-----------|----|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| DEPOSITS HELD FOR OTHERS | 9,925. | 7,150. |
| RESERVE FOR GRANT COST DISALLOWANCE | 489,756. | 499,995. |
| POST RETIREMENT HEALTH RESERVE | 552,934. | 557,412. |
| DEFERRED REVENUE | 1,600. | 1,625. |
| UNSECURED NOTES AND LOANS PAYABLE | 490,300. | 490,300. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 1,544,515. | 1,556,482. |

| | | |
|----------|---|--------------|
| FORM 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT 13 |
|----------|---|--------------|

| DESCRIPTION | AMOUNT |
|--|----------|
| UNREALIZED GAINS | 130,621. |
| NET TRANSFERS - CSUC & OTHER AUXILIARIES | 436,747. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | 567,368. |

| | | |
|----------|---------------|--------------|
| FORM 199 | FUND BALANCES | STATEMENT 14 |
|----------|---------------|--------------|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| CURRENT FUNDS | 1,381,456. | 1,951,770. |
| ENDOWMENT AND OTHER FUNDS | 12,948,782. | 13,882,766. |
| LAND, BUILDINGS AND EQUIPMENT FUND | 11,340,024. | 10,769,654. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 25,670,262. | 26,604,190. |

California Exempt Organization Business Income Tax Return

2012

FORM 109

Calendar Year 2012 or fiscal year beginning month JUL day 1 year 2012, and ending month JUN day 30 year 2013

Corporation/Organization Name CSU, CHICO RESEARCH FOUNDATION California corporation number 1784872

Address (suite, room, or PMB no.) CSUC, BUILDING 25 FEIN 68-0386518

City CHICO State CA ZIP Code 95929-0246

A First Return Filed? [] Yes [X] No B Is this an education IRA within the meaning of R&TC Section 23712? [] Yes [X] No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No D Final Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized (attach explanation)

E Amended Return [] Yes [X] No F Accounting Method Used: (1) [] Cash (2) [X] Accrual (3) [] Other G Nature of trade or business SEE STATEMENT 15

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? [] Yes [X] No I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? [] Yes [X] No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? [] Yes [X] No K Unrelated Business Activity (UBA) Code 511110 L Is this a Hospital? [] Yes [X] No

If "Yes," attach IRS Schedule H (Form 990)

Table with 3 columns: Description, Line Number, Amount. Rows 1-3: Unrelated business taxable income from Side 2, Part II, line 30. Amounts: 00, 00, 0.00.

Table with 3 columns: Description, Line Number, Amount. Rows 4-11: Unrelated business taxable income from line 3 or line 4, Enterprise zone losses, Net Operating Loss deduction, Add line 6 and line 7, Net unrelated business taxable income, Tax 8.84% x line 9, New jobs credit, Tax credits, Total Credits. Amounts: 00, 00, 00, 00, 00, 00, 00, 00, 00, 00.

Table with 3 columns: Description, Line Number, Amount. Rows 12-14: Balance, Alternative minimum tax, Total tax. Amounts: 00, 00, 0.00.

Table with 3 columns: Description, Line Number, Amount. Rows 15-19: Overpayment from a prior year, 2012 estimated tax payments, 2012 withholding, Amount paid with extension, Total payments and credits. Amounts: 00, 00, 00, 00, 00.

Table with 3 columns: Description, Line Number, Amount. Rows 20-27: Tax due, Overpayment, Enter amount of line 21 to be applied to 2013 estimated tax, Use tax, Refund, Penalties and interest, Total amount due. Amounts: 00, 00, 00, 00, 00, 00, 00.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | |
|----|---|-------------------------------|-----------|----|----|
| 1 | a Gross receipts or gross sales | b Less returns and allowances | c Balance | 1c | 00 |
| 2 | Cost of goods sold and/or operations (Schedule A, line 7) | | | 2 | 00 |
| 3 | Gross profit. Subtract line 2 from line 1c | | | 3 | 00 |
| 4 | a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541) | | | 4a | 00 |
| | b Net gain (loss) from Part II, Schedule D-1 | | | 4b | 00 |
| | c Capital loss deduction for trusts | | | 4c | 00 |
| 5 | Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | | 5 | 00 |
| 6 | Rental income (Schedule C) | | | 6 | 00 |
| 7 | Unrelated debt-financed income (Schedule D) | | | 7 | 00 |
| 8 | Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | | 8 | 00 |
| 9 | Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | | 9 | 00 |
| 10 | Exploited exempt activity income (Schedule G) | | | 10 | 00 |
| 11 | Advertising income (Schedule H, Part III, Column A) | | | 11 | 00 |
| 12 | Other income. Attach schedule | | | 12 | 00 |
| 13 | Total unrelated trade or business income. Add line 3 through line 12 | | | 13 | 00 |

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

| | | | | | |
|----|--|-----|----|-----|----------|
| 14 | Compensation of officers, directors, and trustees from Schedule I | | | 14 | 00 |
| 15 | Salaries and wages | | | 15 | 00 |
| 16 | Repairs | | | 16 | 00 |
| 17 | Bad debts | | | 17 | 00 |
| 18 | Interest | | | 18 | 00 |
| 19 | Taxes | | | 19 | 00 |
| 20 | Contributions | | | 20 | 00 |
| 21 | a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F) | 21a | 00 | | |
| | b Less: depreciation claimed on Schedule A | 21b | 00 | 21 | 00 |
| 22 | Depletion | | | 22 | 00 |
| 23 | a Contributions to deferred compensation plans | | | 23a | 00 |
| | b Employee benefit programs | | | 23b | 00 |
| 24 | Other deductions | | | 24 | 00 |
| 25 | Total deductions. Add line 14 through line 24 | | | 25 | 00 |
| 26 | Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | | | 26 | 00 |
| 27 | Excess advertising costs (Schedule H, Part III, Column B) | | | 27 | 00 |
| 28 | Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | | | 28 | 00 |
| 29 | Specific deduction | | | 29 | 1,000.00 |
| 30 | Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | | | 30 | 00 |

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.

| | | | | |
|--------------------------|--|---------------------------|---|------------------------------------|
| Sign Here | Signature of officer | Title TREASURER | Date | Telephone (530) 898-6811 |
| | Preparer's signature | Date 02/18/14 | Check if self-employed <input type="checkbox"/> | PTIN P00167448 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address MATSON AND ISOM 3013 CERES AVENUE CHICO, CA 95973 | | | FEIN 94-2222122 |
| | May the FTB discuss this return with the preparer shown above? See instructions | | | Telephone (530) 891-6474 |

Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) N/A

| | | |
|---|----|----|
| 1 Inventory at beginning of year | 1 | 00 |
| 2 Purchases | 2 | 00 |
| 3 Cost of labor | 3 | 00 |
| 4 a Additional IRC Section 263A costs. Attach schedule | 4a | 00 |
| b Other costs. Attach schedule | 4b | 00 |
| 5 Total. Add line 1 through line 4b | 5 | 00 |
| 6 Inventory at end of year | 6 | 00 |
| 7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 | 7 | 00 |

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

Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.

| | | | |
|--|---|----|--|
| 1 Enter credit name _____ code no. _____ | 1 | 00 | |
| 2 Enter credit name _____ code no. _____ | 2 | 00 | |
| 3 Enter credit name _____ code no. _____ | 3 | 00 | |
| 4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c | 4 | 00 | |

Schedule K Add-On Taxes or Recapture of Tax.

| | | |
|---|----|----|
| 1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 | 1 | 00 |
| 2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots | 2a | 00 |
| b Method for non-dealer installment obligations | 2b | 00 |
| 3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles | 3 | 00 |
| 4 Credit recapture. Credit name _____ | 4 | 00 |
| 5 Total. Combine the amounts on line 1 through line 4 | 5 | 00 |

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Is this organization electing the Alternate Method - Single-Sales Factor Formula?
If "Yes," complete Part B. If "No," complete Part A Yes No

| Part A. Standard Method - Three Factor Formula. Complete if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.) | (a) Total within and outside California | (b) Total within California | (c) Percent within California (b) ÷ (a) |
|--|---|-----------------------------|---|
| 1 Property factor: | • | • | • |
| 2 Payroll factor: Wages and other compensation of employees | • | • | • |
| 3 Sales factor: Gross sales and/or receipts less returns and allowances | • | • | • |
| 4 Multiply the factor on line 3, column (c) by 2 | | | |
| 5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 | | | |
| 6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions | | | |

| Part B. Alternate Method - Single-Sales Factor Formula. Complete if the corporation elects the single-sales factor formula. This is an irrevocable annual election. | (a) Total within and outside California | (b) Total within California | (c) Percent within California (b) ÷ (a) |
|---|---|-----------------------------|---|
| 1 Total Sales | • | • | |
| 2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2 | | | • |

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

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

| | | |
|---------------------------------|----------------------------------|--|
| 1 Description of property | 2 Rent received or accrued | 3 Percentage of rent attributable to personal property |
| | | % |
| | | % |
| | | % |

| | | | | |
|---|--|--|--|---|
| 4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income | | 5 Complete if any item in column 3 is more than 10%, but not more than 50% | | |
| (a) Deductions directly connected | (b) Income includible, column 2 less column 4(a) | (a) Gross income reportable, column 2 x column 3 | (b) Deductions directly connected with personal property | (c) Net income includible, column 5(a) less column 5(b) |
| | | | | |
| | | | | |

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | | |
|--|--|--|---|---|---|
| | | | (a) Straight-line depreciation | (b) Other deductions | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property | 5 Average adjusted basis of or allocable to debt-financed property | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6 | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includible, column 7 less column 8 |
| | | % | | | |
| | | % | | | |
| | | % | | | |
| Total. Enter here and on Side 2, Part I, line 7 | | | | | |

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

| 1 Description | 2 Amount | 3 Deductions directly connected | 4 Net investment income, column 2 less column 3 | 5 Set-asides | 6 Balance of investment income, column 4 less column 5 |
|---|----------|---------------------------------|---|--------------|--|
| | | | | | |
| | | | | | |
| Total. Enter here and on Side 2, Part I, line 8 | | | | | |
| Enter gross income from members (dues, fees, charges, or similar amounts) | | | | | |

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

| Exempt Controlled Organizations | | | | | |
|---|----------------------------------|------------------------------------|---|--|---|
| 1 Name of controlled organizations | 2 Employer Identification Number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 Add columns 5 and 10 | | | | | |
| 5 Add columns 6 and 11 | | | | | |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9 | | | | | |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includible, column 4 less column 7 but not less than zero |
|--|--|--|---|--|-------------------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total. Enter here and on Side 2, Part I, line 10 | | | | | | | |

Part I Income from Periodicals Reported on a Consolidated Basis

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

Part II Income from Periodicals Reported on a Separate Basis

| ORION | 185,493. | 31,689. | 153,804. | | 163,349. | 153,804. |
|-------|----------|---------|----------|--|----------|----------|
| | | | | | | |

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

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

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

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

Schedule I Compensation of Officers, Directors, and Trustees

| 1 Name of Officer | 2 SSN or ITIN | 3 Title | 4 Percent of time devoted to business | 5 Compensation attributable to unrelated business | 6 Expense account allowances |
|-------------------|---------------|---------|---------------------------------------|---|------------------------------|
| | | | % | | |
| | | | % | | |
| | | | % | | |
| | | | % | | |
| | | | % | | |

Total. Enter here and on Side 2, Part II, line 14

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

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

FORM 109

NATURE OF TRADE OR BUSINESS

STATEMENT 15

PUBLICATION OF COLLEGE NEWSPAPER

TO FORM 109, PAGE 1

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

**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

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

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: CT <u>102886</u> CSU, CHICO RESEARCH FOUNDATION <small>Name of Organization</small> CSUC, BUILDING 25 <small>Address (Number and Street)</small> CHICO, CA 95929-0246 <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> |
|--|--|

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 07/01/2012 ending 06/30/2013) list:
 Gross annual revenue \$ 41,044,324 . Total assets \$ 34,932,635 .

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 16 | 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 JBOURNE@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.

| | |
|--|-----------------------------|
| LORRAINE B. HOFFMAN | TREASURER |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> |
| | <small>Title</small> |
| | <small>Date</small> |

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 16

CALIFORNIA DEPARTMENT OF AGING
RACHEL DE LA CRUZ
(916) 322-0773
1300 NATIONAL DRIVE SUITE, 200
SACRAMENTO, CA 95834-1992

CA DEPARTMENT OF PUBLIC HEALTH SERVICES
MARION RINKEL
(916) 323-1648
1616 CAPITOL AVENUE, SUITE 74 516, MS 7204
P.O. BOX 997377, MS 7204
SACRAMENTO, CA 95899-7377

REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY
PASSED THROUGH FROM: CALIFORNIA DEPT. OF SOCIAL SERVICES (CALSWEC)
CHRIS MATHAIS
(510) 642-7490
2850 TELEGRAPH AVENUE, SUITE 215
BERKELEY, CA 94705

U.S. SMALL BUSINESS ADMINISTRATION
DORIS YOUNG
(202) 205-6185
409 THIRD STREET SW 6TH FLOOR
WASHINGTON, DC 20416