** PUBLIC DISCLOSURE COPY **

Form **990**

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	A	For the 2	012 calendar year, or tax year beginning JUL 1, 2012 and en	sfy state	reporting requireme	ents. Open to Public Inspection
	В	CHECK II	C Name of organization and en	nding J	UN 30, 20	13
	,	applicable:	CAL STATE FULLERTON PHILANTHROPIC			ntification number
	L	Address change	FOUNDATION FITTERNTHROPIC			Tunibel
	L	Name change	Doing Business As			
	L	Initial return	Number and street (or P.O. hox if mail is not delivered to		33	-0567945
	L	Termin- ated	1 2 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	om/suite	E Telephone nun	nber
	L	Amended return	City, town, or post office, state, and ZIP code	0		7-278-2786
		Applica- tion pending	FULLERTON, CA 92831		G Gross receipts \$	44,912,651.
		pending	F Name and address of principal officer GREC SAKC		H(a) Is this a grou	p return
_			DAME AS C ABOVE	- 1	for affiliates?	Yes X No.
-	1 7	ax-exemp	t status: X 501(c)(3)		H(b) Are all affiliates	included? Yes No
-	JV	Vebsite:	HTTP://WWW.FULLERTON_EDU/EQUADA #744/(a)(1) OF	527	If "No," attach	a list. (see instructions)
-	_	- 90	Cinzadoli, [21 Olipulantii Irilet Annesisti		H(C) Group exemp	tion number
L	Pa		mmary	L Year of	formation: 1993	M State of legal domicile: CA
	8	1 Brief	IV describe the organization's	7		
	Ē	<u>OF</u>	CALIFORNIA STATE UNIVERSITY, FULLERTON.	TT.HE	PEOPLE A	ND PROGRAMS
	ē	2 Che	ck this box if the organization discontinued:			
ć	Activities & Governance	3 Num	ber of voting members of the governing body (Part VI, line 1a)	of more th	nan 25% of its net	assets.
0	8	4 Num	ber of independent voting members of the		з	
į	l es	5 Total	ber of independent voting members of the governing body (Part VI, line 1a) number of individuals employed in calendar year 2012 (Part V, line 2a) number of volunteers (estimate if necessary)		4	
1	፭	6 Total	number of volunteers (estimate if necessary)		5	0
V V	2	7 a Total	unrelated business revenue from Part VIII, column (C), line 12 nrelated business taxable income from Form 990-T. line 34	**********	6	30
	+	b Net u	nrelated business taxable income from Form 990-T, line 34			0.
		n o .		·········	7b	0.
Revenue		8 Contr	ibutions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2d)	<u> </u>	Prior Year	Current Year
Ver	Ι.	9 Progra	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A) lines 3, 4, and 7-1)		5,505,956.	1
Be		Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 6, 6		L,788,263.	,0,5,
	1				684,139.	
	+-				29,705. 0,008,063.	200,017.
					,000,063.	11,590,396.
w	1			 	0.	2,265,823.
Expenses	1	6a Profess	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	,864,757.	0.
ber	"	b Total fi	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), line 21 11e, 11e, 11e, 11e, 11e, 11e, 11e,		0.	1,575,672.
ũ	1 17	7 Other c	AND Proposes (Part IX, column (D), line 25) 484, 685.		0.	0.
	18	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Repenses. Add lines 13-17 (must equal Post IX and a column (A))	3	,227,043.	2 666 040
	19			8	,092,754.	2,666,812.
Assets or Balances			le less expenses. Subtract line 18 from line 12		915,309.	6,508,307.
sets	20	Total as	sets (Part X, line 16)	Beginnir	ng of Current Year	5,082,089.
	21	Total lia	bilities (Part X, line 16)	61	,078,982.	End of Year 65,527,789.
Fun	22	Net ass	ets or fund balances. Subtract line 21 from line 20		983,661.	735,344.
Pa	rt I			60,	095.321	61 702 115
Unde	r pe	nalties of pe	Priury. I declare that I have exemine the			04,702,445.
true, o	corr	ect, and cor	nplete. Declaration of preparer (other than officer) is based on all information of which prepa	tements, a	nd to the best of my l	Knowledge and belief it is
			of Whith prepa	arer has an	ıy knowledge.	me modge and benef, it is
Sign		Sig	nature of officer			
Here		GI	REG SAKS, EXECUTIVE DIRECTOR		Date	
		Тур	e or print name and title			
		Print/Typ	e preparer's name	T 15.		
Paid		DONI	PA M. JOSEPH	Date	Check	PTIN
Prepai		Firm's na	me WINDES, INC.	<u> </u>	if self-employed	₽00286656
Use Or	niy	Firm's ad	dress P.O. BOX 87		Firm's EIN ▶ S	5-3001179
			LONG BEACH, CA 90801 0007			
May th	ne II	RS discus	s this return with the preparer shown above? (see instant)		Phone no. (56	52)435-1191
232001	12-1	0-12 LH	A For Paperwork Reduction Act Notice, see the separate instructions.			X Yes No
			see the separate instructions.			Form 990 (0040)

Pa	m 990 (2012) FOUNDATION 33-0567945
	Check if Schedule O contains a recent and a second
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:
	TO ACTIVELY PROMOTE DIDGITE AND COMMON OF THE PROMOTE DIDGITE DIDGITE AND COMMON OF THE PROMOTE DIDGITE DIDG
	ADVANCEMENT OF CALIFORNIA STATE UNIVERSITY, FULLERTON.
	OF CAMIFORNIA STATE UNIVERSITY, FULLERTON.
2	Did the organization and at the
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes Yes
	If "Yes," describe these changes on Schedule O. Yes Yes
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 the contract of grants and grants and grants and grants and gra
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of some largest program services, as measured by expenses.
	revenue, if any, for each program service reported
la	(Code:) (Expanse 5 967 500
	ADMINISTRATION OF ENDOWMENTS, SCHOLARSHIPS, GIFTS AND PUBLIC SUPPORT ASSIST CALIFORNIA STATE UNIVERSITY AT FULLERTON IN ITEM TO THE PROPERTY OF THE PROPERTY
	ASSIST CALIFORNIA STATE UNIVERSITY AT FULLERTON IN ITS EDUCATION ENRICHMENT PROGRAMS.
	ENRICHMENT PROGRAMS.
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-	
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-	
-	
_	
(0	Code: (Expenses \$
_	including grants of \$) (Revenue \$)
_	
(Co	de: (Expenses \$
*	including grants of \$) (Revenue \$)
	/ Prototoes
	er program services (Describe in Schedule O.)
Othe	
Othe Expe	neon ¢
Expe	nses \$ including grants of \$) (Revenue \$) I program service expenses ► 5,867,508.

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 4		Yes	s No
		1.	1	
	 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of a schedule of Contributors? 	2	X	
	public office? If "Yes," complete Schedule C. Part I		+^	+
	 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership described. 	3	+	X
	5 Is the organization a section 501(c)(4) 501(c)(5) 27501(1)(6)	4		X
	similar amounts as defined in Revenue Procedure 98-192 If "You" agree the Revenue Smellinership dues, assessments, or			T
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
	7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<u> </u>	X
		_		
	B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		X
				v
	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.	8	-	X
	If "Yes," complete Schedule D, Part IV			!
1	O Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Port IV.	9	\longrightarrow	_X_
1	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes." then complete Schedule D, D, D, L, L, D,	10	x	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			Page 1
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI Part X, line 10? If "Yes," complete Schedule D,			
	b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, assets reported in Part X, line 16? If "Yes " complete Schedule D, Part X, line 12 that is 5% or more of its total	11a	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	1b	\perp	<u>X</u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total			
	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	1c		<u>X</u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in			77
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1d		$\frac{X}{X}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 1 Part X, line 25? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (400 7 the first form).	1e		<u> </u>
12	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1 Did the organization obtain separate independent suditions for the tax year include a footnote that addresses	1f 3	x	
	Schedule D. Ports VI and VII	" -	=	-
ı) Was the organization included in consolidated in the	2a		X
			\top	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	ьΣ	ζ	
14a	Did the organization maintain an office employees of season.	3		K
b	or got included addressed feventies or exponent of	a	X	ζ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance 4.			_
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 14 or entity located outside the United States? If "Yes " complete Separative F. B. The second of the complete F. B. The second of the complete Separative F. B. The second of the complete F. The second of	<u> </u>	<u> </u>	<u> </u>
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate greaters.		١,,	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-	$\frac{X}{X}$	
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional V.		x	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	+-	+	
18			X	
	1c and 8a? If "Yes," complete Schedule G. Part II.	+-	+==	-
19	Did the organization report more than \$15,000 of arrangements.	X		
	complete Schedule G, Part III	1	1	
20a	Did the organization operate one or more hospital facilities 0.45 lb/s		X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a		X	-
				_
	Forn	agn	(2012	-

Ľ	Tartiv Checklist of Required Schedules (continued)	6794	5	Pag
2	or organization report more than the non-of-	T	Yes	s N
2	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21		T
23	column (A), line 2? If "Yes," complete Schedule I. Parts Land III.		 	†,
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	. 22		3
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	. 23	Х	
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain and the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain an escrow account other than a refunding exercise of the control of the organization maintain and the control of the con	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		_
	Did the organization act as an "on below".	24-		
25	The state of the s	24c 24d		
Ł	disqualified person during the year? If "Yes " complete School to Feed to be an excess benefit transaction with a			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25a		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee leaves	25b		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
28	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? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following party:		\top	
	instructions for applicable filing thresholds, conditions, and executions for applicable filing thresholds, conditions, and executions.	27		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
С	An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		X
29	Did the organization receive more than \$25,000 in non-cash contribution 2.6 (8.1) (2.1)	28c		<u>x</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar coasts.	29		X

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

contributions? If "Yes," complete Schedule M

If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization liquidate, terminate, or dissolve and cease operations?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Schedule N, Part II

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Form 990 (2012)

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35b

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Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response to

1a b					
L)	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1 - 5 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	1 1 0		Ye	s N
		148			
С		0			
٥-		- 1		1	
Za		····	<u>1c</u>	X	_
	The state of the s				
b	The road of the Death of the office of the death of the d	0			
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·····	2b		\perp
Ja L	3 Table Unitelated Dusiness dross income of 64 000				
	rad it filed a Point 990-1 for this year? If "No " provide an explanation to a	L	3a	 	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
4a	and during the calefular year did the organization beautiful		3b	 	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
b	If "Yes," enter the name of the foreign country:	<u> </u>	4a	<u> </u>	X
	See instructions for filing requirements for Form TD F 99 99 4 7				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax.				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886.72	L	5a		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886 T2	- 12	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	[5c		
	any contributions that were not tax deductible as a basic formally greater than \$100,000, and did the organization solicit	- 1			
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6	6a		X
١	was a copiess statement that such contributions or site				
	Organizations that may receive deductible contributions under section 170(c).	6	3b		
a [oid the organization receive a payment in excess of \$75 made portly so a soul if a significant source.				16100
b i	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor "Yes," did the organization notify the donor of the value of the goods or services provided?	r? 7	a	Х	
c [olid the organization sell, exchange, or otherwise dispose of tangible personal and the control of the value of the goods or services provided?		b	X	
t	a file if was required			$\neg +$	
d II		. 7		- 1	Х
e D	id the organization receive any funds directly and any funds directly and any funds directly any funds directly and any funds d				
f D	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76			Х
g If	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? the organization received a contribution of qualified into the	71		_	$\frac{x}{X}$
				N/A	
S	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? Donsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A	7h			
	ganization, or a deposit of maintaining denot advised funds and section 509(a)(3) supporting organizations. Did the supporting N / Δ			N/Δ	
or		11111		N/A	
or				N/A	
or Si	ponsoring organizations maintaining dopor advised fived.	8		N/A	
or S j Di	ponsoring organizations maintaining donor advised funds. If the organization make any taxable distributions under section 40000	8		N/A	
or Si Di Di	d the organization make a distribution to a donor, donor advisor, or related passes.	8 9a		N/A	
or S _i a Di Di Se	d the organization make any taxable distributions under section 4966? In the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	8		N/A	
or Si Di Di Se	d the organization make any taxable distributions under section 4966? In the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	8 9a		N/A	
or Si a Di Di Se I Ini	the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make any taxable distributions advisor, or related person? In the organization make any taxable distributions and organizations. In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distribution and taxable distributions under section 4966? In the organization make any taxable distribution and taxable distributions under section 4966? In the organization make any taxable distribution and taxabl	8 9a		N/A	
or Sp Di Di Se Ini Gr Se	onsoring organizations maintaining donor advised funds. In the organization make any taxable distributions under section 4966? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make a distribution to a donor, donor advisor, or related person? In the organization make any taxable distributions and organization and	8 9a		N/A	
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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.

The Enter the number of voting members of the governing body at the end of the tax year if there are matived differences in voting rights among members of the governing body, or if the governing body determined the properties of the properties o	s	Check if Schedule O contains a response to any question in this Part VI ection A. Governing Body and Management			[
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Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Dother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Cotion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. 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. State the name, physical address and telephone purples of the series of the deliberation and decision? Ida X X Diff "Yes," to line 15a or 15b, describe in schedule O) 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.	14	Did the organization have a written document retention and doctruction and doctruction	13	X	
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taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? It is the states with which a copy of this Form 990 is required to be filed CA 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. If "Yes," did the organization to evaluate its participation to evaluate its participation to example a statements available of the public during the tax year. State the name, physical address, and telephone numbers of the content of the public during the tax year.		f "Yes" to line 15a or 15b, describe the presence in Sets 14 a.	15b		X
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ANH CHEN - 657-278-2118 2600 NUTWOOD AVE. # 850, FULLERTON, CA 92831	<u> </u>		on: 📂 🚆		

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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

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

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;

Average hours per week (list any hours for related organization below line)	t E o zakonina za	officer	Pot checinless is and a	person	e than	oth an	(D) Reportable	(E) Reportable	(F) Estimated
hours for related organization below line)	us state of division of the state of the sta	d fractor	991			ustee)	compensation from	compensation from related	amount of
1 / 1) () ()		Incitiational fracta	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
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Part VII Section A. Officers, Directors (A)	, Trustees, Key E	olan	vee	s an	дΗ	iaha	act (200000000000000000000000000000000000000	33-056	7945 Pag
(A)	(B)	1	,), all	C)	igne	Ste	Jompensated Employ	ees (continued)	
Name and title	Average			Pos	itior	1		(D)	(E)	(F)
	hours per	(do	not o	check ess per	more	than	one	Reportable	Reportable	Estimated
	week	offi	cer a	nd a di	irecto	is boi or/trus	in an stee)	compensation	compensation	amount of
	(list any	jo.	Π	П			Т	from	from related	other
	hours for	or director				-		the organization	organizations	compensation
	related	96 01	stee			sate		(W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	trus s	al tru		yee	шре		(** 2/ 1033-WIGC)		organization
	below	Individual trustee	Institutional trustee	Ja	Key employee	est co oyee	10			and related
(18) DWAYNE MASON	line)	Indii	insti	Officer	Key e	Highest compensated employee	Former			organizations
DIRECTOR	1.00	JI								
(19) STEVEN G. MIHAYLO	19.00	X		- 1				0.	0.	1 - 04-
DIRECTOR	1.00					7	_	•	<u> </u>	15,247
		X		- 1				0.	0	
(20) GEOFFREY S. PAYNE	1.00		\dashv	$\neg \uparrow$	\dashv	\dashv	\dashv	0.	0.	
DIRECTOR		x						0	_	
(21) KERRI RUPPERT SCHILLER	1.00	$\vdash \uparrow$	\dashv	\dashv	+	\dashv	\dashv	0.	0.	0
DIRECTOR		Х								
(22) ERNIE SCHROEDER	1.00		+	+	+	+	\dashv	0.	0.	0
DIRECTOR	1.00	x		-				1		
(23) VICTORIA L. VASQUES	1.00	4	+		_	4	4	0.	0.	0
DIRECTOR	1.00			-						
(24) GREG SAKS	10 00	X	\perp	\perp	\perp	\perp		0.	0.	0
XECUTIVE DIRECTOR	10.00			-						
25) IRA UNTERMAN		X		ζ				0.	0.	0
HIEF FINANCIAL OFFICER	15.00			T	T	T	1		0.	0
26) TARA GALLIVAN-GARCIA	35.00		2	[]				0.1	129,996.	16 000
NTERIM CFO	10.00	T	T	1		\top	1	· ·	123,330.	46,033
**************************************	40.00	-	X					0.	06 404	
1b Sub-total					_	 •	+	0.1	86,424.	37,093
o Total Iron continuation sheets to Part	VII, Section A	******					-	0:		188,378.
a rotal (add lines to and 1c)							\vdash		0.	0.
 rotal number of individuals (including but 	not limited to the	e liet	ad a	hove	٠٠ ١٠٠			0.	468,506.	188,378.
compensation from the organization		JO 1131	iou a	ibove	e) w	no r	ece	ived more than \$100,00	00 of reportable	
										0
Did the organization list any former office line 1a? If "Yes," complete Schedule I for	r. director or truet	00 6	01.0							Yes No
For any individual listed on line 1a, is the	sum of roportoble							***************************************		3 X
For any individual listed on line 1a, is the sand related organizations greater than \$15	50 0002 # "Vaa II a	comp	ens	ation	and	d oth	her d	compensation from the	organization	
and related organizations greater than \$15	50,000? II Yes, "C	отри	ete .	Sche	dule	e J f	or su	uch individual	1277	4 X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compensa	tion f	from	any	unr	elate	ed o	rganization or individua	I for services	
rendered to the organization? If "Yes," conction B. Independent Contractors	npiete Schedule J	for su	uch	perso	on .		*****			5 X
Complete this table for your five highest countries the organization. Report compensation for	ompensated indep	ende	nt c	ontra	acto	rs th	nat r	eceived more than \$10	0.000 of componentia	
	the calendar year	endir	ng w	ith o	r wi	thin	the	organization's tax year	o,ooo or compensation	on from
171						T		(B)		
Name and business	address No	ONE	3					Description of service	ces Com	(C)
				***************************************		+			Com	pensation
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Total number of independent						L	-			
Total number of independent contractors (in \$100,000 of compensation from the organization)	icluding but not lim	nited	to th	ose	liste	ed al	bove	e) who received more th	nan lan	ing state of the second
\$100,000 of compensation from the organization	ation 🕨			0					1541	
									■ 100 to 100 ft 100	

Part VIII Statement of Revenue

ाइ इ.डा	1 a Federated campaigns				n in this Part VIII (A) Total revenue	(B)		s from tax unde
and Other Similar Amounts	h Morobounti	I	1a	51,423	4			010, 07 314
Ğ,ĕ	c Fundraising events		1b					
a =	d Related organizations		1c	402,372				
έĒ	d Related organizationse Government grants (contri		1d					
200	f All other contributions, gifts, g	butions)	1e					
[]	similar amounts not included a		- 1					
ō			1f	6,804,739.				
a G	- The second included in it	ines 1a-1f: \$		9,502.				
	h Total. Add lines 1a-1f				7,258,53	4.		
, ,	a CAMPUS PROGRAMS		1	Business Code				
Revenue	b		-	900099	883,07	9. 883,0	79.	
Ž١	C		L					
Š.	d		L					
ř		·	L					
	e All all a							
	f All other program service re	venue	L					
+-	g Total. Add lines 2a-2f				883,079			SVICE SEARCHER COMMUNICATION
3	Investment income (includin	g dividends,	interes	t, and				
١.	other similar amounts)				1,184,837	.]		
4	income from investment of t	ax-exempt be	ond pro	ceeds				1,184,837
5	Royalties							
		(i) Rea		(ii) Personal				
6								
1	Less: rental expenses							
(Rental income or (loss)							
	Net rental income or (loss)		L					
7 a	Gross amount from sales of	(i) Securit	ioe		1.002.10.11.11.11.11.11.11.11.11.11.11.11.11.			
	assets other than inventory	35,118,6		(ii) Other				
b	Less: cost or other basis	10,110,0	/= 3+					
1	and sales expenses	33 054 7	,,,					
c	Gain or (loss)	33,054,7	14.					
d	Gain or (loss)	2,063,9	29.					
8 a	Net gain or (loss)	**************		·····	2,063,929.			2,063,929.
O a	Gross income from fundraising including \$ 402		t			10.00		2,003,929.
	***	,372. of						
	contributions reported on line		- 1					
	Part IV, line 18		a	397,959.				
D	Less: direct expenses	**************	b	267,541.				
С	Net income or (loss) from fund	raising event	s	>	130,418.			
9 a	Gross income from gaming act	tivities. See						130,418.
	Part IV, line 19		а					
b	Less: direct expenses		ь					
С	Net income or (loss) from gamin	ng activities	<u> </u>					
10 a	Gross sales of inventory, less re	eturns	Γ		Contract Contract			
	and allowances							
b	Less: cost of goods sold	************	Б					
С	Net income or (loss) from sales	of inventor	n					
	Miscellaneous Revenue	of inventory	15	P				1
11 a	OTHER INCOME			ness Code				
b			- 900	0099	69,599.		*** *** ** ******************	69,599.
c .			-					,
-	All other revenue	···	·					·
u /	All other revenue Fotal. Add lines 11a-11d		<u></u>					
	LDINI ACCIDAG 11g 11d				60 F00			
e	Total revenue. See instructions.			🕨 🔼	69,599.			11111111111111

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, (**D**) Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses Grants and other assistance to governments and expenses organizations in the United States. See Part IV, line 21 2,264,623. 2,264,623. Grants and other assistance to individuals in the United States. See Part IV, line 22 1,200. 1,200. Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,309,809. 1,166,315. 143,494. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 265,863. 248,860. Payroll taxes 17,003. 10 Fees for services (non-employees): a Management **b** Legal 2.961. 2,961. Accounting 95,769. 26,769. 69,000. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 31,548 31,548. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 30,464. 25,764. 1,200. Office expenses 3,500. 13 165,136. 146,479. 11,690. Information technology 6,967. 14 15 Royalties 16 Occupancy 17 157,065. 150,250. 3,380. 3,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance 8,565. 1,434. 7.131. Other expenses. Itemize expenses not covered 24 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 0.) PROGRAM COSTS 1,265,143. 1,053,360. 12,310. PUBLIC RELATIONS 199,473. 403,051 350,871. 11,358. c MISCELLANEOUS 40,822. 389,<u>223</u>. 358,385. 543. d OTHER 30,295. 42,205. 42,205. e All other expenses 75,682. 30,993. 4,993. 39,696. Total functional expenses. Add lines 1 through 24e 6,508,307. 5,867,508. 156,114. 484,685. 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)

232010 12-10-12

Part X Balance Sheet

		- Liamos officer			5 0307545 Pac
		Check if Schedule O contains a response to any question in this Part X			
			(A)	T	(B)
		1 Cash - non-interest-bearing	Beginning of year		End of year
		2 Savings and temporary cash investments	13 000	9.	1 852,7
				0 . :	2 12,739,8
		Accounts receivable, net Loans and other receivables from current and formations.	12,852,54	3.	9,286,7
		5 Loans and other receivables from current and former officers, directors,	105,068	3. 4	119,2
		trustees, key employees, and highest compensated employees. Complete			
		t art if of Scriedule L			
	(Loans and other receivables from other disqualified persons (as defined and		5	
- 1		persons described in section 4958(c)(3)(P), and anti-			
		stripleyers and sponsoring organizations of section 501/6/(0) well-well-			
2	1_	employees beneficiary organizations (see instr). Complete Dest V. Co.			
CIDOCL	7	riotes and loans receivable, net		6	
ť	8	The care of age		7	
	9	r and deferred charges	68,000	8	
	10	to and equipment cost or other	00,000	• 9	68,00
		basis. Complete Part VI of Schedule D 10a			
	1	b Less: accumulated depreciation 10b		1	
	11	Investments - publicly traded securities	34,128,084	10c	
	12	outer securities, see Part IV line 11	/200,009		42,193,54
	13	programmelated. See Part IV line 11		12	
	14 15	3-4-0 400010		13	
	16	activ, into 11	277,593.	15	267 62
7	17	The state of the s	61,078,982.	16	267,62 65,527,789
	18	Accounts payable and accrued expenses Grants payable	983,661.	17	735,344
	19	- Payable		18	755,545
	20			19	
	21	, and make the second of the s		20	
1	22	The state of the s		21	
		Loans and other payables to current and former officers, directors, trustees, key employees, highest companyers to			
		key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	23	Secured mortgages and notes payable to		22	
1	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (not dies for the latest and loans)		23	
1	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
				1	
2	26	Total liabilities. Add lines 17 through 25		25	
		Organizations that follow SFAS 117 (ASC 958), check here ► X and	983,661.	26	735,344
		complete lines 27 through 29, and lines 33 and 34			
2	.7	Unrestricted net assets	006 554		
2		, , , , , , , , , , , , , , , , , , , ,	896,551. 17,769,513.	27	1,547,792
2		Touristed her assets	11 100 050	28	18,382,008.
	1	Organizations that do not follow SFAS 117 (ASC 958), check here	41,427,237.	29	44,862,645.
	•	and complete lines 30 through 34.			
30	0 (Capital stock or trust principal, or current funds			
3.		ouplied surplus, or larid, building or equipment fund		30	
32		total log carriers, endowment, accumulated income or attack		31	
	₹ 7	Total net assets or fund balances Total liabilities and net assets (fund balances)	60,095,321.	32	64,792,445.
33 34	,	otal liabilities and net assets/fund balances	UN 1142 133 1	33	

Part XI Reconciliation of Net Assets	33-	056794	15	Page 1
Check if Schedule O contains a response to any question in this Part XI				X
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting	1 2 3 4 5 6 7 8 9	11,5 6,5 5,0 60,0 -5	90, 08, 82, 95, 36,	, 396 , 307 , 089 , 321 , 321
Check if Schedule O contains a response to any question in this Part XII				443.
If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched 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 review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Scan Act and OMB Circular A-133?	wed on a rate basis, the audit, chedule O. Single Audit	2a	X	s No
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3a		X

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number

Part I Reason	on for Public C	harity Status (All org	ranization:	c much -					33-0567945	
The organization is r	ot a private founda	tion because it is: (For line	garnzation:	s must con	plete this	part.) See	instruction	ons.		
2 A school	described in section	rches, or association of control (b)(1)(A)(ii). (Attack	churches of	described i	n section	170(b)(1)(A)(i).			
3 A hospital	Of a cooperative b	Opital i	n Schedul	e E.)						
4 A medical	research organizat	ospital service organizati	ion descri	bed in sec	tion 170(b)(1)(A)(iii).				
city, and s	tate:	ion operated in conjunct	tion with a	hospital d	escribed i	section	170(b)(1)((A)(iii). Er	nter the hospital's name	
5 X An organiz	ration operated for	AL I FI							The Hoopital S Hallie	
3	70/by 1y Avisa (O	the benefit of a college o	or universit	ty owned a	r operated	by a gove	ernmenta	Lunit des	scribed in	
									onbed III	
7 An organiz	state, or local gove	rnment or governmental	unit descr	ribed in sec	tion 170(b)(1)(A)(v).				
3	ation that normally	receives a substantial pa	art of its s	upport fror	n a goverr	mental un	it or from	the gone	aral mulation of the	
8 A commun	'0(b)(1)(A)(vi). (Con	plete Part II.)			•		0. 1.0111	the gene	arai public described in	
9 An organiz	ity trust described	in section 170(b)(1)(A)(v	i). (Compl	lete Part II.)					
- An organiz	ation that normally	receives: (1) more than a	23 1/20/ ~	f :4		atributiono				
activities re	lated to its exempt	functions - subject to ce	ertain exce	eptions and	d (2) no m	oro than 2	, membei	rsnip tees	s, and gross receipts fr	
income and	d unrelated busines	s taxable income (less solete Part III.)	ection 511	1 tax) from	husinosas	o comin	3 1/3% 0	fits supp	oort from gross investm	
See section	n 509(a)(2). (Compi	ete Part III.)		· rany morn	DU31116336	s acquired	by the o	rganizati	on after June 30, 1975	
10 An organiza	ition organized and	operated exclusively to	test for no	ublic safet	. Soo oo -	500/				
J	and in organized and	Operated exclusively for	tha hana	fit at a.						
more public	ly supported organ	operated exclusively for izations described in sec ng organization and com	ction 5096	a)(1) or soo	tion Foot	iunctions (of, or to c	arry out t	the purposes of one or	
describes the	ne type of supportin	ng organization and com	nlete lines	110 +	11011 509(a)(2). See s	ection 50	09(a)(3). (Check the box that	
a Type	l b	Type II c	Type III	Transfer u	gn i in.					
e By checking	this box, I certify t	hat the organization is no	ot controll	Functionall	y integrate	ed	d T	ype III - N	Non-functionally integra	
foundation r	nanagers and othe	hat the organization is no r than one or more public	or controll	ea airectly	or indirec	tly by one	or more c	disqualifie	ed persons other than	
f If the organi	zation received a w	r than one or more public ritten determination from	Jy suppor	rted organi	zations de	scribed in	section 5	509(a)(1)	or section 509(a)(2).	
supporting (organization, check	Hain In	, and into t	mai il is a i	ype i, Typ	e II, or Typ	e III		(/(-/-	
g Since Augus	t 17 2006 has the	Organization accepted	*************				***********		Γ	
(i) A perso	n who directly as in	o gar nzadon accementa	ALIV CHITE OF	COntribution						
	,	controls, either a	MODE OF TO	gether witl	n persons	described	in (ii) and	d (iii) belo	w, Yes N	
(iii) A 3504	member of a perso	on described in (i) above' a person described in (i)	?						119(i)	
h Provide the f	ortrolled entity of	a person described in (i) about the supported or	or (ii) abov	ve?					11g(ii)	
Frovide the f	ollowing information	about the supported or	rganizatior	n(s).				*******	[11g(iii)]	
		1								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did vo	u notify the	(vi)	s the		
organization		(described on lines 1-9	in col. (i) l	isted in your	organiza	tion in col.	organizat	ion in col.	(vii) Amount of monetar	
		above or IRC section (see instructions))	governing document? (i) of y		(i) of you	r support?	(i) organized in the U.S.?		ne support	
		(occ matractions))	Yes	No	Yes	No	Yes			
							103	No		
1	-			†			·····			
				\vdash						
								<u> </u>		
					l					
								, ,		
1										

Schedule A (Form 990 or 990-EZ) 2012

33-0567945 Page 2

Schedule A (Form 990 or 990-EZ) 2012 FOUNDATION

Part II Support Schedule for Organizations 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.)

Calendar year (or fiscal year beginning in)1 Gifts, grants, contributions, and						
 Girls, grants, contributions, and 	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(0.7.
momhamhin farrait is a				13,231	(e) 2012	(f) Total
membership fees received. (Do not	1					
include any "unusual grants.")	13,324,466	8,773,28	7,448,51	7. 6,505,956	7,258,83	13 311 055
2 Tax revenues levied for the organ-					1 .,230,034	4. 43,311,057
ization'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 35 The portion of total contributions	13,324,466	8,773,284	. 7,448,517	. 6,505,956	7,258,834	. 43,311,057
Portion of total continuutions				l alternative minute		43,311,057
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)						
*******************						6 040 4
6 Public support. Subtract line 5 from line 4. Section B. Total Support						6,013,173.
alendar year (or fiscal year beginning in)						37,297,884.
7 Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(D.T.)
	13,324,466.	8,773,284.	7,448,517.	6,505,956.	7,258,834.	(f) Total 43,311,057.
and an addition in the lest,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43,311,037.
dividends, payments received on						
securities loans, rents, royalties	F.C.2. 4.4.0					
and income from similar sources	563,148.	708,731.	806,660.	679,353.	1,184,837.	3 042 720
The mount of the field business						3,942,729.
activities, whether or not the						
business is regularly carried on Other income. Do not include gain					130,418.	130,418.
or loss from the sale of capital						130,410.
assets (Explain in Part IV.)						
Total support. Add lines 7 through 10		35,870.	133,261.	29,705.	69,599.	268,435.
Gross receipts from male / inrough 10						47,652,639.
Gross receipts from related activities, e	tc. (see instruction	ns)			12 4	204,411.
First five years. If the Form 990 is for the organization, check this box and stop he	he organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	, 204, 411.
ction C. Computation of Public	Support Do		*************************			
Public support percentage for 2010 (%)	Support Perc	entage				
The support porcentage for 2012 fina	e 6, column (f) divi	ded by line 11, co	lumn (f))		14	78.27 %
i i i i i i i i i i i i i i i i i i i	CHECKIE A Part II	lino 14			5	
a 33 1/3% support test - 2012. If the org stop here. The organization qualifies as	anization did not d	check the box on	line 13, and line 14	is 33 1/3% or moi		
33 1/3% support test - 2011. If the organization qualifier	anization did not o	check a box on lin	e 13 or 16a, and lir	ne 15 is 33 1/3% o	r more, check this	shov
and on outstances test -	2012. If the organ	ization did not che	eck a box on line 1	3, 16a, or 16b, and	line 14 is 10% or	r more
and if the organization meets the "facts	and-circumstance	s" test, check this	box and stop her	e. Explain in Part IV	how the organization	ation
and if the organization meets the "facts-a		n qualifies as a pu	blicly supported a	manization	, s - , g - , i - , i	
and if the organization meets the "facts-ameets the "facts-and-circumstances" tes	t. The organization	i qualifico ao a pu	- Topportod O	, gai nzation		
and if the organization meets the "facts-ameets the "facts-and-circumstances" tes 10% -facts-and-circumstances test - 2	2011. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, or 17a	, and line 15 is 10	
and if the organization meets the "facts-ameets the "facts-and-circumstances" tes 10% -facts-and-circumstances test - 2 more, and if the organization meets the "-	2011. If the organi	tancon did not the	ck a box on line 1;	3, 16a, 16b, or 17a	, and line 15 is 10	% or
and if the organization meets the "facts-ameets the "facts-and-circumstances" tes	2011. If the organi facts-and-circums	tances" test, chec	ck this box and sto	3, 16a, 16b, or 17a p here. Explain in	, and line 15 is 10 Part IV how the	% or

232022 12-04-12

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.)

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(4) 004 -	<u> </u>	
1 Gifts, grants, contributions, and		12,200	(6) 2010	(d) 2011	(e) 2012	(f) Tota
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
Public support (Subtract line 7c from line 6.)						
ction B. Total Support						
endar year (or fiscal year beginning in)	(a) 2008	(b) 2000	(100:-			
Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
endar year (or fiscal year beginning in) Amounts from line 6 a Gross income from interest,	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section		on
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line)	ne organization's f Support Perce 8. Column (f) divis	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Septimics of the second support percentage from 2011 Septimics and income second support percentage from 20	ne organization's f Support Perce 8, column (f) divided to the column	irst, second, third, centage	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Sction D. Computation of Investri	ne organization's f Support Pero 8, column (f) divicendule A, Part III.	irst, second, third, centage ded by line 13, colu	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 be Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Sction D. Computation of Investronvestment income percentage for 2012	Support Perce 8, column (f) dividende A, Part III.	irst, second, third, centage ded by line 13, colu , line 15 Percentage	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 and dines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Sction D. Computation of Investronvestment income percentage for 2012	Support Perce 8, column (f) dividende A, Part III.	irst, second, third, centage ded by line 13, colu , line 15 Percentage	fourth, or fifth tax	year as a section	501(c)(3) organization	on, ••••••••••••••••••••••••••••••••••••
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Section D. Computation of Investronvestment income percentage from 2012 nevestment income percentage from 2012 nevestment income percentage from 2012	Support Perces, column (f) dividended A, Part III. ment Income (line 10c, column 1 Schedule A, Pa	irst, second, third, centage ded by line 13, colu, line 15 Percentage (f) divided by line 1	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2011 Section D. Computation of Investron Newstment income percentage from 2012 (line public support percentage from 2012 newstment income percentage from 2012 newstment income percentage from 2012 in 133 1/3% support tests - 2012. If the organization of the section 2012 in 133 1/3% support tests - 2012. If the organization in the section 2012 in 15 the processing the section 2012.	se organization's f Support Perce 8, column (f) dividence	irst, second, third, centage ded by line 13, colu , line 15 Percentage (f) divided by line 1 rt III, line 17	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Sc tion D. Computation of Investron Nestment income percentage from 2012 (13 1/3% support tests - 2012. If the orgonore than 33 1/3%, check this box and stop here than 33 1/3%, check this box and stop here 2012.	Support Pero 8, column (f) dividended A, Part III. nent Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III.	irst, second, third, centage ded by line 13, colu, line 15 Percentage (f) divided by line 1 rt III, line 17 check the box on line	fourth, or fifth tax Imn (f)) 3, column (f)) ne 14, and line 15	year as a section	501(c)(3) organization 15 16 7 8 1/3%, and line 17 is	on, % % % not
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Sc ion D. Computation of Investr investment income percentage from 2012 investment income percentage from 2012 investment income percentage from 2011 3 1/3% support tests - 2012. If the org incre than 33 1/3%, check this box and s 3 1/3% support tests - 2011. If the org	Support Perce 8, column (f) dividended A, Part III. nent Income (line 10c, column 1 Schedule A, Part III. partial of the column	irst, second, third, centage ded by line 13, colu, line 15 Percentage (f) divided by line 1 rt III, line 17 check the box on li ganization qualifies	fourth, or fifth tax Imn (f)) 3, column (f)) ne 14, and line 15 as a publicly sup	year as a section 1 1 1 is more than 33 ported organization	501(c)(3) organization 15 16 7 8 1/3%, and line 17 is on	on, % % % not
Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2012 (line Public support percentage from 2011 Section D. Computation of Investrance presentage for 2012 (new street income percentage from 2012)	Support Perce 8, column (f) dividended A, Part III. nent Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part Income (line 10c, column 1 Schedule A, Part III. part III.	irst, second, third, centage ded by line 13, colu, line 15 Percentage (f) divided by line 1 rt III, line 17 check the box on line ganization qualifies check a box on line	fourth, or fifth tax Imn (f)) 3, column (f)) ne 14, and line 15 as a publicly sup 14 or line 19a, ar	year as a section 1 1 1 is more than 33 ported organization dline 16 is more	501(c)(3) organization 15 16 7 8 1/3%, and line 17 is on than 33 1/3%, and	on, % % % not

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
STEVEN G. MIHAYLO	5,425,200.	4,472,14
JOHN WILLIAM MAXWELL	2,007,132.	1,054,07
JOSEPH A. W. CLAYES III CHARITABLE TRUST	1,440,000.	486,94

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

	CAL STATE FULLERTON PHILANTHROPIC	Employer identification num
Organization type (che	FOUNDATION	33-0567945
S-maddon type (crite	sek one).	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule .	
pecial Rules	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mor	
	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regula D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gre n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ations under sections eater of (1) \$5,000 or (2) 2%
For a section 501 total contribution	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribus of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educatoruelty to children or animals. Complete Parts I, II, and III.	tor, during the year, ational purposes, or
If this box is chec purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributuse exclusively for religious, charitable, etc., purposes, but these contributions did not total taked, enter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization because it recompletes.	to more than \$1,000. eligious, charitable, etc., ceived nonexclusively
ution. An organization t	hat is not covered by the General Bule and/or the Constitution	
	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, lire the filling requirements of Schedule B (Form 990, EZ, or 200 BE)	onn 990, 990-EZ, or 990-PF), ne 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number

33-0567945

(a) No.	butors (see instructions). Use duplicate copies of Pa (b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Type of contributio
		\$\$	Payroll Noncash (Complete Part II if ther is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12-21-12		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number

Part II	Noncost D.		33-0567945
	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
o. m ti	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12-21 +2			

Name of orga	(Form 990, 990-EZ, or 990-PF) (2012) ATE FULLERTON PHILAN	THRODIC	Employer identification number
FOUNDA Part III	TION	ndividual contributions to section 501(c) nd the following line entry. For organization, section, contributions of \$1,000 or least to	33-0567945 (a) (7), (8), or (10) organizations that total more than \$1,000 for one completing Part III, enter r the year. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			, and a girt is field
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Denovirting (1)
			(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	_	Relationship of transferor to transferee
) No.	(b) Purpose of gift		
art I	(b) i di pose di gitt	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	-	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number

Γ	Part I Organizations Maintaining Donor Advised 5		33-0567945
L	Donor Advised F	unds or Other Similar Funds or	Accounts Complete if the
***	organization answered "Yes" to Form 990, Part IV, line 6.		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	1 Total number at end of year		(2) and and other accounts
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	4 Aggregate value at end of year		
	5 Did the organization inform all donors and donor advisors in writing	a that the area () ()	
	are the organization's property, subject to the organization's evel-	g that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's excluding Did the organization inform all grantees, deports, and deports and deports and deports and deports and deports.	sive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor adviso for charitable purposes and not for the benefit of the de-	rs in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or don impermissible private benefit?	or advisor, or for any other purpose confe	erring
F	Part II Conservation Easements Complete ##		Yes No
-	Complete if the organiza	tion answered "Yes" to Form 000, Dark II.	/, line 7.
	characteristics and by the organization (ch	neck all that apply	
	reservation of land for public use (e.g., recreation or educate	tion) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	distorio etructuro
_	Preservation of open space		
2	and a qualified co	inservation contribution in the form of a c	
	day of the tax year.	of a particular in the form of a ci	onservation easement on the last
			Converse
	a Total number of conservation easements b Total acreage restricted by conservation easements		Held at the End of the Tax Year
			2a
4	Number of conservation easements on a certified historic structure Number of conservation easements included in (a) and in (b) and in (c) and	implication of the control of the co	2b
,	Number of conservation easements included in (c) acquired after 8/	included in (a)	2c
	listed in the National Register	17/06, and not on a historic structure	
3	listed in the National Register Number of conservation easements modified transferred released		2d
	Number of conservation easements modified, transferred, released, year ▶	extinguished, or terminated by the organ	nization during the tax
4			0
5	Number of states where property subject to conservation easement	is located >	
٠	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	
6	riolations, and emolecine to the conservation easements it holds?)	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	forcing concontation	
7	The state of the s	NG GODGGE IN ELECTION OF THE CONTRACT OF THE C	
8	above satisf	V the requirements of section 170(b)(4)(B)	M(1)
			F
9	and digamization reports conservation ages	monto in ita ravenua i	
	include, if applicable, the text of the footnote to the organization's fin conservation easements.	ancial statements that all are are	nent, and balance sheet, and
	conservation easements.	ancial statements that describes the orga	anization's accounting for
Pa	rt III Organizations Maintaining Collections of Art, F	distorical Traccurac or Other 6	
	Complete if the organization answered "Yes" to Form 990, Par	t IV line 9	olmilar Assets.
1a	If the organization elected, as permitted under SEAS 116 (ASS 250)	tiv, me o.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), historical treasures, or other similar assets held for public oxidities.	not to report in its revenue statement and	d balance sheet works of art.
	acceptance and public exhibition a	Olication or receased in finishers	public service, provide, in Part XIII
b			
_	If the organization elected, as permitted under SFAS 116 (ASC 958), treasures, or other similar assets held for public exhibition, education	o report in its revenue statement and bal	lance sheet works of art, historical
		or research in furtherance of public servi-	ice, provide the following amounts
			, and ronowing amounts
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part V		> \$
	3111 000, 1 all X	·	
2	of their works of art, historical treasures of	r other similar agasta for firm	To vide
	The first required to be reported linder SEAS 116 (ASC))EO\ ==(=±:	ovide
	noverdes included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$
			\$

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Schedule D (Form 990) 2012

0. Schedule D (Form 990) 2012

(d) Book value

1a Land

e Other

b Buildings c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Cost or other

basis (investment)

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

232053 12-10-12

Schedule D (Form 990) 2012

Cah	CAL STATE FULLERTON PHILANTHROPIC		
Pa	nedule D (Form 990) 2012 FOUNDATION	33	-0567945 Page
	Total revenue gains and other revenue per Audited Financial Statements With Revenue per	Retu	rn
2	stational statements	1	11,441,424
a	Not unrealised as for the Pout not on Form 990, Part VIII, line 12:		
b	Enc 201		
c	soluted services and use of facilities		
d	Other (Dec.)	1	
_	2d 418,897		
e	Add lines 2a through 2d	2e	-117,424
3	Section and Le north like 1	3	11,558,848
4		3	11,000,040
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 31,548		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	111345	21 540
5		4c	31,548. 11,590,396.
Fai	TAIL Reconciliation of Expenses per Audited Financial Statements With Event	Reti	Irn
·	otal oxpenses and losses per audited financial statements	1	6,744,300.
2	The same of the sa		0,744,300.
а	Donated services and use of facilities		
-	2h		
-			
d	Other (Describe in Part XIII.)		
•	Add lines 2a through 2d		0.65 5.4
	Sabatas mile Ze nom mile 1	2e	267,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	6,476,759.
а	Investment expenses not included on Form 990, Part VIII line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	lue; =	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	31,548.
		5	6,508,307.
Compl	ete this part to provide the descriptions required for Part II lings 2.5 miles Described		
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 of the complete this part to provide any additional information.	and 2	b; Part V, line 4; Part
PAR	F V, LINE 4: THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO	on.	
SCHO	DLARSHIPS AND PROGRAMS THAT PROVIDE EDUCATIONAL ENRICHMENT		_
	220 CHITONAL ENRICHMEN	· FO	R

CALIFORNIA STATE UNIVERSITY, FULLERTON.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND 23701(D) OF THE REVENUE AND TAXATION CODE, RESPECTIVELY. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE A PUBLIC CHARITY Schedule D (Form 990) 2012

232054 12-10-12

Part XIII Supplemental Information (continued)	33-0567945 Page 5
AND NOT A "PRIVATE FOUNDATION." THE FOUNDATION RECOGNIZES	
STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STA	THE FINANCIAL
TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX A	AUTHORITY WOULD
MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUL	
FOUNDATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OF	'EN TAX YEARS BY
ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE	OF LIMITATIONS
FOR FEDERAL PURPOSES IS THREE YEARS AND FOR STATE PURPOSES	IS GENERALLY
THREE TO FOUR YEARS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHARITABLE REMAINDER TRUSTS	151,356.
SPECIAL EVENT EXPENSES	267,541.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	418,897.
	110,037.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	0.65 544
	267,541.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC

Employer identification number

Fundraising Activities					33-056	7945
Part I Fundraising Activities. (required to complete this part.	Complete if the organization a	answered	"Yes"	to Form 990, Part IV	, line 17. Form 990-E	Z filers are not
1 Indicate whether the organization raise	d funds through any of the fo	ollowing ac	tivitios	Chack all that and		
- Concidentions	e So	olicitation c	of non-	government grants	y.	
b Internet and email solicitations	f So	dicitation o	of anye	ernment grants		
c Phone solicitations	g Sp	ecial fund	raicino	nument grants		
d In-person solicitations						
2 a Did the organization have a written or o	oral agreement with any indiv	ridual (inclu	ıdina	officers direct-	•	
, Fall of the same	VIII Of COTITY In Connection 4	with number		f r r r		
and the terringriest paid individ	luais or entities (fundraisers)	Dursuant t	o agra	ements under which	? Yes	⊳ ∐ No
compensated at least \$5,000 by the or	ganization.		o agr	soments under WillCI	i the fundraiser is to	be
				7	*	
(i) Name and address of individual	## A	(iii	Did raiser sustody atrol of	(iv) Gross receipts	(v) Amount paid	(16) 0
or entity (fundraiser)	(ii) Activity	have o	custody	(iv) Gross receipts from activity	to (or retained by) fundraiser	(vi) Amount p to (or retained
		contrib	utions?	11 Offi activity	listed in col. (i)	organization
		Yes	No			
						·
			- 1			
			-			
			- 1			
al List all all all all all all all all all al						
List all states in which the organization is re or licensing.	egistered or licensed to solici	it contribut	tions o	or has been notified i	t is exempt for	
or licensing.				. The been notined i	r is exempt from reg	istration

			···			
		·····				
Paperwork Reduction Act Notice, see the	Instructions for Form 990	or 990-E2	<u> </u>		Schedule G (Form 99	00 00 000 === ==
						n: nr 44n-F/178*

Schedule G (Form 990 or 990-EZ) 2012

3	3	 0	5	6	7	9	4	5	Page	2	

		and gross income on Form 99 (a) Event #1	(b) Event #2	(c) Other events	eipts greater than \$5,
		FOLINO	MCBE DEAN'S	(c) Other events	(d) Total event
		INVITATIONAL	GOLF CLASSIC	8	(add col. (a) thro
ne	2	(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	326,945.	132,963.	340,422	800,3
	2 Less: Contributions	172,175.	45,715.	184,482	
-	3 Gross income (line 1 minus line 2)	154,770.	87,248.	155,940.	
	4 Cash prizes				357,5.
ا م	5 Noncash prizes	,			
an car Lypelises	6 Rent/facility costs		726.	20,696.	21,42
1001	7 Food and beverages	95,534.	8,439.	68,058.	172,03
1	8 Entertainment				
	9 Other direct expenses	19,875.	17,297.	26 015	
1	10 Direct expense summary. Add lines 4 thro	ough 9 in column (d)		36,915.	74,08
1	11 Net income summary. Combine line 3 col	lump (d) and line to			(267,54 130,41
Т	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	eported more than	
1					
		(a) Bingo	pingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
	1 Gross revenue			(c) Other gaming	(d) Total gaming (accol. (a) through col.
Ī	1 Gross revenue 2 Cash prizes			(c) Other gaming	(d) Total gaming (a col. (a) through col.
2				(c) Other gaming	(d) Total gaming (a col. (a) through col.
3	2 Cash prizes			(c) Other gaming	(d) Total gaming (a col. (a) through col.
3	Cash prizes Noncash prizes			(c) Other gaming	(d) Total gaming (a col. (a) through col.
3	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 			Yes%	(d) Total gaming (a col. (a) through col.
3 4 5	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes % L	Yes%	Yes %	(d) Total gaming (a col. (a) through col.
3 4 5	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu	Yes % L No gh 5 in column (d)	Yes%No	Yes % No ► ((d) Total gaming (a col. (a) through col.
3 4 5 6 7 8	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line	Yes % Mo gh 5 in column (d) 1, column d, and line 7	Yes%No	Yes % No ► ((d) Total gaming (a col. (a) through col
3 4 5 6 7 8 Entire	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line nter the state(s) in which the organization oper	Yes%	Yes % No	Yes % No • ((d) Total gaming (a col. (a) through col.
3 4 5 6 7 8 Entire	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line	Yes%	Yes % No	Yes % No • (col. (a) through col.
3 4 5 6 7 8 Entitle til	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line 1 the state(s) in which the organization oper 1 the organization licensed to operate gaming a 1 "No," explain:	Yes%	Yes%No	Yes% No	col. (a) through col.
3 4 5 6 7 8 Entitle till till till till till till till	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line nter the state(s) in which the organization oper	Yes % No Short Sho	Yes%No	Yes% No	col. (a) through col.
3 4 5 6 7 8 Entitle till till till till till till till	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Combine line 1 the state(s) in which the organization oper 1 the organization licensed to operate gaming a 1 "No," explain: 2 dere any of the organization's gaming licenses in	Yes % No Short Sho	Yes%No	Yes% No	Yes N

11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: 14 The organization's facility 15 An outside facility 16 An outside facility 17 Address Address Address of the person who prepares the organization's gaming/special events books and records: Name Address	Schedule G (Form 990 or 990-EZ) 2012 FOUNDATION	. N E C T	0.4 =	
to administer charitable gaming? I Indicate the personate of gaming activity operated in: a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Address If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization Ps and the amount of gaming revenue retained by the third party: Name Address Gaming manager information: Name Gaming manager compensation \$	11 Does the organization operate gaming activities with populations?	1000/		1 390
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	. —	Yes	N
a The organization's facility b An outside facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	to definition chantable garring?		Voc	
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	The organization of the street	.		I
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	b An outside facility	13a		
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14 Enter the name and address of the parson who parson who	13b		
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	and additions of the person who prepares the organization's gaming/special events books and records:			-
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	Address >		·	
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer			⁄es	
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b If "Yes," enter the amount of gaming revenue received by the organization			
Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	5 5 The training bally 5			
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required to the provide the explanations or spent in the sart IV Supplemental Information. Complete this part to provide the explanations required to the explanations required to the explanations or spent in the sart IV	c If "Yes," enter name and address of the third party:			
Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Name			
Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address ►			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer				······································
Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required to the pa	Name			
Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required to the pa				
Director/officer	Gaming manager compensation > \$			
Director/officer	Description of services provided			
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required to D. H. I. S.	- The state of the			
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required to D. H. I. S.				
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required to D. H. I. S.			···	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Complete this part to provide the explanations required to Part III.	☐ Director/officer ☐ Employee ☐ Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Complete this part to provide the explanations required to P. No.				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Public Polytonia.				
organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by D. 14 if your provided by D. 14 if you pro	retain the state gaming licenses			
organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by D. 14 if your provided by D. 14 if you pro	b Enter the amount of distributions required under state land.	Ye:	s 🗌	No
Supplemental Information. Complete this part to provide the explanations required by D. H. H. H. D. H. H. H. D. H. H. H. D. H. H. H. H. D. H. H. H. D. H. H. H. H. D. H. H. H. D. H. H. H. H. D. H. H. H. H. H. D. H.				
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	art IV Supplemental Information. Complete this part to provide the evaluation.			
provide any additional information (see instructions).	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any explanations required by Part I, line 2b, columns (iii) a	.nd (v), a	nd Pa	t III,
	information (see instr	ructior	ıs).
			·	
		***************************************	-	

ž Employer identification number 33-0567945 SCHOLARSHIPS / EQUIPMENT OMB No. 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes 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 SCHOLARSHIPS 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 (g) Description of non-cash assistance CAMPUS PROGRAM EQUIPMENT (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. other) Governments, and Individuals in the United States 220,925,FMV Grants and Other Assistance to Organizations, ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1,998,775. (d) Amount of 40,057 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CAL STATE FULLERTON PHILANTHROPIC PUBLIC UNIVERSITY (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 33-0632102 95-2081258 General Information on Grants and Assistance (p) EIN FOUNDATION 1 (a) Name and address of organization FULLERTON - 800 N. STATE COLLEGE CORPORATION - 2600 NUTWOOD SUITE CALIFORNIA STATE UNIVERSITY CA 92831 250 - FULLERTON, CA 92831 or government CSUF AUXILIARY SERVICES Name of the organization BLVD. - FULLERTON, Department of the Treasury SCHEDULE (Form 990) Part Part II

232101 12-18-12

Schedule I (Form 990) (2012)

FOUNDATION Schedule I (Form 990) (2012)

Part

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.

Page 2

33-0567945

(f) Description of non-cash assistance 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. (book, FMV, appraisal, other) PAID FOR EDUCATIONAL EXPENSES THAT THE STUDENT WILL OR HAS INCURRED. DIRECT ď BOOKSTORES FOR BOOK SCHOLARSHIPS OR DIRECTLY TO CSUF FOR OFFSET A STUDENT'S INDIVIDUALS BY CSFPF AS APPROVED BY UNIVERSITY STUDENT FINANCIAL SERVICES, SCHOLARSHIP PAYMENTS MAY ALSO BE MADE TO A THIRD PARTY FOR THE BENEFIT OF SCHEDULE I, PART I, LINE 2: CERTAIN SCHOLARSHIPS MAY BE PAID DIRECTLY TO GRADUATED AND IS NO LONGER ENROLLED IN THE UNIVERSITY. THESE GRANTS ARE STUDENT WHO HAS CALIFORNIA STATE UNIVERSITY FULLERTON STUDENT, SUCH AS PAYMENTS (d) Amount of non-cash assistance AS WHEN AN AWARD IS PROCESSED FOR PRIOR SEMESTER TO A (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance TUITION OR FEES.

29

232102 12-18-12

Schedule I (Form 990) (2012)

Part IV Supplemental Information	33-0567945 Page 2
MONIES FOR SUPPORT OF CALIFORNIA STATE UNIVERSITY FULLERTON	STUDENTS AND
PROGRAMS ARE TRANSFERRED (GRANTED) TO THE UNIVERSITY AS NEE	DED AND
REQUESTED BY CAMPUS AUTHORIZED ACCOUNT SIGNATORIES. THE USE	
ARE EITHER FOR SCHOLARSHIP OR UNIVERSITY PROGRAMS. THERE IS	COMMON CONTROL
AND OVERSIGHT REGARDING THE USE OF THE FUNDS, AS THE PRESID	ENT OF THE
UNIVERSITY SITS ON THE FOUNDATION'S BOARD OF DIRECTORS.	

232291 05-01-12

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees, and His 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

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		Υe	s No
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowers a second information regarding these items.	l	1	
	Travel for some animal services of residence for personal use			
	Tay indempification and a second residence			
	Discretionary ananding and decision flees			
	Personal services (e.g., maid, chauffeur, chef)	l villa		
	b If any of the boxes on line to are checked did the annual of the			
	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 oxponent days it all the oxponent days it all the oxponent days it.			
:	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimburse a sub	1b	,	X
				1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3		1888		
	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 Departs of the compensation of the organization's			
	2. Officer all trial apply. Do not check any boyes for methods used by a set of			
	Comparable of the CEO/Executive Director, but explain in Part III.			
	written employment contract			
	Macpendent conspensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee	1000		
4				
7	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization of a related organization:			
į	a de la contraction de la cont	4a		х
t c			+	X
·		46 4c	+	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	· 40	50000000	
		1000000		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A. line 1a, did the organization power assures			
	3-11 411 410 10101403 01.			
a	The organization? Any related organization?			
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a		$\frac{x}{x}$
	If "Yes" to line 5a or 5b, describe in Part III.	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	gont on the net earnings of.			
а	The organization? Any related organization?			77
b		1 1		X
_	If "Yes" to line 6a or 6b, describe in Part III.	6b	Name of the last	X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	did of it lest describe in Part III		-	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		<u>X</u>
	The state of the s			
	and the reputable presumption procedure described	8		<u>X</u>
	Regulations section 53,4958-6(c)?		- 1	

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

Schedule J (Form 990) 2012

FOUNDATION Schedule J (Form 990) 2012

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

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.

5 L	(B)(i)-(D) reported as deferred in prior Form 990	0.	0. 176,029. 0.													
(D) Nontaxable	benefits	15,423.	20,893.													
(C) Retirement and	other deferred compensation	36,617.	25,140.													
ISC compensation	(iii) Other reportable compensation	000														
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	000														
(B) Breakdown of	(i) Base compensation	160,	129,996.													
		© (E) (C)		E E	E 5	E E	8	8	3 (3)	(ii)	0	€ 8	E 8		E (E)	(ii)
	1	(1) MILDRED GARCIA DIRECTOR (2) IRA UNTERMAN CHIEF FINANCIAL	OFFICER													

232112 12-12-12

Schedule J (Form 990) 2012

Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: THE PRESIDENT OF CALIFORNIA STATE UNIVERSITY.
FULLERTON, IS REQUIRED AS PART OF HER COMPENSATION PACKAGE APPROVED BY THE
CSU BOARD OF TRUSTEES TO OCCUPY THE OFFICIAL UNIVERSITY PRESIDENTIAL
RESIDENCE. THE PROVISION OF HOUSING IS A WORKING CONDITION FRINGE BENEFIT
AND AS SUCH, EXCLUDED FROM TAXABLE COMPENSATION.

ביי מחדרגונס קום
THE SALARIES FAID TO ANY DIRECTOR OR OFFICER OF THE
ORGANIZATION ARE PAID BY CALIFORNIA STATE UNIVERSITY, FULLERTON. ANY
COMPENSATED DIRECTOR ONLY DECETIVES CONTRACTOR ONLY
THEIR SERVICE TO THE
UNIVERSITY, NOT TO THE FOUNDATION. THE FOUNDATION DOES NOT UTILIZE ANY
TO DETERMINE COMPENSATION FOR DIRECTORS OR THE OFFICERS BECAUSE
THE COMPENSATION, NOR IS IT PAID ON THE FOUNDATION'S
BEHALF. THE COMPENSANTON TO THE
THE CSU BOARD OF
TRUSTEES, USING METHODS TO DETERMINE THE COLUMN TITLE OF THE TRUSTEES, USING METHODS TO THE TRUSTEES.
1
GOVERNED BY THE REQUIREMENTS OF THE CSU SYSTEM AND THE STATES OF CONTROL OF C
THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON THE REGITT OF
COMPENSATION SURVEYS AND STUDIES CONDUCTED UNDER THE AUSPICES OF THE CETT
VICE CHANCELLOR FOR HUMAN RESOURCES.

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

FORM 990, PART VI, SECTION A, LINE 7A: SUBJECT TO THE APPROVAL OF THE PRESIDENT OF CSUF, THE BOARD OF GOVERNORS SHALL BE APPOINTED AS FOLLOWS:

THE PRESIDENT OF CSUF SHALL SERVE AS AN EX-OFFICIO GOVERNOR WITH VOTING PRIVILEGES. THE VICE PRESIDENT OF UNIVERSITY ADVANCEMENT FOR CSUF WHO SHALL SERVE AS THE EXECUTIVE DIRECTOR SHALL SERVE AS AN EX-OFFICIO GOVERNOR WITH VOTING PRIVILEGES. ADDITIONALLY THE PRESIDENT OF CSUF SHALL APPOINT ONE FACULTY MEMBER, ONE STUDENT, AND ONE ALUMNI ASSOCIATION REPRESENTATIVE TO BE GOVERNORS WITH VOTING PRIVILEGES, EACH APPOINTED TO A ONE YEAR TERM. THE FACULTY, STUDENT, AND ALUMNI ASSOCIATION GOVERNORS MAY BE REAPPOINTED FROM YEAR TO YEAR AS DETERMINED BY THE PRESIDENT OF CSUF.

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF GOVERNORS SHALL NOT
MAKE ANY LOAN OF MONEY OR PROPERTY TO OR GUARANTEE THE OBLIGATION OF ANY
GOVERNOR OR OFFICER UNLESS APPROVED BY THE ATTORNEY GENERAL.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO ITS PRESENTATION TO THE BOARD OF GOVERNORS.

REPRESENTATIVES FROM THE PREPARER ARE AVAILABLE DURING THIS PRESENTATION.

AT THE COMMITTEE LEVEL, THERE IS AN OPPORTUNITY FOR QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS. ANY CHANGES TO THE FORM 990 ARE COMMUNICATED TO THE PREPARER OF THE FORM 990 AND REVISIONS ARE MADE AS SOON AS POSSIBLE TO ENSURE THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS. BEFORE THE RETURN IS FILED, A FINAL COPY OF THE FORM IS FORWARDED TO THE ENTIRE BOARD OF GOVERNORS.

FORM 990, PART V, LINE 2A & PART IX LINE 7 & 9

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

Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 33-0567945

NUMBER OF EMPLOYEES

CSU PHILANTHROPIC FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID UNDER THE UNIVERSITY'S EIN. THE SALARY EXPENSES IN PART IX REPRESENT REIMBURSEMENTS FOR SERVICES PROVIDED BY UNIVERSITY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE CSFPF BOARD OF GOVERNORS ARE REQUIRED TO COMPLETE ON AN ANNUAL BASIS A CONFLICT OF INTEREST DISCLOSURE FORM. IF A CONFLICT OF INTEREST IS DEEMED TO EXIST, IT SHALL BE REPORTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE SHALL DEVISE AND RECOMMEND TO THE BOARD A PROPOSED RESOLUTION OF, OR COURSE OF ACTION WITH RESPECT TO, THE CONFLICT OF INTEREST. THE BOARD SHALL THEN BY MAJORITY VOTE (NOT INCLUDING THE VOTE OF ANY GOVERNOR WITH A CONFLICT OF INTEREST) TAKE ACTION REGARDING THE MATTER. SUCH ACTION MAY INCLUDE, BUT IS NOT LIMITED TO, VALIDATION OF THE TRANSACTION PURSUANT TO INTERNAL REVENUE CODE 89907, IF AVAILABLE, VALIDATION OF THE TRANSACTION WITH CONDITIONS, CENSURE OR REMOVAL OF THE GOVERNOR, RESCISSION OF THE TRANSACTION, OR ANY OTHER ACTION DEEMED APPROPRIATE BY THE BOARD. MEMBERS OF THE GOVERNING BOARD SHALL RECUSE THEMSELVES FROM THE VOTE ON ANY MATTER THAT INVOLVES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST INVOLVING THAT GOVERNOR OR THAT THE GOVERNOR RECOGNIZES TO INVOLVE THE POSSIBLE APPEARANCE OF IMPROPRIETY INVOLVING SUCH GOVERNOR OR A MEMBER OF HIS IMMEDIATE FAMILY.

FORM 990, PART VI, SECTION C, LINE 19: THE APPLICATION FOR TAX-EXEMPT STATUS, DETERMINATION LETTER, ARTICLES OF INCORPORATION, BY-LAWS, AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE FOUNDATION'S MAIN OFFICE.

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

Name of the organization CAL STATE FULLERTON PHILANTHROPIC FOUNDATION	Employer identification number 33-0567945
CHARITABLE REMAINDER TRUSTS	151,356
	7,000
FORM 990, PART VI, LINE 15A AND 15B	
COMPENSATION PROCEDURES	
NO REASONABLE COMPENSATION DETERMINATION PROCESS IS IN	PLACE AS THE
PHILANTHROPIC FOUNDATION DOES NOT COMPENSATE ANY INSIDE	RS.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

FOUNDATION

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

 See separate instructions. CAL STATE FULLERTON PHILANTHROPIC ▶ Attach to Form 990.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 33-0567945

Direct controlling entity 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.) End-of-year assets <u>e</u> Total income 0 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) å controlled × entity? Yes Direct controlling entity N/A status (if section Public charity 501(c)(3)) LINE 5 Exempt Code section 501(C)(3) 9 Legal domicile (state or foreign country) CALIFORNIA EDUCATIONAL INSTITUTION FURTHER THE INTEREST OF Primary activity ASSOCIATION - 33-0038884, 800 N. STATE 33-0632102, 800 N. STATE COLLEGE BLVD, CALIFORNIA STATE UNIVERSITY FULLERTON CAL STATE UNIVERSITY FULLERTON ALUMNI Name, address, and EIN of related organization FULLERTON, CA 92831

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

SERVICE CORP - 95-2081258, 2600 NUTWOOD, STE

250, FULLERTON, CA 92831

CAL STATE UNIVERSITY FULLERTON AUXILIARY

FULLERTON, CA 92831 1900 ASSOCIATED RD.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

N/A

H

LINE 11B,

501(C)(3)

CALIFORNIA

×

N/A

LINE 9

501(C)(3)

PALIFORNIA

SSUF

COLLEGE BLVD, FULLERTON, CA 92831

FULLERTON ARBORETUM - 33-0082239

×

N/A

LINE

501(C)(3)

CALIFORNIA

BOTANICAL GARDENS

FOUNDATION Schedule R (Form 990) 2012

Part III

33-0567945

Page 2 General or Percentage managing ownership Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) managing partner? Yes No Percentage ownership Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (a) ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) Share of total income (e) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> Direct controlling 9 Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

Schedule R (Form 990) 2012

FOUNDATION Schedule R (Form 990) 2012

Page 3 ŝ × Yes × × 33-0567945 19 4 ပ္ 의 70 1e **‡** £ 크 ļ = ¥ ֆ 9 = 4 Method of determining amount involved + 2 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 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? Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) (c) Amount involved (b)
Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) $oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses c Gift, grant, or capital contribution from related organization(s) p Reimbursement paid to related organization(s) for expenses ... Other transfer of cash or property from related organization(s) **b** Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) o Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) (a) Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 232163 12-10-12 **E** 2 (3) € 2 9

Schedule R (Form 990) 2012

FOUNDATION Schedule R (Form 990) 2012

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

Page 4

33-0567945

Disproportational amount in box 20 managing allocations? of Schedule K-1 parmer? ownership Yes No (Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. 3 Œ end-of-year Share of assets (a) Share of total income Predominant income parmers se. (related, unrelated, 501(c)(3) excluded from tax under section 512-514) (state or foreign country) Legal domicile Primary activity Name, address, and EIN of entity

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Schedule R (Form 990) 2012

232164 12-10-12

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Chedule R (Form 990) 2012 Part VII Supplemental	FOUNDATION Information	33-0567945 Pa
Complete this	illormation	
Complete this part	to provide additional information for responses to questions on Sch	edule R (see instructions)
		(Salada data io).
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