

\*\* PUBLIC DISCLOSURE COPY \*\*

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

2007

Open to Public Inspection

Form 990

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 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization CAL STATE FULLERTON PHILANTHROPIC FOUNDATION D Employer identification number 33-0567945 E Telephone number 714-278-2218

G Website: HTTP://WWW.FULLERTON.EDU/FOUNDATION/ H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates N/A

J Organization type (check only one) [X] 501(c)(03) (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included? N/A H(d) Is this a separate return filed by an organization covered by a group ruling?

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 24,240,046. M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c, d), Total, and Final Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning, Other changes, Net assets at end.

733001 12-27-07

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

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Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-44 Total functional expenses. Includes handwritten 'STATEMENT 5' and 'SEE STATEMENT 4'.

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

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

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Part III Statement of Program Service Accomplishments (See the instructions.)

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

Table with 2 columns: Description of Program Service and Program Service Expenses. Rows include: SUPPORT THE PEOPLE AND PROGRAMS OF CSUF; ADMINISTRATION OF ENDOWMENTS, SCHOLARSHIPS, GIFTS AND PUBLIC SUPPORT TO ASSIST CALIFORNIA STATE UNIVERSITY AT FULLERTON IN ITS EDUCATION ENRICHMENT PROGRAMS. (2,447,909); GRANT PROVIDED TO CALIFORNIA STATE UNIVERSITY, FULLERTON AND ITS AUXILIARIES TO PROVIDE SUPPORT. AMOUNTS SENT TO CSUF INCLUDE GRANTS GIVEN FOR CONSTRUCTION OF COLLEGE OF BUSINESS AND ECONOMICS BUILDING. (9,014,323); Other program services; Total of Program Service Expenses (11,462,232).

**CAL STATE FULLERTON PHILANTHROPIC FOUNDATION**

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	45	Cash - non-interest-bearing .....	241,018.	45	224,768.	
	46	Savings and temporary cash investments .....	14,503,390.	46	12,293,547.	
	47 a	Accounts receivable .....	13,047.			
		47a				
	b	Less: allowance for doubtful accounts .....		1,278.	47c	13,047.
		47b				
	48 a	Pledges receivable .....	18,172,598.			
		48a				
	b	Less: allowance for doubtful accounts .....	42,067.	7,417,998.	48c	18,130,531.
		48b				
	49	Grants receivable .....			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b	
	51 a	Other notes and loans receivable .....			51a	
		51a				
	b	Less: allowance for doubtful accounts .....			51b	
		51b				
	52	Inventories for sale or use .....			52	
	53	Prepaid expenses and deferred charges .....			53	8,785.
	54 a	Investments - publicly-traded securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....		16,454,812.	54a	17,805,323.
	54a					
b	Investments - other securities .....			54b		
	54b					
55 a	Investments - land, buildings, and equipment: basis .....	740,116.				
	55a					
b	Less: accumulated depreciation .....			55b	740,116.	
	55b					
56	Investments - other .....			56		
57 a	Land, buildings, and equipment: basis .....			57a		
	57a					
b	Less: accumulated depreciation .....			57b		
	57b					
58	Other assets, including program-related investments (describe <b>▶ OTHER RECEIVABLE</b> ) .....		197,387.	58	216,084.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		38,815,883.	59	49,432,201.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	120,578.	60	246,831.	
	61	Grants payable .....		61		
	62	Deferred revenue .....		62		
	63	Loans from officers, directors, trustees, and key employees .....		63		
	64 a	Tax-exempt bond liabilities .....		64a		
	b	Mortgages and other notes payable .....		64b		
	65	Other liabilities (describe <b>▶ REFUNDABLE ADVANCE</b> ) .....	76,500.	65	0.	
		65				
66	<b>Total liabilities.</b> Add lines 60 through 65 .....		197,078.	66	246,831.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	67	Unrestricted .....	3,555,797.	67	2,359,457.	
	68	Temporarily restricted .....	20,220,043.	68	17,219,081.	
	69	Permanently restricted .....	14,842,965.	69	29,606,832.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	70	Capital stock, trust principal, or current funds .....		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72	Retained earnings, endowment, accumulated income, or other funds .....		72		
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		38,618,805.	73	49,185,370.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		38,815,883.	74	49,432,201.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, c1-c2, d1-d2). Total revenue (e) is 2,370,640.2.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2). Total expenses (e) is 1,219,498.8.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 9'.

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 23
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 11 75c X
75 d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part V Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0
81 b Did the organization file Form 1120-POL for this year? 81b X

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Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with columns for question, amount, Yes, No. Includes questions 82a through 91b regarding donations, lobbying, and foreign accounts.

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, interest, dividends, net rental income, gain/loss from sales, and other revenue.

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A REVENUE FROM CAMPUS AND AUXILIARY GROUPS AS WELL AS COMMUNITY MEMBERS FOR PROGRAMS RELATED TO VARIOUS UNIVERSITY EVENTS AND ACTIVITIES.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



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

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

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

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

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

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

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

Paid Preparer's Use Only: Preparer's signature, Date 3/19/09, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no. (562) 435-1191

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