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 private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

2023 A For the 2022 calendar year, or tax year beginning JUL2022 and ending JUN Check if applicable: C Name of organization D Employer identification number CAL STATE FULLERTON PHILANTHROPIC Address change FOUNDATION Name change 33-0567945 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 657-278-2786 2600 NUTWOOD AVE 850 45,636,869. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FULLERTON, CA 92831 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GREGORY SAKS for subordinates? Yes X No SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTP://FOUNDATION.FULLERTON.EDU/ H(c) Group exemption number K Form of organization: X Corporation Trust Year of formation: 1993 M State of legal domicile: CA Association Other Part I Summary Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} SUPPORT \end{tabular}$ THE PEOPLE AND PROGRAMS **Activities & Governance** OF CALIFORNIA STATE UNIVERSITY, FULLERTON. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 3 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 19,183,950. 19,3<u>72,9</u>32. Contributions and grants (Part VIII, line 1h) 8 719,614. 1,127,729. Program service revenue (Part VIII, line 2g) 3,987,301. 4,386,320. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -345,318.-25,614. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 24,861,367. 23,545,547. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,751,252. 3,993,236. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,470,259. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,038,931. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,461,424. 12,066,123. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,682,935. 19,098,290. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,862,612. 5,763,077. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 184,028,151. 198,095,769 Total assets (Part X, line 16) 900,147.1,888,573 21 Total liabilities (Part X, line 26) 三年 128,004. 196,207,196 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JASON ONO, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 04/30/24 P00286656 DONITA JOSEPH DONITA JOSEPH Paid self-employed Firm's EIN 95 - 3001179WINDES, INC. Preparer Firm's name Firm's address P.O. BOX 87 Use Only LONG BEACH, CA 90801-0087 Phone no. 562-435-1191 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO ACTIVELY PROMOTE, PURSUE AND STEWARD PRIVATE SUPPORT FOR THE
	ADVANCEMENT OF CALIFORNIA STATE UNIVERSITY, FULLERTON.
	•
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$16,542,870 . including grants of \$3,993,236 .) (Revenue \$1,127,729 .)
	ADMINISTRATION OF ENDOWMENTS, SCHOLARSHIPS, GIFTS AND PUBLIC SUPPORT TO
	ASSIST CALIFORNIA STATE UNIVERSITY AT FULLERTON IN ITS EDUCATION
	ENRICHMENT PROGRAMS.
	
4b	(Code:) (Expenses \$
	-
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
чu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 16,542,870.
	Form 990 (2022)

Part IV Checklist of Required Schedules

1 Is the organization described in section SDI(c)(S) or 4947(k)(I) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule of Contributors' Set instructions Did the organization engage in inferce or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I are contributors," Set in the organization organization engage in loobying activities, or have a section 501(h) election in effect during that swap If Yes," complete Schedule C, Part II "response in the organization as defined in Parcy Fice (19(4), 501(k)6), or 501(k)6) granization that receives membership dues, assessments, or similar amounts as defined in Park Proc. 98-191 If Yes," complete Schedule C, Part II "response in the organization and any donor advised funds or any similar funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts." If Yes, "complete Schedule D, Part II "response on the distribution or investment or amounts in such funds or accounts." If Yes, "complete Schedule D, Part II "response on the environment, historic land asso, in historic structures If Yes," complete Schedule D, Part II "response in the environment, historic land asso, in historic structures If Yes, "complete Schedule D, Part II II the organization maintain collections of works of art, historical treasures, or other similar assots? If Yes, "complete Schedule D, Part IV II II the organization will be a supplicated to the organization and the part II II II the organization is answer to any of the tollowing questions is Yes," then complete Schedule D, Part V, II II II the organization is answer to any of the tollowing questions is Yes," then complete Schedule D, Part V, II II II the organization is part and in the organization is part	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 X 3 Section Strick organization reagon in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part II 4 X 5 Section Strick) organizations. Did the organization engage in lobbying activities, or have a section 50 fify election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 X 5 Is the organization a section solicy(5)(4), 501(5)(6), 50 Organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99.197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any oboral activities of any similar funds or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activic or or do a conservation assemble. Or part III of the organization related or old a conservation assemble. Or part III of 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, dobt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for inad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did X 11 Did the organization report an amount for investments program related in Part X, line 15 for "Yes," complete Schedule D, Part VIII 12 Did the organization report an amoun		If "Yes," complete Schedule A	1		
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4 Schedins S14(c)(3) organizations. Did the organization engage in lobbying activities, or have a section S01(h) election in effect during the tax year? "Yes," complete Schedule (), Part II S is the organization a section S01(h)(4), S01(h)(5), S01(h)(5), S01(h)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 95:187; "Yes," complete Schedule (), Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?" (If "Yes," complete Schedule D, Part II Did the organization review or hold a conservation assessment, including easements to preserve open species, complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? (If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? (If "Yes," complete Schedule D, Part IV If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V If If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization share via only of the following questions is "Yes," then complete Schedule D, Part V II If Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part V II II Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X II II Did the organization shall be a manual to other assets in Part X, line 18, that is 5% or m	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year / If 'Yes,' complete Schedule C, Part II s is the organization a section 50 (10)(4), 501(5)(6), 501(6)(6) of 501		public office? If "Yes," complete Schedule C, Part I	3		X
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,			9		Х
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-				-
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
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Form 990 (2022) FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	OE a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, · · ·	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_^_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	1
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Joa		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С			v	
	(gambling) winnings to prize winners?	1c	990	(0000)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	(
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	X	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			l
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	3T /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th				
^	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7\	0-		
a			N/A N/A	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		11/.FA	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1		
11	Section 501(c)(12) organizations. Enter:	100	1			
	Gross income from members or shareholders N/A	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1				
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					

Form 990 (2022)

FOUNDATION

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 31 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 29 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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 X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website | X | Upon request Another's website Other (explain on Schedule O) Describe on 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, address, and telephone number of the person who possesses the organization's books and records JASON ONO - 657-278-2786 2600 NUTWOOD AVE, SUITE 850, FULLERTON

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)			(((D)	(E)	(F)
Note Present Present					Pos	ition					
Officer and american values Offi	Name and the	I . •								•	
TRANKOZE VIRJEE		1							· ·	•	
TRANKOZE VIRJEE		(list any	ctor						the	organizations	compensation
TRANKOZE VIRJEE		hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
TRANKOZE VIRJEE			steec	ruste			ensa		,	1099-NEC)	•
TRANKOZE VIRJEE		1 -	altru	onal t		oloye	comp		1099-NEC)		
TRANKOZE VIRJEE			dividu	stituti	fficer	in emi	ghest	rmer			organizations
RESIDENT 49.00 X X 0. 395,355. 66,633.	(1) FRAMROZE VIRJEE		드	드	0	Ā	工品	J.			
10.00	PRESIDENT		Х		х				0.	395,355.	66,633.
(3) JASON ONO	(2) GREGORY SAKS	10.00									
CFO	EXECUTIVE DIRECTOR		Х		Х				0.	270,759.	106,534.
12.00 28.00 X	(3) JASON ONO										
SECRETARY	CFO				Х				0.	165,253.	72,147.
1.00											
Director A0.00 X					X				0.	125,774.	65,662.
C6			.,							111 550	25 150
CHAIR			X						0.	111,559.	35,150.
CALCALL CALC		4.00	~		₩.					0	0
CHAIR-ELECT		2 00	Λ		^				0.	0.	U •
RACHELLE CRACCHIOLO		2.00	v		v				0	0	n
CO-VICE CHAIR, ADVOCACY COMMITTEE		2 00							0.	0.	<u></u>
SCOTT COLER		2:00	x		x				0.	0.	0.
VICE CHAIR, FINANCE & INVST. COMM.		2.00									
Color Colo	VICE CHAIR, FINANCE & INVST. COMM.		Х		х				0.	0.	0.
Co-vice Chair, Advocacy Communication X X X X X X X X X	(10) GARY GREEN	2.00									
VICE CHAIR, NOMINATIONS & GOV. COMM. X X X 0. 0. 0. (12) DARREN JONES 1.00 X X 0. 0. 0. MEMBER-AT-LARGE & ALUMNI REPRESENTAT X X 0. 0. 0. (13) PETER MITCHELL 2.00 X 0. 0. 0. CO-VICE CHAIR, ADVOCACY COMMITTEE X X 0. 0. 0. VICE CHAIR, MARKETING & COMMUNICATIO X 0. 0. 0. 0. VICE CHAIR, AUDIT COMMITTEE X 0. 0. 0. 0. VICE CHAIR, AUDIT COMMITTEE X 0. 0. 0. 0. (16) MICHAEL BOOMSMA 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	VICE CHAIR, RESOURCE DEV. COMM.		Х		Х				0.	0.	0.
MEMBER-AT-LARGE & ALUMNI REPRESENTAT	(11) JOSEPH HENSLEY	2.00									
MEMBER-AT-LARGE & ALUMNI REPRESENTAT	VICE CHAIR, NOMINATIONS & GOV. COMM.		Х		Х				0.	0.	0.
CO-VICE CHAIR, ADVOCACY COMMITTEE	(12) DARREN JONES	1.00								_	_
CO-VICE CHAIR, ADVOCACY COMMITTEE			X		X				0.	0.	0.
VICE CHAIR, MARKETING & COMMUNICATIO X		2.00								•	•
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DIRECTOR X 0. 0. 0. (17) BILL CHENEY 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00							0.	0.	<u> </u>
(17) BILL CHENEY 1.00 X 0. 0. 0.		1:00	x						0.	0.	0.
DIRECTOR X 0. 0. 0.		1.00							· ·	3.	-
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Form 990 (2022) FOUNDATION FOUNDATION FOR STREET FOR ST		Nove	205	and	l Hi	nhos	+ 0	ompensated Employee		945 Page 8
(A) Name and title	(B) Average hours per week	(do box,	not cl	(C Posi heck r	ition		one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MATT CLABAUGH	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(19) AJA RENEE CLARKE DIRECTOR	1.00	х						0.	0.	0.
(20) TERRY GILES DIRECTOR	1.00	x						0.	0.	0.
(21) BEN GOLD	1.00									
DIRECTOR		Х						0.	0.	0.
(22) LAURIE HAACK DIRECTOR	1.00	х						0.	0.	0.
(23) TINA JAVID DIRECTOR	1.00	х						0.	0.	0.
(24) ROBERT JECHART DIRECTOR	1.00	х						0.	0.	0.
(25) LYDIA KELLEY DIRECTOR	1.00	х						0.	0.	0.
(26) LARRY LABRADO DIRECTOR	1.00	х						0.	0.	0.
1b Subtotal								0.	1,068,700.	346,126.
c Total from continuation sheets to Part VII	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,068,700.	346,126.
Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	0
compensation from the organization										<u> </u>

	cempendation from the organization			
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NON	3	(B) Description of services	(C) Compensation
2				

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

Form 990 F'OUNDA'I'	LON								33-056	7945
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	tee or director	lnstitutional trustee	c all 1	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) SONNY NGUYEN DIRECTOR	1.00	x						0.	0.	0
(28) SCOTT O'BRIEN	1.00	^						0.	0.	U
DIRECTOR	1.00	Х						0.	0.	0
(29) KATHY TAYLOR	1.00									
DIRECTOR		Х						0.	0.	0
(30) DOUGLAS G. STEWART DIRECTOR	1.00	x						0.	0.	0
(31) JEFFREY VAN HARTE	1.00	25						· ·	•	
DIRECTOR		Х						0.	0.	C
		-								
		1	I	l	i	l	1	1		

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse d	or note to any line	e in this Part VIII			
		Oncon in Consulation Consulation a respect			(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ω ω	4	a Federated campaigns1a		9,153.				
Contributions, Gifts, Grants and Other Similar Amounts				2,200.				
ij g				891,156.				
fts, Ar		J		031,130.				
ig ig								
ns, Sim		e Government grants (contributions) 1e						
utio er (1	f All other contributions, gifts, grants, and		10 470 603				
현된		similar amounts not included above 1f		18,472,623.				
ont od (g Noncash contributions included in lines 1a-1f 1g \$	<u> </u>	994,986.	10 0=0 000			
<u>0 g</u>		h Total. Add lines 1a-1f			19,372,932.			
				Business Code				
e S	2	a CAMPUS PROGRAMS		900099	1,127,729.	1,127,729.		_
Program Service Revenue	- 1	b						
S	•	С						
an eve	(d						
og B		e						
P	1	f All other program service revenue						
		g Total. Add lines 2a-2f			1,127,729.			
	3	Investment income (including dividends, in						
		other similar amounts)			5,125,388.			5125388.
	4	Income from investment of tax-exempt bor						
	5	Royalties	-					
		(i) Real		(ii) Personal				
	6 :	a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Not routel income or (loca)						
		a Gross amount from sales of (i) Securiti		(ii) Other				
	'	assets other than inventory 7a 19,659,9		() 5 11.5.				
		b Less: cost or other basis						
Φ			14					
ğ		and sales expenses 7b 20,399,0 c Gain or (loss) 7c -739,0						
her Revenue					-739,068.			-739,068.
Ä		d Net gain or (loss)			-739,000.			-733,000.
	8	a Gross income from fundraising events (not						
Ò		including \$ 891,156. of						
		contributions reported on line 1c). See		250 024				
		Part IV, line 18	8a	350,024.				
		b Less: direct expenses	8b	376,488.	06.464			06.464
		c Net income or (loss) from fundraising even			-26,464.			-26,464.
	9 :	a Gross income from gaming activities. See						
		Part IV, line 19	<u>9a</u>					
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities	<u></u>					
	10	a Gross sales of inventory, less returns						
		and allowances	10a					
	- 1	b Less: cost of goods sold	10b					
\square	(c Net income or (loss) from sales of inventor	у					
_ω				Business Code				
no e	11 :	a ADMINISTRATIVE SERVICES		900099	850.			850.
ane Dut	ı	b						
Miscellaneous Revenue		С						
lisc B		d All other revenue						
2	(e Total. Add lines 11a-11d			850.			
	12	Total revenue. See instructions			24,861,367.	1,127,729.	0.	4360706.

Part IX | Statement of Functional Expenses

Do no 7b, 8	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon to tinclude amounts reported on lines 6b,			ipiele coluitiit (A).	
7b, 8	·		ино I ак I/A		
1	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		САРСПЗСЗ	gonoral expenses	CAPELISES
	and domestic governments. See Part IV, line 21	3,947,601.	3,947,601.		
	Grants and other assistance to domestic	.,.,.	, , , , , , , , , , , , , , , , , , , ,		
	individuals. See Part IV, line 22	45,635.	45,635.		
	Grants and other assistance to foreign	·	•		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,506,057.	2,397,581.	108,476.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	532,874.	518,219.	14,655.	
	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal	100 705		25.25	
	Accounting	103,725.	5,875.	97,850.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	100 720		100 720	
	Investment management fees	182,732.		182,732.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	125 242			
	Advertising and promotion	107,860.	95,565.	12,295.	
	Office expenses	89,569.	57,112.	32,457.	
	Information technology				
	Royalties				
	Occupancy	622 040	600 000	02 160	
	Travel	633,040.	609,880.	23,160.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	E4 100	66.000	T 000	
	Insurance	74,198.	66,200.	7,998.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) PROGRAM COSTS	8,590,103.	7,484,006.	1,106,097.	
	OTHER DIRECT COSTS	1,971,390.	1,041,404.	929,986.	
	EQUIPMENT RENTAL	204,807.	195,050.	9,757.	
	PUBLIC RELATIONS	108,699.	78,742.	29,957.	
	All other expenses	100,033.	70 / 7 12 0	23 / 33 / 4	
	Total functional expenses. Add lines 1 through 24e	19,098,290.	16,542,870.	2,555,420.	0.
	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)				

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	42,367,799.	2	41,068,623.
	3	Pledges and grants receivable, net	7,281,122.	3	11,638,170.
	4	Accounts receivable, net	324,755.	4	440,540.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	1 12 751 1	9	31,604.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	124,510,810.	11	136,885,310.
	12	Investments - other securities. See Part IV, line 11	9,049,651.	12	7,572,050.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	480,263.	15	459,472.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	198,095,769.
	17	Accounts payable and accrued expenses	900,147.	17	1,888,573.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	1 000 572
	26	Total liabilities. Add lines 17 through 25	900,147.	26	1,888,573.
S		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	26 651 407	0=	22 1/6 251
<u>ala</u>	27	Net assets without donor restrictions	146 476 517	27	33,146,351. 163,060,845.
Ö	28	Net assets with donor restrictions	140,470,517.	28	103,000,043.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
P.		and complete lines 29 through 33.			
ţş	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	400 400 004	31	196,207,196.
ž	32	Total lichilities and not seed of und balances	104 000 151	32	198,207,196.
	33	Total liabilities and net assets/fund balances	104,020,131.	33	Form 990 (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,0	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 18					
5						
6	Donated services and use of facilities	6		1	8,5	<u>62.</u>
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		6.	5,6	23.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) 10 196				7,1	96.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		- 1	3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CAL STATE FULLERTON PHILANTHROPIC

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 33-0567945 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

FOUNDATION Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		` ,	, ,		, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	13582325.	20088797.	58610484.	19183950.	19372932.	130838488
2	Tax revenues levied for the organ-						
	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 3	13582325.	20088797.	58610484.	19183950.	19372932.	130838488
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7090823.
6	Public support. Subtract line 5 from line 4.						123747665
Sec	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	13582325.	20088797.	58610484.	19183950.	19372932.	130838488
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2170984.	2727050.	2167977.	3578761.	5125388.	15770160.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,192.		143,146.		850.	150,188.
11	Total support. Add lines 7 through 10						146758836
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,685,642.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2022 (14	84.32 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	85.32 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2022

232022 12-09-22

FOUNDATION

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
30		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2022

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	aon or typo it outporting organizations		Va	Nic
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	ı

		САЦ	DIAIR	ГОППЕКТО	TA T 11 T T 17	2714 T 11T/	01 10
Schedule A (Form 990) 2022	FOU	MDATION	1			
D T III	INI. E	10		1 500/-1/01 0			- 10

Га				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	nization (see
-	instructions)	, .g	,,	1

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro		5		
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
(See instructions.)				
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:				
MISCELLANEOUS REVENUE				
2018 AMOUNT: \$ 6,192.				
2020 AMOUNT: \$ 143,146.				
2022 AMOUNT: \$ 850.				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number

33-0567945

Organiza	Organization type (check one):						
Filers of	:	Section:					
Form 990	0 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	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
CAL STATE FULLERTON PHILANTHROPIC
FOUNDATION

Employer identification number

Page 2

33-0567945

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$611,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$00,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$912,031.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CAL STATE FULLERTON PHILANTHROPIC

FOUNDATION

Employer identification number

33-0567945

Part II			
(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. 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

Name of organization **Employer identification number** CAL STATE FULLERTON PHILANTHROPIC FOUNDATION 33-0567945 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	ccounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the co	ed conservation contributi	on in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			□ v ₂ , □ N ₂
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation ea	sements during the vear
		3	J	3
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	e and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements th	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		sures, or Other S	similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for public			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				·
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 FOUNDAT:					<u>33-05</u>			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the f	ollowing that make s	significant u	ise of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations	_							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mnt nurnos	se in Part	XIII		
5	During the year, did the organization solicit or					oc iiii ait	/XIII.		
•	to be sold to raise funds rather than to be ma		*	·			Yes		No
Par	t IV Escrow and Custodial Arrang					Part IV I			
	reported an amount on Form 990, Par		oto ii tiio organizatio	Transwered 165 of	11 01111 000	, , , , , , , , , , , , , , , , , , , ,			
	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
~	in 100, explain the arrangement in tart xin t	and complete the for	iowing table.				Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f					16				
	Ending balance Did the organization include an amount on Fo						Yes	X	No
	If "Yes," explain the arrangement in Part XIII.				•		_]
Par									
	Jonipioto .	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	125,170,390.	106,015,058.	, , ,		35,570.		702,	
	Contributions	-9,300,242.	32,295,404.		-	54,989.		,170,	
0	Net investment earnings, gains, and losses	20,236,532.	-9,184,286.			55,417.		,123,	
4	• • • • • • • • • • • • • • • • • • • •	-1,077,638.	-941,046.			19,439.			677.
d	Grants or scholarships Other expenditures for facilities	1,077,030.	311,010.	001,332.		15,155.		, , ,	• • • •
е	Other expenditures for facilities	2,560,644.	1,647,855.	1,334,489.	1 2	14,083.	1	,161,	235
	and programs	1,588,596.	1,366,885.			76,741.		632,	
	Administrative expenses						70		
g	End of year balance	130,879,802.	125,170,390.		03,13	35,713.	70,	435,	570.
2	Provide the estimated percentage of the curr) held as:					
а	Board designated or quasi-endowment	25.0000	_%						
b	Permanent endowment 59.0000	%							
С	Term endowment16.0000								
	The percentages on lines 2a, 2b, and 2c shou	•							
3а	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	nd administered for t	he		ı		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization						3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·	i i	<u> </u>	<u> </u>			
	Description of property	(a) Cost or o	, ,	' '	Accumulate	ed	(d) Boo	k valu	е
		basis (investr	nent) basis	(other) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements	I							
d	Equipment								
е	Other								

Schedule D (Form 990) 2022

0.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market valu
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9)	15)		
(9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line			
(9) htal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value

232053 09-01-22

Schedule D (Form 990) 2022

Par	TXI Reconciliation of Revenue per Audited Financial Stater		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			20 215 200
1	Total revenue, gains, and other support per audited financial statements			1	32,315,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		7,231,930. 18,562.		
b	Donated services and use of facilities		18,562.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	386,861.		
е	Add lines 2a through 2d			2e	7,637,353.
3	Subtract line 2e from line 1			3	24,678,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		182,732.		
b	Other (Describe in Part XIII.)	4b			400 500
С	Add lines 4a and 4b			4c	182,732. 24,861,367.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	24,861,367.
Pai	t XII Reconciliation of Expenses per Audited Financial State		ı Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				10 202 046
1	Total expenses and losses per audited financial statements			1	19,292,046.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
a	Donated services and use of facilities	1 1			
b	Prior year adjustments				
С	Other losses		276 400		
d	Other (Describe in Part XIII.)		376,488.		276 400
_	Add lines 2a through 2d			2e	376,488. 18,915,558.
3	Subtract line 2e from line 1			3	10,915,550.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	100 720		
_	Investment expenses not included on Form 990, Part VIII, line 7b		182,732.		
b	Other (Describe in Part XIII.)				100 720
	Add lines 4a and 4b			4c 5	182,732. 19,098,290.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	19,090,290.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV lines 1h	and 2h: Part V line /	· Dart `	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			, rait i	A, III le 2, Fait Ai,
111103	ed and 4b, and 1 art An, imes 2d and 4b. Also complete this part to provide any a	additional infor	nation.		
PAF	T V, LINE 4:				
ADM	INISTRATION OF ENDOWMENTS, SCHOLARSHIPS,	GIFTS	AND PUBLIC	SUP	PORT TO
ASS	IST CALIFORNIA STATE UNIVERSITY AT FULLE	RTON IN	ITS EDUCAT	ION	
ENF	ICHMENT PROGRAMS.				
PAF	T X, LINE 2:				
TITN	. 10.				
F.TI	1 48:				
тнь	FOUNDATION IS EXEMPT FROM FEDERAL AND S	የጥልጥፑ TN	COME TAXES	מאדו.	ER SECTION
1111	FOUNDATION IS EXEMIT FROM FEDERAL AND S	INIU IN	COME TAKED	OIVD.	ER DECITOR
501	(C)(3) OF THE INTERNAL REVENUE CODE AND	23701(D) OF THE RE	VEN	UE AND
		•	-		
TAX	ATION CODE, RESPECTIVELY. IN ADDITION, T	HE FOUN	DATION HAS	BEE	N
		<u> </u>			
DET	ERMINED BY THE INTERNAL REVENUE SERVICE	TO BE A	PUBLIC CHA	RIT	Y. THE
FOU	NDATION RECOGNIZES THE FINANCIAL STATEME	NT BENE	FIT OF TAX		
232054	09-01-22			Sche	dule D (Form 990) 2022

Schedule D (Form 990) 2022 FOUNDATION 33-0	567945 Page 5
Part XIII Supplemental Information (continued)	
SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING T	HAT THE
RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POS	ITION
FOLLOWING AN AUDIT. THE FOUNDATION IS SUBJECT TO POTENTIAL INCOME	TAX
AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT O	PERATES.
THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND	D FOR
STATE PURPOSES IS GENERALLY FOUR YEARS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	376,488.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS	10,373.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	386,861.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	376,488.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service CAL STATE FULLERTON PHILANTHROPIC **Employer identification number** Name of the organization FOUNDATION 33-0567945 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 2023 - SOMOS 2023 - 22-23 (add col. (a) through DINNER WITH TITANS 22 col. (c)) (event type) (total number) (event type) 219,300. 204,977. 816,903. 1,241,180. Gross receipts 199,935. 120,874. 891,156. 2 Less: Contributions 570,347. 246,556. Gross income (line 1 minus line 2) 19,365. 84,103. 350,024. 4 Cash prizes 5 Noncash prizes Direct Expenses 17,598. 21,063. 51,982. 90,643. 6 Rent/facility costs 24,719. 150,779. 48,415. 77,645. 7 Food and beverages 20,444. 1,226. 1,547. 17,671 Entertainment 8 114,622. 5,921. Other direct expenses 376,488. 10 Direct expense summary. Add lines 4 through 9 in column (d) -26,464. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2022

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CAL STATE FULLERTON PHILANTHROPIC

Sch	edule G (Form 990) 2022 FOUNDATION	33-0	56794.	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	No
40			163	140
	Indicate the percentage of gaming activity conducted in:	ſ	ا ما	
	The organization's facility		13a	<u>%</u>
	o An outside facility		13b	<u>%</u>
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?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandaton, distributions			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∟ 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 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

CAL STATE FULLERTON PHILANTHROPIC

Schedule G	(Form 990) FOUNDATION	33-0567945 _F	Page 4
Part IV	(Form 990) FOUNDATION Supplemental Information (continued)		
	i i (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
CAL STATE FULLERTON PHILANTHROPIC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

FOUNDATIO	<u>N</u>						33-0567945
Part I General Information on Grants at	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY							
FULLERTON - 800 NORTH STATE							
COLLEGE BOULEVARD - FULLERTON, CA							
92831	33-0632102	501(C)(3)	3,913,648.	0.			SCHOLARSHIPS
CSUF AUXILIARY SERVICES CORPORATION - 1121 NORTH STATE COLLEGE BOULVEARD - FULLERTON, CA							
92831	95-2081258	501(C)(3)	11,452.	0.			SCHOLARSHIPS
CALIFORNIA STATE UNIVERSITY LONG BEACH - 1250 BELLFLOWER BLVD LONG BEACH, CA 90840	45-2163910	501(C)(3)	10,000.	0.			SCHOLARSHIPS
,			,				
2 Enter total number of section 501(c)(3) ar	nd government or	l ganizations listed in th	l e line 1 table			L	3.
3 Enter total number of other organizations	-	-					

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Page 2

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
GOVER ADOLLE	4.0	45 625							
SCHOLARSHIP	49	45,635.	0.						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
PART I, LINE 2:									
CERTAIN SCHOLARSHIPS MAY BE PAID D	RECTLY T	O INDIVIDU	ALS BY CSF	PF AS					
APPROVED BY UNIVERSITY STUDENT FINA	ANCIAL SE	RVICES, AS	WHEN AN A	WARD IS					
PROCESSED FOR PRIOR SEMESTER TO A	ייים אינוריב אינוריבעווייב	HO HAS GRA	DIIATED AND	TS NO					
LONGER ENROLLED IN THE UNIVERSITY.	THESE GR	ANTS ARE A	ID FOR EDU	CATIONAL					
EXPENSES THAT THE STUDENT WILL OR I	HAS INCUR	RED. DIREC	T SCHOLARS	HIP PAYMENTS					
MAY ALSO BE MADE TO A THIRD PARTY	FOR THE B	ENEFIT OF	A CALIFORN	IA STATE					
UNIVERSITY FULLERTON STUDENT, SUCH	AS PAYME	NTS TO BOO	KSTORES FO	R BOOK					
SCHOLARSHIPS OR DIRECTLY TO CSUF FOR OFFSET A STUDENT'S TUITION OR FEES.									

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

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRAMROZE VIRJEE (i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (ii)	388,355.	7,000.	0.	46,733.	19,900.	461,988.	0.
(2) GREGORY SAKS	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (ii)	262,759.	8,000.	0.	83,827.	22,707.	377,293.	0.
(3) JASON ONO	0.	0.	0.	0.	0.	0.	0.
CFO (ii)	165,253.	0.	0.	46,733.	25,414.	237,400.	0.
(4) STEFANIE LIGHT (i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY (ii)	125,774.	0.	0.	40,248.	25,414.	191,436.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							

FOUNDATION

Page 3

Part III Supplemental Information

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 AND NOT REPORTED IN SCHEDULE J. PART II. COLUMN D.

PART II:

THE SALARIES PAID TO ANY DIRECTOR OR OFFICER OF THE ORGANIZATION ARE PAID BY CALIFORNIA STATE UNIVERSITY, FULLERTON. THE FOUNDATION DOES NOT UTILIZE ANY PROCEDURES TO DETERMINE COMPENSATION FOR DIRECTORS OR THE OFFICERS BECAUSE THEY DO NOT PAY THE COMPENSATION, NOR IS IT PAID ON THE FOUNDATION'S BEHALF. THE COMPENSATION IS DETERMINED AND REVIEWED BY THE CSU BOARD OF TRUSTEES, USING METHODS TO DETERMINE REASONABLE COMPENSATION THAT ARE GOVERNED BY THE REQUIREMENTS OF THE CSU SYSTEM AND THE STATE OF CALIFORNIA. THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON THE RESULT OF COMPENSATION SURVEYS AND STUDIES CONDUCTED UNDER THE AUSPICES OF THE CSU VICE CHANCELLOR FOR HUMAN RESOURCES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

CAL STATE FULLERTON PHILANTHROPIC

Open to Public Inspection

Employer identification number

		FOUNDATION						33	3-0567	945	
Par	tl Typ	pes of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on	n	Method oncash con	(d) of determir itribution a		s
1	Art - Works	of art	X	6	13	,790.	FMV				
2	Art - Histori	cal treasures									
3	Art - Fractio	onal interests									
4	Books and	publications	X		10	<u>,892.</u>	FMV				
5	Clothing an	nd household goods									
6	Cars and o	ther vehicles									
7		planes									
8	Intellectual	property									
9	Securities -	Publicly traded	X	23	427	<u>,432.</u>	FMV				
10	Securities -	Closely held stock									
11	Securities -	Partnership, LLC, or									
	trust interes	sts									
12	Securities -	Miscellaneous									
13	Qualified co	onservation contribution -									
	Historic str										
14	Qualified co	onservation contribution - Other									
15		- Residential									
16		- Commercial									
17		- Other									
18		S									
19		tory									
20	Drugs and	medical supplies									
21	Taxidermy										
22	Historical a										
23		pecimens									
24	•	cal artifacts		0.0	410						
25	•	EQUIPMENT)	X	20				RAISAL		~	
26	,	MERCHANDISE)	X	410				T/COMP	ARALE	SA.	<u> LES</u>
27	,	CRYPTOCURRENCY)	X	3		<u>,571.</u>		T / COM	30310	~	
28	Other (FOOD)	X	60		,154.	COS	T/COMP	ARALE	SA.	JES
29		Forms 8283 received by the organiz		•							
	for which th	ne organization completed Form 828	83, Part V, D	onee Acknowledg	ement [29					
00-	Danie a Ha				and and the Donald I the co		L 00 4	L - 4 '4		Yes	No
30a	_	year, did the organization receive by				-		nat it			
		for at least 3 years from the date of		•	·				00-		Х
		rposes for the entire holding period?	<i>'</i>						30a		
	,	scribe the arrangement in Part II.	a alias , that wa	autica tha ravious	of any nanatandard	l oostribut	iono		04	Х	
31		rganization have a gift acceptance p	-	•	•		lions?		31	Λ	
32a		rganization hire or use third parties		-	· ·				00-		v
L	contribution								32a		X
		scribe in Part II.	alumn (=\ f=-	o tumo of many	for which selver	(a) ia ====	مادمط				
33		nization didn't report an amount in c	olullili (C) f0i	a type of property	TOT WHICH COLUMN	(a) is chec	skea,				
LHA	describe in	erwork Reduction Act Notice, see	the Instruct	ions for Form 990	<u> </u>			Schodi	ule M (Fori	n 990\	2022
-	i oi rape	A TOTA HEGGEORIEM ACT MORES, SEE	are mount		,.			Jonett	410 IF (I OI I		

232141 09-09-22

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

FORM 990, PART VI, SECTION A, LINE 7A:

DESCRIBE THE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

UPON CONSULTATION WITH 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 SHALL SERVE AS THE EXECUTIVE DIRECTOR AND SHALL SERVE AS AN EX-OFFICIO GOVERNOR WITH VOTING PRIVILEGES. ADDITIONALLY THE PRESIDENT OF CSUF SHALL APPOINT ONE FACULTY MEMBER, ONE STUDENT, ONE ALUMNI ASSOCIATION REPRESENTATIVE TO BE GOVERNORS WITH VOTING PRIVILEGES, EACH APPOINTED TO A ONE YEAR TERM. THE FACULTY, STUDENT, 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:

DESCRIBE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION THAT ARE SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS OTHER THAN THE GOVERNING BODY.

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 11B:

DESCRIBE THE PROCESS THE ORGANIZATION USES TO REVIEW FORM 990.

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO ITS PRESENTATION

THE BOARD OF GOVERNORS. REPRESENTATIVES FROM THE PREPARER ARE AVAILABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Schedule O (Form 990) 2022

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:

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:

DESCRIBE HOW THE ORGANIZATION CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY.

ALL MEMBERS OF THE CSFFF 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 EDUCATION 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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization CAL STATE FULLERTON PHILANTHROPIC **Employer identification number** 33-0567945 FOUNDATION 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: DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. 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: TRANSFER CAMPUS PROGRAMS FOR ALUMNI 55,250. CHANGE IN VALUE OF CHARITABLE TRUST 10,373. TOTAL TO FORM 990, PART XI, LINE 9 65,623. FORM 990, PART VI, LINE 15A AND 15B: THERE IS NOT A COMPENSATION DETERMINATION PROCESS IN PLACE AS THE PHILANTHROPIC FOUNDATION DOES NOT COMPENSATE ANY INSIDERS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Publ

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CAL STATE FULLERTON PHILANTHROPIC FOUNDATION

Employer identification number 33-0567945

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CALIFORNIA STATE UNIVERSITY FULLERTON -							
33-0632102, 800 N. STATE COLLEGE BLVD.,							
FULLERTON, CA 92831	EDUCATIONAL INSTITUTION	CALIFORNIA	501(C)(3)	LINE 5	N/A		X
CAL STATE UNIVERSITY FULLERTON ALUMNI							
ASSOCIATION - 33-0038884, 2600 E. NUTWOOD							
AVE., SUITE 850, FULLERTON, CA 92831	SUPPORT CSUF	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
CAL STATE UNIVERSITY FULLERTON AUXILIARY							
SERVICE CORP - 95-2081258, 1121 N STATE							
COLLEGE BLVD, FULLERTON, CA 92831	SUPPORT CSUF	CALIFORNIA	501(C)(3)	LINE 12B, II	N/A		X
							1

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

Schedule R (Form 990) 2022

		0 11 77 11 11	"\ " F 000	D . N		
Dovt III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	, because it had one (or more related
Part III	organizations treated as a partnership during the tax year.					
	organizations treated as a partitionship during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

1a

Yes No

X

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

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С					1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization				11	Х	
m	n Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r	X	
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete thi	s line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) ransaction	(c) Amount involved	(d) Method of determining amount invo	olved		
		type (a-s)	7 anodne mivorvod	Wether of determining amount invo	Sivou		
1)							
2)							
3)							
4)							
5)							
6)							
2016	33 09-14-22			Schedule F	R (Forn	n 990	2022

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

CAL STATE FULLERTON PHILANTHROPIC

Schedule R	(Form 990) 2022 FOUNDATION	33-056/945	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
<u></u>			

232165 09-14-22 Schedule R (Form 990) 2022